

Living Pain Free 9/24/22

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. How are you?

Dr. Darrow: Hello, hello -- hello, Nita Vallens. I'm doing well. How about you? I'm living it up.

Nita: I'm great. I'm living it up also.

Dr. Darrow: Good.

Nita: So what do you think about our listeners coming out of their chronic pain and living it up?

Dr. Darrow: Well, I think regenerative medicine is the way to go. Surgery certainly has been proven to cause a lot of side effects that people don't want to live with. I'm one of them. As everybody who listens to my show knows, and I had a shoulder surgery during medical school in another lifetime, and it came out bad, and that taught me the lesson that I learned about regenerative medicine using platelets and stem cells, and with one treatment to myself, I injected my own shoulder, I woke up the next morning after four years of misery after the surgery and was completely healed. That's not the way it always goes. I'm not trying to make it out, like this is a panacea for healing. It's not.

But regenerative medicine with platelets and stem cells worked great with properly chosen, and properly chosen doctors. That means you've got to be careful who you use, as a doctor, because a lot of guys who do this really have no idea what they're doing. And I'm going to give out the phone number --

Nita: Okay.

Dr. Darrow: -- because I heard you breathe, that's my key.

Nita: Yes. I do that once in a while.

Dr. Darrow: So if you want to talk to me right now on the radio, and find out about musculoskeletal pain, and how to heal it, anything from the top of the head to the bottom of the feet I inject. And I use your platelets or stem cells, and to call me right now, please get a pencil and paper, the phone number is 866-870-5752, that's 866-870-5752.

And then if you are shy, I hope you're not. We love talking to callers, that's much more exciting, than just Nita and I talking to each other. Because we've been doing this how many years, Nita?

Nita: We're in our 13th year.

Dr. Darrow: All right. And I've been doing the show for I think over 20 years. I've got 21-year-old-twins, Jordan and Brittany, the beautiful girls of my life, and we started the show -- or I started the show way, way back then when they were little teeny babies. And it's been a great show ever since.

I love educating people, and I love being a maverick. And the maverick part is I started doing this when I was one of the only guys really in the country, doing it. And I was scoffed at, because no one believed in it. So we're moving ahead, it's a slow, slow process of getting other doctors involved, but now it's -- if you look up stem cells on Google, you'll see there's lots of doctors doing it.

The unfortunate thing is most of them really don't have much training in what they do, and don't do that much of it. And I wouldn't go to an orthopedic surgeon to get regenerative medicine, platelets or stem cells, because they don't really believe in it. They believe in surgery, and I was trained in surgery during medical school, my internship, and during my residency at UCLA, and I loved it, but I don't think it's the way to go for most cases.

Obviously, if you have a broken bone or an emergency, then you need to get to the orthopedic surgeon or neurosurgeon right away and have that taken care of. But most musculoskeletal issues that I see, although the people come in are saying they have to get surgery. When I examine them, I find out they really don't need the surgery. And most of them we can get healed by just doing injections, very simple injections, I love it.

They walk in the office, they get injected, and they walk out. If they say do I need someone to drive me? Nope. Are you going to put me to sleep? Nope. Are there going to be side effects? Typically, there's very, very few side effects. The main side effect is people get a little bit stiff afterwards for a day or so. But they're relatively very safe, especially compared to a surgery. And I get people -- I'm just -

- I'm going say it the way it is. It gets me angry, because I get people come into the office every day, who have had failed surgeries. A failed surgery means they had a surgery, the doctor said they're going to be great afterwards, and they come out worse.

And actually I have a question here, until we get some callers --

Nita: Could I just say one quick thing?

Dr. Darrow: Yeah.

Nita: For people that are new to this concept, you really want to call, because we're giving the free book, Dr. Darrow's latest book, we're giving away for free, Stem Cell and Platelet Therapy, Regenerate Don't Operate, it's an opportunity for you to look over the 264 scientific studies in the book, and really understand what this is before you come in, but you want to call us right now and get your free book at 866-870-5752, at least do that. But you can talk to Dr. Darrow. It's like a free consultation almost on the radio.

Dr. Darrow: You know what's so funny? People that have been healed by this tell their friends who are injured, and it's like pulling teeth to get people to come in because no one believes in it. Everybody has the culture of surgery in our country. And it's a shame, because most of these surgeries should not be done. There's studies in my book that show the failure rates. And it's a high failure rate.

I'd say probably in my experience about 50 percent. And I've seen a lot of terrible things happen to people who have had these surgeries done.

I'm going to actually go to a question, Nita, if you don't mind, right now.

Nita: Okay.

Dr. Darrow: Are you upset. You sound like you have other issues you want to talk about?

Nita: Oh, no, I just wanted to see if you wanted to talk to Cody in Valencia.

Dr. Darrow: Well, of course. I don't want to keep Cody waiting. Cody how are you, Dr. Marc Darrow.

