

Living Pain Free 10/29/22

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: Well, hi there Dr. Darrow.

Dr. Darrow: Hello, Nita Vallens, are you living it up, like I am?

Nita: Living it up. Feel great.

Dr. Darrow: We had a great lunch at Mountain Gate Country Club last weekend, didn't we?

Nita: We did. A great way to spend a Sunday, looking at the beautiful golf course, the rolling hills.

Dr. Darrow: Oh my God, it was gorgeous.

Nita: Gorgeous.

Dr. Darrow: And I got to remanence about the old days?

Nita: That's right. Although I'm not as old as you. I can only go back so far, but you know, you're ancient but you're in such great shape. I couldn't believe it. You look the same for 20 years.

Dr. Darrow: Yeah, pretty much the same for the last hundred years.

Nita: I'm telling you, it's great to be immortal. I admire you for that.

Dr. Darrow: But you know, Nita, we're doing a show about musculoskeletal here, about pain.

Nita: Yes.

Dr. Darrow: And I wanted to ask you a question, why I'm doing this. I'm thinking of removing my spine, do you know why?

Nita: So you can run faster.

Dr. Darrow: Kind of. I feel like it's only holding me back.

Nita: Oh, oh, oh. You snuck that in. That was slick.

Dr. Darrow: I did. I shouldn't do that to you.

Nita: Well, we want all our listeners to feel as great as we do. So we want them to be pain free. So if you're in orthopedic pain, what's the number they should call right now to talk to you?

Dr. Darrow: Well, if you want a free copy of my book, which is called Stem Cell and Platelet Therapy, Regenerate Don't Operate with lovely Suzanne Somers doing the introduction here, you can give me right now. I'm going to send this out to you for free. It's got let me see how many pages, I'm looking through it, a lot of pages, almost 200 pages, 250 studies, real studies, science you guys love science, especially the doctors who are listening to the show. They always go where's the science. So I gathered it all together on how PRP, platelet-rich-plasma and stem cells work to grow tissue and heal the body, instead of doing surgery. There's a lot of studies in here showing that surgery is not a great way to try to heal the body, because it takes tissue out in most cases.

No, I'm just talking about surgeries that I don't think should be done. But anyway, getting back to the phone number, we'll get into all that. Write this down everybody, if you're driving, pull over to the side of the road, turn off your Bluetooth, so we can hear you, and we went to talk to you guys right now, and answer questions about your musculoskeletal pain, things that hurt from the head down to the feet, all the joints, arthritis, rotator cuff tears, labral tears, meniscal tears, you name it. We take care of that. And the number is 866-870-5752, 866-870-5752.

If you call me right now, I'm going to mail out for free an amazing book on stem cell and platelet therapy, and why it is that you should not do surgeries, unless of course, it's an emergency and you need to. I'm not against that. But I am against many, many of these surgeries, because I have patients come in all the time, every day, almost who say they need to get a surgery. A friend said they shouldn't do it, they should come see me, because they had great results, just using platelets, PRP, and/stem cells. And they didn't need to do the surgery.

We found that most people do not need these surgeries. I had one. It failed. Made me terrible in my shoulder, when I was a dummy in med school.

Nita: How long did that pain last?

Dr. Darrow:

That was about a four-year painful journey. And I'm not sure it ever would have healed, but I tried an experiment which was injecting Prolotherapy. I had done my wrist which was injured from hitting a golf club into the ground, way, way back, I'm trying to think how far back that was.

That happened when I was either in pre-med or med school, I can't remember exactly. Or maybe -- I think it was the year in between. And my wrist was hyperextended, and all my ortho buddies wanted to inject me with a steroid. I didn't want that. I don't like cortisone being put in the body. There are needs for it rarely, but most of the shots that are done, shouldn't be done and they actually, if you look up cortisone and cartilage, you'll never get that shot, because it destroys the cartilage. So I refrained from doing that. I went to a conference on regenerative medicine, this is my God, how many years, it's probably about 30 years ago or something. And someone there was doing a workshop on wrist, and I mentioned the injury I had. They said let me inject you. And I don't want me injected, I'm here to learn.