Cody: Hi. I had a question. I was diagnosed about 10 years ago with a grade two, three separated shoulder from a softball accident, where I dove for a ball.

Dr. Darrow: Sure.

Cody: And right now, it keeps aching and like popping out of joint, or you know, separating and the part on the top will stick up high in the morning, and it will kind of come back more in the evening.

Dr. Darrow: Okay.

Cody: But is that something that you just kind of have to have surgery. I tried physical therapy like 10 years ago, but is there anything else that you can do for that?

Dr. Darrow: Well, I've had people with that, and it depends on how mobile that joint is. It's the acromioclavicular joint. And you folks listening, if you go to Google and just type in these words that you hear me say, that are medical terms, if you go to the upper left-hand corner, you'll see a little area where you can click on that says images, and you can actually see what these images are. You can see the anatomy. So it's a good way, and also for you, Cody, you can do this too.

I think you probably after all these years know what it looks like, know what the anatomy is. But the clavicle attaches to the top of the shoulder, which is called the acromion. And it's teeny-weeny little joint. And that joint can be separated with a fall. Often it's -- the ones I see the most are people that go over the handlebars of their bicycle.

But it can happen for other reasons too. I've had very good luck using stem cells and platelets in tightening those up, but I'd have to see it. I always tell people the diagnosis means nothing to me. Most people that come in, have the wrong diagnosis. So I need to actually touch it, do an examination to find out what's really going on. And I get emails from people all over the world saying let me send you my MRI, or x-ray, or CT scan, and then tell me if I'm a good candidate.

Those images don't tell me a darn thing, and they may not even be the pain generator. So I'd say Cody, if you want to come into the office, write this down, I'm going to give you a phone number, it's 800-300-9300, that's 800-300-9300. And you can get more information there, that we don't talk about on the radio. And we'll see if you're a good candidate.

Cody: Okay.

Dr. Darrow: But I only know if you're a good candidate if I can touch it move it, and see where the pain is coming from, and actually see how mobile

that joint is. There was a similar one that I had a few years ago, of a golfer who was going pro, a young guy. And he had the same thing, but in the sternum where the sternum connects to the clavicle. So there's two areas of insertion of that clavicle.

One is at the acromion, which you have, and the other one is at the sternum, you know right in the center of the chest, the chest bone. And his was mobile, and he had to stop playing golf, it was a catastrophe for him and his family, because they put their whole life into his golf game. And his dad caddied for him his whole life, ready to go pro, had to stop because of the hyper-mobility of that joint.

And we had to work on that for a while, I'm just going to be really honest, it wasn't a quick fix. But he's back out on the tour now, and he's playing golf again. And the reason I say, it was a slow heal, was because when you have a joint that's very mobile like that, it's harder to tack it down again, unless you do surgery. But most people don't want to do surgery for that type of an injury. If it was really very mobile where that clavicle was falling out of place, then I would think surgery is definitely the way to handle it.

But yours sounds like it's something that we might be able to heal by using your stem cells or platelets. So I'd have to see it, I'd have to move you around and check it out, does that make sense, Cody?

Cody: Yes.

Dr. Darrow: Okay. So again, I'm going to give out the phone number to the office, if anyone wants to get a hold of us there. And there are people usually by the phones ready to answer questions, even now. And the phone number there is 800-300-9300, and for those of you that want to talk to me live, like Cody is doing right now, you can call the radio studio at 866-870-5752, I'll repeat it once more, 866-870-5752.

Cody, do you have any other questions about this process or how we do it, or what your chances are for success or anything else?

Cody: No. No, that's -- that was the basics, I appreciate it.

Dr. Darrow: Okay, very cool. I appreciate your call and God bless you and your healing. I think you're going to heal up.

Cody: All right. Thank you.

Dr. Darrow: Yeah.

Cody: Thank you.

Nita: Thank you, Cody. Do you want to give the phone number again?

Dr. Darrow: Well, that's my favorite thing is talking to people.

Nita: I hear you.

Dr. Darrow: If you want to call me right now, or badger Nita a little bit, the phone number to talk to us live is 866-870-5752, and if you do call in, I'm going to send you a copy of my book about platelets and stem cells, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. I'm showing it to the camera right now. We'll send it out to you for free, and Suzanne Somers, the famous actress and advocate of natural medicine wrote the foreword to the book. And she also wrote a chapter of me, I'm showing this to the camera right now.

She has a book called, A New Way to Age, and she dedicated a chapter on it on page 302, it says interview with Dr. Marc Darrow. And it's all about my work and regenerative medicine. And it's a pretty bulky chapter. It goes on and on to page 316. So Suzanne Somers, God bless you. Thank you so much. And I appreciate all of the sacrifice and work you do in your life to help people heal naturally. It's the best way to do it obviously.