And he said I think -- he said, I think I can fix your wrist. And he examined my wrist and I acquiesced, and he said you're going to be stiff for about 24 hours. And then your wrist is going to be a lot better. And he was absolutely right. He injected in several places in my right wrist and about 24 -- it was stiff for about 24 hours, and then all of a sudden there was a release of the stiffness, and I was about 50 percent better. I think self-injected my wrist a few more times. And it's been amazing, since I'm actually go to hit some golf balls today. I have no wrist pain.

But then what happened, I was in -- this was actually in pre-med also. There was a girl in my class who was a bodybuilder, and she rode a motorcycle, and we sat next to each other, and I was into gymnastics, weightlifting and whatnot at the time. And she invited me to come over to her house on the beach, where she had a weightlifting gym.

So she had one of her trainers work with me, and he said, you know, your lateral pectoralis muscle is not as buff as you'd like the rest of you. I was kind of round-shouldered from studying all those years. So this trainer had me spread my arms out and I did some bench presses, and it ripped up my right shoulder, which is something I teach all my patients. If you're going to be doing push-ups, or bench presses, or flies or things like that, try to keep your shoulder in a position where it's not being stretched out.

Anyway my shoulder was stretched out, and hurt terribly, I couldn't do sports. Then after my wrist healed, I thought, I'm going to try it

on my shoulder. And my wife was -- when I got home was lying in bed watching TV. So I jumped in bed with the syringe, and I injected my shoulder where her yelling at me, what the heck are you doing with other words -- other words than heck.

Nita: Yeah. We won't go there.

Dr. Darrow: And I literally woke up the next morning, my shoulder was completely healed. And that led me to start doing this on my patients. I begged them to let me try this regenerative medicine. In the old days, it was called Prolotherapy, proliferative therapy, or therapy that stimulates tissue to grow. And over these many years I've been doing it now, I found that it works really, really well. It's morphed into PRP, platelet-rich-plasma, and stem cell therapy and it's much more effective than it was to me, at least in my experience, in my practice, and then the Prolotherapy, there are still guys out there who do Prolotherapy, mostly which means using concentrated Dextrose, mixed with lidocaine.

Nita: That's what I did.

Dr. Darrow: Yeah, that we did that on your neck, that's right.

Nita: Yeah.

Dr. Darrow: You had a really fast healing on that. But I have used it since the old days, because it's easy, I just pull out a couple of solutions, inject myself. And when my knee was blown out, it helped but it didn't really do the job, and then I tried platelets one time. And then stem cells, and it healed right up.

Nita: Well, I've got a surprise for you. We have RJ in Van Nuys.

Dr. Darrow: All right. RJ, Dr. Marc Darrow, how are you today?

RJ: Good. Thank you. How are you doing today?

Dr. Darrow: I'm living it up. I hope you are too.

RJ: Trying to.

Dr. Darrow: I guess, you know, you mentioned to the call screener, that you're 88 years old, and you have bone-on-bone. Are you talking about your knee or your shoulder?

RJ: I'm not the 88, my mom is.

Dr. Darrow: Oh, your mama. Okay.

RJ: So she's in pain with her knee. And she barely can walk with a walker, and she doesn't like to use a wheelchair, you know how it is.

Dr. Darrow: Sure.

RJ: And I don't want her to. But would this help with somebody in her condition? They told her it's bone-on-bone.

Dr. Darrow: You know, I'm you started the show off with term bone-on-bone. And I'm going to talk generically about it first, then we'll get into your mom's situation.

So I have people come in every single day of the week, who say they have bone-on-bone, and their doctor says that they need a joint replacement. And I examine them and I kind of chuckle, and I go you don't have bone-on-bone.

RJ: I've heard that from you.