I always tell my patients. They say who can you refer -- what doctor for kidney disease, for heart disease, for whatever it is. Or if I want to get a surgery. And I tell them, I'm going to send you to someone that I know who does the most, because those are the people that have seen the worst incidents and know how to get people out of them, and that's what I tell them about regenerative medicine. If they don't want to see me, you've got to vet the doctor.

You've got to find out who does the most. I think I do the most, but if you don't like me, make sure you interview your doctor, and make sure you find out that that doctor is doing this all day long, every day. So that doctor knows the most about how to heal you, and how to get you back in the game.

So Nita, if you don't mind, I'm going to go to Mike in Norwalk, he's got low back pain. And that's something that 80 percent of the people get at some point in their life, so I think he's a good guy to talk to.

Mike: Hello.

Nita: Yes, good call.

Dr. Darrow: Hey Mike, Dr. Marc Darrow, can you hear me okay?

Mike: Yeah, I can hear you.

Dr. Darrow: Great. So I understand you have low back pain. How long has been going on?

Mike: For three years. First years ago, when it really came on, I never had low back pain my entire life. I'm 55 years old.

Dr. Darrow: Okay.

Mike: And I've had pulled muscles in the mid and upper back, from lifting weights and stuff, and it never really bothered me. But I never had low back pain.

Dr. Darrow: Okay.

Mike: And about three years ago, I came down with it, and it made like just miserable.

Dr. Darrow: Yep, I've been there. I've had it. And I've injected myself and had other people inject my low back. Actually, I've had my entire spine, and all of my ribs injected also. I'm not what you'd call a bodybuilder, but I do a lot of sports. I was a gymnast, and you know I've done --

Mike: Yeah, that's my problem. I like to be active too. And I -- it just kind of messed me all up. I -- the thing about my back problem is at least -- at least if I'm sitting down, or if I'm laying down in bed, it pretty much goes away entire almost.

Dr. Darrow: That's good.

Mike: It's when I'm standing, or you know doing things upright, I just can't hardly do nothing. I used to go for long walks, and I can't even do that no more.

Dr. Darrow: Okay. Let me ask you some questions. Let me ask you some questions.

Mike: I've been to chiropractors. I tried the physical therapy, that made it worse. That made it to where now I wasn't even having relief when I sat down or laid in bed, it was getting like so bad.

Dr. Darrow: Okay.

Mike: So I finished with that. And then the last thing I've just done is have injections in the back, the lower back, it was like eight or ten

injections from -- I don't know, some type of epidural, or I don't know what it was.

Dr. Darrow:

Okay.

Mike:

They explain it to me, but that didn't help either. Today it's like really hurting, and this was about a week and a half ago.

Dr. Darrow:

Okay. That's all good news. Mike, you've got to listen for a second.

Mike:

Oh, I'm sorry, actually I didn't hear you trying to speak.

Dr. Darrow:

Okay. No, that's okay, no problem. So do you have any pain down your legs?

Mike:

No, I don't really have pain down my leg, but the pain is like at the very base of my back you can say like the top of my butt like.

Dr. Darrow:

Okay. So that's good. Everything you're telling me -- Mike, everything you're telling me -- Mike, Mike, you've got to listen too. It's a two-way deal here.

Mike:

Oh, I'm sorry. I didn't mean -- I actually couldn't hear you that well.

Dr. Darrow:

Okay, okay.

Mike:

I'll be quiet from now on.

Dr. Darrow:

No, you don't have to be quiet from now on, but I've got to give you some information.

Mike:

Yeah, yeah, yeah. That's what I want.

Dr. Darrow:

Okay. So number one, it sounds like you have a few sprains in there. One is the iliolumbar ligaments. So look that up on Google, and go click on the left side at the top, and you'll see what they look anatomically.

The other thing is the quadratus lumborum muscle that attaches on the pelvis there. And then there is another sheath of collagen, that's called thoracodorsal fascia that attaches there. So those spots you're talking about are very ripe for a sprain.

A sprain means the tissue is very mildly separated; you know microscopically. It's like if you have an ankle sprain. Have you ever sprained an ankle?

Mike:

Yeah, I have had a sprained ankle before, yeah.

Dr. Darrow: Right, and it hurts like heck, but it's not a big deal. And this thing in your low back is not a big deal either. And it's very easy to heal. I would probably use platelets and if you wanted to heal it super-fast, add stem cells to the mix. And --

Mike: Can I ask you if this matters.

Dr. Darrow: Sure.

Mike: I did have an MRI, and I know how you feel about those. I like -- I like what you talk about how hands on, and feeling. Because none of these guys ever even bothered when I point out what hurts, so they even bother feeling there, and I like that you -- that's one of the things you do.

Dr. Darrow: Well, what did your MRI say?

Mike: But on the MRI, it showed that I had four problem disks, and a spondylolisthesis.

Dr. Darrow: Okay.

Mike: Just a grade one. Would that affect you know any of that, your treatment?

Dr. Darrow: No. No. Those things don't count. That's what I'm talking about.

Mike: Okay. So I just call in --

Dr. Darrow: That's what I talk about on every show.