Dr. Darrow: Yeah, and then they say but the doctor showed me an x-ray, and I can tell where the bones are close together, you know at the joint. And I said that's fine, but there's still motion in the joint. And when there's motion in the joint, you know, there's not bone-on-bone. Because bones are very porous. If there's no cartilage on them meaning bone-on-bone, they're not going to move.

So the question for your mama, is can she move her knee?

RJ: Yes, she does. She walks, but with pain.

Dr. Darrow: Okay. Well, if she walks with pain, and so do millions of other people that don't have bone-on-bone, but surgeons tell people they have bone-on-bone, it's a way -- I'm going to tell it from my point of view. It's a way of getting people to have surgery. You know, I'm not saying they're bad doctors.

RJ: Well, she won't have surgery.

Dr. Darrow: Okay. I'm not saying they're bad doctors. It's just their culture is to me, a negative culture, and I know that because I was trained in orthopedic surgery, during medical school, during internship and residency. And after my shoulder surgery, which went bad, I started thinking a different way, looking for other ways to heal. And I found something that seems to be working great. It's not going to work on everybody, and a lot of the failures in it happen, because people are too active afterwards, and they don't let it heal. Or they have a bad doctor who doesn't know what they're doing, or a nurse that's doing it. And there's clinics outside of the country

that people go to for stem cells, and they come to me afterwards, and I say who did it. And they say a nurse did it. I said, did she examine you? No.

RJ: Oh my goodness.

Dr. Darrow: She looked at an x-ray, the doctor told her to look at any x-ray. And then most of these people are not even using an ultrasound to look inside the body to see where the needle is going. So you have to be careful who you go to. I always tell my patients, when they ask for a doctor in a different field. I say, find the guy who does the most of what you need. Don't go to somebody who does it once in a while, who's practicing. Go to somebody who is the expert.

And that's a big problem in this field, because there's weekend courses that doctors go to, and then they hang up the shingle, saying they're doing PRP, or stem cells and call themselves regenerative medicine doctors. They really don't know what they're doing.

The other reason for failure is taking anti-inflammatory medicines like ibuprofen. We want the inflammation to be there during the healing period. Because inflammation sequesters or draws fibroblasts into the area where the injury is, and regrows the tissue.

So one other reason for failure is not enough treatment. People -- like I had a woman come in the other day, she had been to like four or five other doctors to do regenerative medicine. She was a doctor hopper, if you understand what I mean. She didn't stick with anybody, and she came to me as sort of a last resort. And I said if you want to get better, you're going to have to stick with me, until the end. And she said, what's the end? I go I don't know. I never know what the end is. It's different.

I've had parts of me, I've healed overnight by injecting myself, and I've had parts that have taken several treatments. We never know. I've had very simple things, that have been difficult to heal. And very hard things like very advanced arthritis that seemed to have been easy to heal. So we don't treat based on a diagnosis, or an MRI, or an x-ray. We treat based on the examination and the history of the person. And the first thing I need to do, this would be your mom, RJ is to examine her knee, and see how it's doing. I don't care what other doctors say, unless you do this type of medicine and have a lot of success in it, I think most doctor's miss diagnose with everything.

You know, I recently learned about cardiologists, God bless them, and how they read CT angiograms, which is a procedure where you

lie on a table, you get an isotope, and then you get a CT scan, and then they look at the patency, or how open the coronary arteries are. And the typical way of doing it, gives a very bad outcome. There are new tests now that are more accurate. So there's many people there getting angiograms, and Cabbages which is where they crack the chest and put in new arteries, that shouldn't be doing it, okay.

And it's the same thing with surgery for musculoskeletal. They just shouldn't be doing it. There's new ways of assessing things in all of medicine, and unfortunately doctors are kind of slow to move ahead. Nita, I heard you breathe, which you want me to go to Arnold, because we're getting callers.

Nita: That would be correct.