Mike: So I could schedule an appointment?

Dr. Darrow: Yeah, yeah, yeah, but let me talk about this first, okay.

Mike: Okay.

Dr. Darrow: So problem disks don't mean anything, okay. And spondylolisthesis, grade one means nothing at all. Nothing. If it's a grade four and one vertebra has slipped off the other, that's a problem, because the spinal cord is going to get stretched there, but you don't have anything like that. So I see patients with spondylolisthesis almost every single day, that don't have a problem because of that. I see every people every day, who have "problematic disks", like bulging disks, or sometimes herniated disks where there's no problem at all.

You already told me, you don't have any leg pain, so the nerves are not being impinged.

Mike: Okay.

Dr. Darrow: You just most likely have a sprain in your back. So the other thing I didn't mention is there are ligaments also between the vertebrae, and those may be sprained also, along with the iliolumbar ligaments and the other things that I mentioned. And those generally heal up very quickly. Back pain goes away very quickly, neck pain, thoracic pain, all of those things.

But again, I don't talk anything about what's going to happen to you on the radio.

Mike: Yeah, yeah, yeah.

Dr. Darrow: I have to examine you.

Mike: I completely understand. Are you actually the guy that does the evaluation, you, yourself?

Dr. Darrow: Yes. I do the whole thing.

Mike: Yeah, okay, I like that. Yeah, I've been listening to you for a long, long time on the radio.

Dr. Darrow: Wonderful, well, thank you so much, Mike. I appreciate it.

Mike: My wife, she believes more in traditional stuff, you know, and so I've been trying everything she said. So, like I said, okay, I tried it.

Dr. Darrow: Well, you know the main thing is, you're fine. It's not the worst thing in the world, it's a nuisance, it's healable. But just one thing, one word of wisdom, from what you just told me. Never have surgery for those things, okay.

Mike: Yeah. Yeah, yeah. I wasn't about to do that.

Dr. Darrow: Okay.

Mike: No matter how bad it got, I wasn't about to do that. Unless I was in some kind of accident and unconscious and they just did it, or something, because yeah, I know a friend that's had back surgery, and it wasn't too many years, he had to have another one.

Dr. Darrow: Yeah. Well, I just got an email this morning from someone, and I'm going to read it to you.

It says, I'm seeking relief from severe back pain, status post failed back surgery. Status post means afterwards. So he had a back

surgery, and now the person is worse, okay. So I get those patients in my office all the time. And you don't want to be one of them.

Mike: No, no.

Dr. Darrow: Most back surgeries that I have seen, obviously people come to me when they're not feeling good, not the ones that did well, because there is a lot of back surgeries that are needed. But most of them that I see shouldn't have had it done.

So we have to be very careful, and you need to get a second opinion or a third opinion, from another doctor if someone says you need surgery, unless it's an emergency of course.

And the problem is don't go to the same kind of doctor, because they're all raised in the same tradition, and the same culture. You've got to go to somebody else, and a different type of doctor.

Mike: No, no, I'm not going to go anywhere else. I'm going to come down there, and have you look at it.

Dr. Darrow: Well, bring your wife with you.

Mike: All right. Yeah, all right. I'm surprised how easy I got on.

Dr. Darrow: Well, you're a good man.

Mike: I just called the first time, and I got on. I'm a lucky guy I guess. It's meant to be.

Dr. Darrow: Well, God bless you, Mike.

Mike: Okay, you too. I'm going to call your office and I'll schedule some type of an appointment.

Dr. Darrow: Yeah, I mean in my experience, healing your back, there is about an 80 percent shot at doing that. So you're very high on the list of healing.

Mike: Sometimes you just wake and from the time you get out of bed, it's just almost (inaudible), you almost feel like crying, like you just get just so depressed, like is it forever now?

Dr. Darrow: Well, I was there. I was worried for a while I had it, and then I injected it and it's better.

Mike: Yeah, yeah, I saw a lot of people. And you are right about these surgeons they believe you know I brought it up, because one of the doctors he was an orthopedic surgeon, and I just happened to

mention it, you know, and see what he thought. Oh, no, that stuff, no, no, no. I said, okay. I didn't say so more, because I knew he just believes what he was taught and that's all he knows. Well, it's look, I love surgeons, they do the hardest work in medicine.

Mike: Yeah, yeah.

Dr. Darrow: I don't like the surgeries that they do.

Mike: Yeah, yeah, some of them. I have had a surgery, but it was on an elbow that I tore the tendon away from the bone.

Dr. Darrow: Well, you need a surgery for that then, yeah.

Mike: I needed for that.

Dr. Darrow: Yeah. So here's another one. I just got this email also this morning. Let me give out the phone number first but hang with me. The phone number for other callers, right now live, 866-870-5752, 866-870-5752. This is Dr. Marc Darrow. I am talking about stem cell and platelet therapy. We call it regenerative medicine.