Dr. Darrow: Isn't that funny? I always know when Nita is ready, chomping at the bit. So I'm going to give out the phone number again, call us now, we love talking to all of you. And I think we can help most of you. And the phone number to the studio to talk to us right now, live, -- whoa, that's a lot of noise, wherever that is, turn off your radio, it's 866-870-5752, that's 866-870-5752.

Arnold, I understand your feet and your legs bother you. Arnold, how old are you?

Arnold: Yes. Go ahead.

Dr. Darrow: How old are you Arnold?

Arnold: I'm 76.

Dr. Darrow: Okay. Do you play 76 trombones?

Nita: I knew that was coming.

Arnold: No, I don't, I nearly did (inaudible), but I play a little bit of tennis.

Dr. Darrow: All right. Well, that's good. What part of your feet and your legs hurt you?

Arnold: Okay. Actually, my feet for example, I think I have neuropathy.

Dr. Darrow: Okay.

Arnold: And I have the problems walking lately, you know, in the last three or four months, because, I used to walk a lot, play tennis, concentrate. I slowed down a little bit after the pandemic, but I still play.

But still the neuropathy on the bottom of my feet is -- is kind of numb and it's like I'm walking barefoot on stones.

Dr. Darrow: Yep. Well, there's a couple things that could be going on there. Number one, you could have a vitamin deficiency. And there's a test that we do at our office called spectra cell, it's a broad -- a broad spectrum blood test that checks for amino acids, and vitamins and minerals and things like that, and antioxidants. So that's a test that --

Arnold: Everybody -- oh, go ahead.

Dr. Darrow: No, go ahead.

Arnold: Well, these are several friends of mine who are tennis players, you know they're neurologist, and they always tell me that I have no cure, that I'm going to be living the rest of my life like that. Because the sheath of my nerves or cracked or dried out from diabetes.

Dr. Darrow: Okay.

Arnold: I'm a beginner diabetic?

Dr. Darrow: What type?

Arnold: Two.

Dr. Darrow: A Type II, okay. Are you overweight, Arnold?

Arnold: No. Actually, I lost 30 pounds, and nothing changed.

Dr. Darrow: Okay. That's not the question though. Are you overweight?

Arnold: No. I don't think so.

Dr. Darrow: Okay. How tall are you?

Arnold: Six feet.

Dr. Darrow: And what do you weigh?

Arnold: 180.

Dr. Darrow: Okay. And are you big boned guy or a small-boned guy?

Arnold: No, big boned.

Dr. Darrow: Okay. So that might be a good weight for you. I'd have to check. What I would do with someone like is I'd have you do a food log,

that means you write down everything that goes in your mouth for three days, and then you email it to me. And we'd find out what the culprit is that's causing your diabetes.

I just a gentleman like that come in the office yesterday. He works out three hours a day. He has a family history of diabetes. And he's got a little belly on him. And I said you're eating the wrong foods, you're eating carbohydrates. And he said no, I don't eat that. I lost weight.

And I go, I can see it, you're eating it. Your tummy doesn't lie to me. I said do a food log and -- and come on -- come on back and we'll analyze it. He came in really for his knees, which we fixed, and that was a good thing. We did stem cells on his knees, and he's healed up. But then he mentioned the diabetes, and I'm a big advocate of getting rid of diabetes, and healing heart disease.

So I would need to see you and see what's going on. And this blood test, spectra cell would be a good place for you to start. You're not a drinker are you, Arnold?

Arnold: No, no.

Dr. Darrow: Okay. Good, because the two main reasons for neuropathy -- sorry?

Arnold: What I wanted to say that I -- because of the diabetes, a friend of mine, you know, that I shouldn't eat carbohydrates, sugars, only to eat vegetables, it's a high-protein diet, which I lost 30 pounds in three months.

Dr. Darrow: I'd have to talk to you more in detail. This is not really what our show is about, Arnold. Our show is about musculoskeletal pain, but there's another study that you'd have to do. It's called an EMG Nerve Conduction Study, and that would let us know --

Arnold: An EMG?

Dr. Darrow: That would let us know if you really have a neuropathy or not, and then we try to have to figure out how we can heal it, okay? So we're going to move on, we have Leslie here. And Leslie's right thumb is bothering her.

Leslie, how long has it bothered you for?

Leslie: Well, it's been about 10 years, and I've been to a couple of doctors, I got one shot, which did nothing.

Dr. Darrow: Okay, was it a steroid shot?

Leslie: And I use it for (inaudible), and I wear a brace on it. I treat it gingerly.

Dr. Darrow: Was the shot you had a cortisone shot, a steroid shot?

Leslie: Yes, sir.

Dr. Darrow: Okay. I'd have to look at it and examine it to tell you what's going on. Do you know if you have arthritis in your thumb?

Leslie: Yeah, he said it was.

Dr. Darrow: Well, he said it was, but did you get an x-ray to see for sure?

Leslie: Yes, sir.

Dr. Darrow: Okay. So there's probably joint space decrease with the cartilage wearing out. And I treat those all the time with great success. We could use platelets from your blood, or add stem cells to it, depending on you know how bad it is. And I don't think I've ever had a failure with that one. But sometimes people don't come back. And I think they've healed, and they didn't come back because they didn't like me.

Leslie: I doubt that.

Dr. Darrow: I mean, I try to be a nice guy and by funny, but who knows. Hang with me one second, Leslie, I want to give out the phone number, and then we'll talk to you some more.

Leslie: Thank you.

Dr. Darrow: So if you want a free book on Stem Cell and Platelet Therapy, called Regenerate Don't Operate, please call us right now. I'll send it out for free, free postage, it's a great book, a couple hundred pages on studies on why regenerative medicine is a good thing for the body, and how it grows back the tissue, helps arthritis, neck pain, back pain, shoulder pain, hip pain, toe pain, finger pain, thumb pain, you name it, rib pain. A lot of people have what we costochondritis where -- and I've had it before, I fell down and broke some ribs and this helped me.

So really just about -- I inject all over the body. I've been doing this over 25 years, I learned it when I was UCLA in my residency. And I've been doing it ever since. I opted out of doing orthopedic surgery, which I loved. I loved doing the surgery, but I saw too many bad things happen to people. And I don't see bad things happen to people when I do this, you know, mainly good things.

If it doesn't heal someone, because they didn't follow my directions, at least it doesn't hurt them, okay.

So back you, Leslie. Your right thumb had one cortisone injection, it didn't help you, and I'm going to tell you that in my experience, using platelets and stem cells heals those things pretty fast. Thumbs -- I treat thumbs almost every single day and fingers and they get better pretty quick.

Leslie: Yeah, well I damaged it by trying to open a jar, I put too much pressure on it. So it's an injury.

Dr. Darrow: That's okay, it doesn't matter.

Leslie: Okay.

Dr. Darrow: Yeah, if it the joint or the soft tissue, ligaments, tendons, it really doesn't matter, because regenerative medicine of platelets and stem cells regrows whatever tissue it is. And there's tons of studies on that. People always come in. Patients come in and they say my surgeon said it doesn't work. And I said, because your surgeon doesn't know what he's doing. He's a surgeon. He doesn't do this.

Leslie: Yeah.

Dr. Darrow: Nita, are we going to the break, I can barely hear the music?

Leslie: He told me I was a good candidate for surgery, and I never went back.

Dr. Darrow: I think we're going to the break, hang with us Leslie.

Nita: Yeah, we are -- we are going to the break.

Dr. Darrow: Yeah, hang with us, the phone number to give me a call right now, 866-870-5752, go to the website www.lastemcells.com, you can watch videos.

[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 still taking your calls all hour long here at 866-870-5752. And when you phone, you get a free book, Dr. Darrow's latest called Stem Cell and Platelet Therapy, Regenerate Don't Operate.

And right now we're speaking with Leslie in Beverly Hills.

Dr. Darrow: Leslie, we're back to your thumb.

Leslie: Okay. Thank you.