Here is another email -- I get emails all day, all night long from all over the world from my website, which is www.lastemcells.com, www.lastemcells.com. And there is a spot on every page where you can email me if you're too shy to call the show, but I'd rather you call the show.

Here's the email. I slipped and fell a week ago, front foot forward into splits, and apparently have an 80 percent hamstring tear avulsion. Does your PRP, stem cell therapy treat this kind of issue? That's another one I have to do an examination. I have had people with complete tears that I've healed up. But if it's a massive tear and there is no connection at all, and it's flapping in the breeze, then you need surgery. So a lot of these tears, even though it says it's 80 percent, or whatever percent, the tissue can still be very good and you don't need and it's not separated then you don't need to actually have a surgery. It's just something I have to examine.

Mike: Yeah, so you have to check it out, yeah. Yeah.

Dr. Darrow: Yeah, I had a plastic surgeon come in -- oh, we're going to the break. Stick with us. Dr. Marc Darrow, Living Pain Free, we're talking about stem cells and platelet therapy. The number to the show to call us right now is 866-870-5752. My office number is 800-300-9300.

Nita: 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're taking your calls at 866-870-5752, you get Dr. Darrow's latest book for free, Stem Cell and Platelet Therapy, Regenerate Don't Operate with 264 scientific studies. What do you -- go ahead. It's all yours.

Dr. Darrow: Ladies first, if you like.

Nita: Oh, you're so thoughtful.

Dr. Darrow: Yeah, I love giving away my free book, because it helps other people learn and how you can avoid surgery. I mean that's big deal in terms of musculoskeletal medicine.

I treat really anywhere from the head down to the neck and shoulders, and the back and the ribs and low back, neck, whatever, hips, knees, toes, fingers, wrists, did I say elbows, shoulders. The whole body. Muscle tears, tendonitis, tendinosis, you name it. ACL ruptures, I get those all the time. And if you know anyone with an ACL rupture, make sure they have a doctor with an ultrasound, that means you can look inside the body, who can aspirate the blood out before it clots and makes that knee very difficult to heal.

ACL ruptures, typically, if you're going to do it, if the knee is really loose, which it usually is not, and it's not need to have surgery, but occasionally, make sure you wait about three months before you do that surgery, because the knee can often heal on its own. And we see cases of ACL ruptures that actually heal up.

But we have a bunch of callers, Mike, so we're going to drop you for now, but we love you for calling in. And we're going to go to Carol. Carol, you've got right knee pain. How long have you had it?

Carol: Yes, hi, doctor. Thank you for taking my call.

Dr. Darrow: Sure, thank you for calling in. We love our callers.

Carol: It's my right knee, and I know you're not into the MRI until you see somebody, but it's the meniscus, it says -- I can't find the MRI, but they an x-ray or something, involving the posterior horn of the medial meniscus --

Dr. Darrow: Yeah, that's common.

Carol: And then the flap extending and so on and so forth.

Dr. Darrow: Sure, sure, sure. That's common. And the thing that's common about it, is a lot of people have that, who don't have any pain, and I'm one of them.

Carol: Pardon me, say that again?

Dr. Darrow: Sure. It's very common to have meniscal tears in the knees and rotator cuff tears in the shoulders and herniated disks in the back, and not know you have them, okay.

So when you say you have that and you have knee pain, I'm going to tell you that there's a real good chance your pain is not coming from that meniscal tear, and if you can get around, and you can bend your knee, I would say don't do the surgery, that might have been suggested. Has anyone told you, you need a surgery?

Carol: Well, this sort of started with cervical that I could cervical stenosis, and then I have the rotator cuff tears, and then I took a fall which may or may not be related to the knee, but then two weeks later, I had this, you know, pain and that was on the right knee the meniscus.

And so I've been doing physical therapy and the doctor did give me, I had to take a trip to Hawaii, so I had sort of one of those, something that you wear on your leg, I can't think, a stabilizer, and she gave me I believe a shot -- I can't think right now --

Dr. Darrow: Cortisone.

Carol: But it just took a little of the edge of it, and then I've continued with physical therapy, and -- on all those body parts, but because you have to walk on your legs, that's the most annoying. I haven't done any surgery, and then she did some kind of a hyaluronic gel and that didn't seem to do anything.

Dr. Darrow: Okay.

Carol: So, I'm going okay, what stem cells or platelets or coming to see you and have you, you know, examine and read any of the literature.

Dr. Darrow: Sure. Well, I'd love to see you. \

Carol: Okay.

Dr. Darrow: And if you want to come to the office, the phone number 800-300-9300, there's people that can take you call and give you more information.

Carol: Yes, I've got that.

Dr. Darrow: But just from what you're telling me, Carol --

Carol: There's what?

Dr. Darrow: From what you're telling me from your history, there's a good chance that doing platelets and/or stem cells will heal your knee. And I can't tell you really for sure anything until I examine you. I'm not against MRIs, I like them. They just give false information about where your pain is coming from. So I hear from you is meniscal tear, meniscal tear, but did you hear me say I have meniscal tears in both knees and I have no pain. And I'm going to running today and play golf today?

Carol: Yes, I did.

Dr. Darrow: And I have two rotator cuff tears in my right shoulder in the subscapularis and the supraspinatus. And I have a labral tear in my shoulder. I have no pain, I weightlift, I can do whatever I want to. I can play golf. So don't let these images -- how can I put it -- I don't know the right term for it, don't let them lead you to a surgery.

Carol: Well, it's difficult and I'm using a cane and I'm sort of you know trying to walk and do stuff. I'm not taking lengthy walks, you know, just trying to do what I need to do.

Dr. Darrow: Sure, right, right.

Carol: And as I said I've been doing physical therapy, where he's trying to strengthen different areas, you know, he's worked on various areas of the body that I've described.

Dr. Darrow: Well, it's all good. It's just that if you want to come in and have me look at it, I'd be more than happy to do that. And give you my humble opinion.

Carol: Yes. What's your location? You're not in Orange County, are you?

Dr. Darrow: No, no, about 20 minutes north of LAX Airport, across from UCLA on Wilshire Boulevard in West LA.

Carol: Okay. I'll get the address from the office then.

Dr. Darrow: Yeah, um-hum. It's worth it.

Carol: Okay.

Dr. Darrow: A lot of people say that's too far to go.

Carol: Well, yeah, hey we've got a lot down here in Orange County, maybe you could have a little subsidiary office down her.

Dr. Darrow: I can only spread myself so thin, and I'm busy all day, every day.

Carol: Yeah, I know. I know. I know.

Dr. Darrow: And you know I always -- I joke with people when they say it's too far. I go, I have people fly in from different countries around the world to get treated, and it's worth it, believe me.

Carol: Yes.

Dr. Darrow: And it's worth getting healed. There is nothing like a healing. It's my favorite thing in my body.

Carol: So would the injections, the platelets, the stem cells, I know you said side effected a day or so, you should probably lay low, you're not going to be --

Dr. Darrow: I don't want you to do a marathon the next day, but you do your normal activities, yeah, normal activities are fine. You just don't exercise the area. Yeah, I have people that come in, they get injected, and then I have them follow up in two weeks, and go I didn't get any better. And I go -- I look at their chart, and I know that they're a marathoner or a golfer, or whatever their sport is, and I go did you do any of those things. And they go, yeah. And I go well, then why would you think you're going to feel better, if those things are causing you pain before you got here.

Carol: Oh, well, I'm not planning -- so is it usually two-week intervals?

Dr. Darrow: Well, it can be, it depends on what the situation is. There is a woman who came in from New Mexico with TMJ, you know, temporomandibular joint, and she's staying for a week, and she's gotten four treatments. So it's up to different people what they need and what they want. If someone flies in from far away, we're going to probably do more treatments close together. And if someone lives close by, like Orange County where you're at, it might be once every couple weeks or longer, depending your schedule and what works for you.

Carol: Then how would you determine if it's working?

Dr. Darrow: You determine that, I don't.

Carol: Okay.

Dr. Darrow: Does that make sense to you.

Carol: Well, I look forward to your book and I'll make an appointment and get the exact address.

Dr. Darrow: Yeah, I don't want to belabor this point, but this is what's really important. People can have all kinds of diagnoses that we find by doing MRIs and studies on people that have no pain. And they have meniscal tears, they have rotator cuff tears, they have disk bulging, you know, you name it. And we say, well you have it. And they go but I'm fine. So it's not the diagnosis that we treat. We treat the patient. And if you say I'm better, we don't care if you have a meniscal tear. Do you understand that? You don't get it. It's okay.

Carol: Yeah, I understand.

Dr. Darrow: Okay, good. It's not the diagnosis, it's what's going on. It's where the pain is being generated from. Your pain may have nothing to do with your meniscal tear in your knee. I have no pain in my knees. I just ran last night. And I have meniscal tears in both knees, do you understand that? But I've injected my knees.

Carol: Yes, I think you're a lot younger too.

Dr. Darrow: How old are you?

Carol: 80.

Dr. Darrow: Yeah, I am, I'm 74. And I've had a lifetime of sports.

Carol: Hey, the 70s, I didn't realize how good they were, okay.

Dr. Darrow: You know, I'm going to tell you something. Carol, I'm going to tell you something. I have patients come in in their 90s all the time, who are in great shape.

Carol: Okay. Well, I hope to see you soon. Thank you so much.

Dr. Darrow: Sure. I have men and women who come in all the time in their 80s and 90s, and then I have kids come in. You know, we have very young athletes that come in. And a lot of people come in when it's not athletically originated, but you know, arthritis a big thing, and people trip and fall, and they overuse joints, and there's just all

kinds of reasons that people have pain. So there's good hope for you, Carol. There really is. I just have to see you to confirm it.

Carol: Well, thank you. I look forward to seeing you.

Dr. Darrow: Okay. God bless you, thank you so much.

Nita: Thank you.

Carol: God bless you too. Thank you.

Dr. Darrow: All right. So I'm going to give out the phone number for the rest of you who want to call in. That number is 866-870-5752, I'll repeat it while you grab your pencil. It's 866-870-5752. And if you want to catch me at the office, the phone number there is 800-300-9300, that's 800-300-9300. Another great way to get a hold of me, is to go to the website which is www.lastemcells.com, www.lastemcells.com.

And my website will educate everybody, including your doctors about how this stuff works, how regenerative medicine using platelets and stem cells really does work. This is not anecdotal. This has been studied. The book I'm going to send you, if you call in, it's free for those who call in. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate and there are I think, 264 studies in there which are all peer-reviewed studies on how regenerative medicine does work, how it grows tissue and heals, and how surgeries are really dinosaurs today.

There are surgeries that do need to be done, but the ones I see should never have been done, because the people come in afterwards, and they got worse, so what good was the surgery? And I'm a guy who had the surgery on my shoulder, when I was in medical school, before I knew about stem cells and platelets, and Prolotherapy and all those things.

And I suffered very gravely. My shoulder blew up like a balloon full of fluid after my surgery. I loved my surgeon, he was my professor, but the surgery came out bad and I learned immediately that that was something that I may not be doing. Because I was planning on being a surgeon. That woke me up, and I found stem cells, platelets, Prolotherapy and other things we injected back in the old days, and I had great success in my shoulder, and we're going to go to Penelope in San Pedro.

Penelope, Dr. Marc Darrow, you have leg pain, hand pain, and arm pain. Which is the worst?

Penelope: I believe they're pretty well even. My legs probably more so than anything. I didn't know if it was a nerve problem, or what the heck is going on.

Dr. Darrow: Okay. Well, what did your doctors tell you?

Penelope: You know what, I let my doctors know. You know, I just tell them there's burning, and they -- my doctors kind of just oh, well, you know we get involved in something else, and she's not really -- we're not really on this like I should be I think.

Dr. Darrow: Okay.

Penelope: Because I wake up and sometimes it's hard to walk on my legs.

Dr. Darrow: Okay. Have you been to a rheumatologist to get a blood drawn.

Penelope: No, I haven't.

Dr. Darrow: I think that's the first thing you should do. They're all over the place, you can find one, and see if you have some kind of rheumatological disorder. Also, you may need to get an EMG and never conduction study to see if you have what's called a radiculopathy. That means you could have a pinched nerve in your neck or your back that's causing these legs and arms stuff.

What else is going on? Do you have any joint pain, any back pain, any neck pain?

Penelope: Yeah, you know what a while back they said I had ruptured disks.

Dr. Darrow: Okay. Well, that could be the problem. You know, we'd have to check you out and see what's going on.

Penelope: Okay.

Dr. Darrow: I don't know enough from your case to tell you exactly what it is. And I would say go to those doctors, I mentioned, and see if they can get to the root of what's going on.

Penelope: And then go from there.

Dr. Darrow: Yeah. And in your case, I would love to get an MRI, to see if you have any nerve impingement. And then for sure the EMG and nerve conduction study, to see if you had a radiculopathy. Radiculopathy means it comes from the word, radix is where the nerve roots come out of the spinal cord. And when they're impinged, we get what's called a radiculopathy. Pathy just means disease. It's not really a disease that's going to eat you up, but it just

means a disorder. And then radix is being squeezed, and it's like a water hose, you can pinch it or bend it in half and the water doesn't come out, the electricity down the limbs doesn't adequately suffice, and then you get what we call paresthesias which are funny feelings or pain or numbness.

So you're an enigma to me right at this moment, but I think we can get to the bottom of it. You also may have something called a peripheral neuropathy. And that the EMG and nerve conduction study can help us figure out. And sometimes that's from vitamin deficiencies. And there's tests to find that out.

Penelope: They said I was deficient in vitamin A. I mean, not A but D.

Dr. Darrow: Okay. Everybody -- in our country, everybody is deficient in vitamin D. Yeah, I mean people who are out in the sun, like lifeguards or something like or contractors who work with their shirts off, they get enough vitamin D, because it's produced in the skin, but the average person who is not in the sun very much is low in vitamin D. Usually, when I check them their level is about 30, and it should be up around 80.

And the typical dose I give people is about 10,000 units a day with vitamin K mixed in it, so that the calcium that's generated goes into the bones instead of the arteries. But that's something we're not really here to talk about on the show. That's just a little extra. After my residency in physical medicine and rehab at UCLA, I did another fellowship on natural medicine and hormones.

So I keep studying. I did another three-year course on acupuncture. And I'm always studying. I'm always moving ahead in medicine. I am not locked into the traditional medicine that I learned at UCLA and in medical school. I use that, of course, that's the basics of how to keep people from dying. But most people that are not feeling good, traditional medicine does not work on, you know, doing surgery and giving medications to people is really not the way to heal them.

So we have to go a lot further to get into the healing realm. And so I continue to study. I learn new things every day. I actually learn a lot from my patients. I get patients who come in who have had massive healings by doing what is called alternative medicine. And to me, it's not alternative. If it works, it's real.

To me, traditional medicine is alternative, and should be used as a last measure. Why are you going to give people medications that have side effects. Why are you going to give people surgery that has

terrible side effects. I don't like that. Sometimes it's needed. There's no question about it.

But there are simple things to do that are natural. Let's high blood pressure, let's high insulin. Let's say heart disease, cancer. Change your diet, get on a low glycemic index diet, you know what we call a ketogenic diet. That gets rid of a lot of those things. There's just endless ways to heal and traditional medicine doesn't teach us those unfortunately.

Penelope: Well, I do have the high blood pressure. It's amazing that you said that. And I just hate taking all those pills they assign to me.

Dr. Darrow: Well, I don't blame you, because they have side effects, but sometimes you need to take medicine, you know, it just depends, but way too people that I see come in, shouldn't bet taking the medicines they're on. And they're just too lazy to take care of their health.

Penelope: Well, I like to eat good, and I really am against anything that's foreign like that. I'd rather have natural.

Dr. Darrow: Well, the main thing with diet is just eating, staying away from carbohydrates. You know stay away from grain and things that raise your insulin. Once the insulin goes up, you're set for disease, plus it stores fat. You don't want to be storing fat, you want to be eating your fat. Anyway, that's a whole different discussion. So go ahead and go to those doctors I told you to see, get those things I asked you to do. Let's get to the root cause of all this, and God bless you, and hopefully you heal up. Okay?

Penelope: God bless you too, and I'm a fan of Suzanne Somers for years.

Dr. Darrow: Oh my God, she's an amazing person, yeah.

Penelope: She is.

Dr. Darrow: All right. Well, God bless you, we're going to move on.

Penelope: Thank you.

Nita: Thanks, Penelope.

Dr. Darrow: And I'm going to give out the phone number, so we can get some more callers in before the end of the show. The phone number to call us right now is 866-870-5752, I'm going to send you out a free copy of my book, Stem Cell and Platelet Therapy.

It's about 200 pages long, 264 actual researched studies on how regenerative medicine using platelets and stem cells is amazing for people. How it heals them, and how surgery is antiquated for most of these things that it's being done on, and really shouldn't be done. There are studies that show that if you do a fake surgery, versus a real surgery, your results are going to be the same. So why do the real one, and have potential for terrible side effects, infection and other things that can happen when you can get to the same place without the surgery.

I know that sounds crazy, but that's what's been researched, and I recently read that the Veteran's Administration which deals with all of our soldiers and Marines and Navy Seals and all that is actually stopping surgeries, now. Because they're finding out that they're not working, so why should they spend all the money and give all the grief to these poor veterans when it's not working.

Nita: That's fantastic.

Dr. Darrow: So be careful before -- yeah, it is -- before you get a surgery, check it out with someone who is not a surgeon, who does regenerative medicine to see if they can help you. So I've been doing this I think 25 years now, and I've had great success on my body. I self-inject anytime I'm injured.

I still get injured, I'm 74, but I still am a little crazy with sports, I know I do more than I should, but what was that song, "don't let the old man in". Clint Eastwood had a movie that I think that song was played on. And he's still making movies, he was in his 80s. So you know don't let the old man or old woman in, you've got to stay active and so I mean the two most important things are activity and nutrition, and they're both easy to do. You can just walk, you know. Walking is a great exercise if that's all you can do, whatever it is.

If you can't walk, lift some weights. Do something. You know we find that there's a lot of health even in weightlifting, because you get more mitochondria which are the energy sources that come in the muscle, and the more you work out, the more of those you have. So you get to burn all of the fats you're eating, and all the carbohydrates you're eating.

By the way, people don't believe it, but eating fat is actually very good for you.

Nita: The right fats.

Dr. Darrow: Yeah, the right oils. And eating carbs is never good for people other than slow burning carbs that you get from vegetables, so the keto

diet, which I love is lots and lots of vegetables and some protein and stay away from all of the sugars, all of the grains, all of those things that raise our insulin. We want to keep our insulin very, very, very low. That's the killer. It's inflammatory, and it creates all kinds of diseases, heart disease, and other issues.

Well, God bless you all. Thank you, Nita Vallens, you're a great host. Thank you, Alex, and Suzette and all the rest of the team. And if you want to get a hold of me at the office, it's 800-300-9300. God bless you all.

Nita:

And listen to our pal, Warren Eckstein on The Pet Show, every Saturday 11:00 to 1:00. I'm Nita Vallens and we'll see you next time.