Nita: Thumbs up.

Dr. Darrow: Thumbs up, baby. So this is Dr. Marc Darrow, and I do regenerative medicine. I have been told I do the most of anybody on the planet. I'm not sure that's true. But I am busy. I do it every day, I don't like vacations -- my poor wife. I like being -- I really love what I do, I'm one of the -- one of the few people that hopes I never retire from this, because it's a great way to live. I don't know what else I would do, that I'd feel that I have a purpose about that's as -- I'm going to use the word "magnificent" as this.

I've worked with endless thousands of patients over the past 25 years or so. And I had great, great, I'm going to call it luck, success, whatever it is with something that's worked all over my body. I've done both my knees, both my shoulders, both my elbows, my right wrist, neck and back. I had some broken ribs I used it on. And every single time, I've used it I've had success. So it's not something that's going to work on everybody, you've got to pick the right patient, and the right injury or arthritis or whatever the thing is.

But stem cells and platelets are pretty amazing. And our musculoskeletal culture is really changing, quite a bit, moving from surgeries to regenerative medicine. In my book, you don't cut tissue out, okay, you had a meniscal tear, you don't cut that meniscus out, you regrow the tissue around it and heal it. And it's the hardest thing that I have to do with my patients, is to educate them away from the old surgical culture. It's a very bad way to treat people in my book, my humble opinion. And I argue with my orthopedic surgeon friends all the time, they yell at me and tell me what I do doesn't work. I yell at them, and I tell them what they do hurts people. And we don't come to a common ground. It's like living in Israel I guess; you know it's one of those age-old battles.

And to me it's a shame. Why do something that's invasive, where you can hurt people, I've actually seen people die on the table. I've seen people, you know, get terrible infections from surgery. Why do

those things, when at least give this a chance and see if it works and be sure you go to a doctor who does it all day, every day, not someone who plays around with it once in a while, like the surgeons do, and I'm not putting surgeons down. I love surgeons. Their work is really difficult, but I think in the musculoskeletal world, in my humble opinion, they shouldn't be doing all these what I'm going to call distal surgeries, because I get all the people where it fails, and I was one of them. I had it done to me, and it failed.

And it turned my eye the other way to healing. Okay, healing is different. Surgery is not healing. Do people get better often, they do. But they get worse more often I think. I think it's a gamble. And I'm not a gambler, I'd rather be conservative, and make sure I'm not hurting people.

So Leslie, your right thumbs bothered you for 10 years. You used a brace, you banged it -- well, you didn't bang it, you were actually -- it was injured by you gripping a bottle to take the cap off, is that right?

Leslie: That's right.

Dr. Darrow: That was the initial insult as we call it. You had a cortisone shot. It didn't help. Did it help for 10 minutes?

Leslie: No, I didn't think it helped at all.

Dr. Darrow: Okay. That's kind of good news to me. When cortisone doesn't work, I like that, because that means probably what I do will work. But I'd have to examine it. Everybody says, let me send you an MRI, let me send you x-ray. And I tell them don't send it. I look at them, but it's not the examination. What's important is to touch the body.

Leslie: Okay.

Dr. Darrow: And I have way too many patients come in after a failed surgery, and I say did the surgeon ever touch your body? No. They looked at the MRI and showed me the problem. They looked at an x-ray that showed me the problem.

Well, most of those things that show up on x-rays and MRIs are not the problem, they're not the pain generator. And we know that because when we do studies of people that have zero pain, we find all kinds of bad stuff on their images. So we know that those bad things don't necessarily cause pain. It's a conundrum for people to understand but being in the business and healing it's something I see every day.

Leslie: Sure. Sounds good.

Dr. Darrow: I'm convinced you don't treat based on an MRI. And we have people that come in all the time. I've got this. I've got that. I have to have surgery. And we heal them up using platelets and stem cells, PRP and stem cells.

And they go will did the thing heal? And I go I don't if it healed, I care if you healed. Now some very analytical people want that tear fixed, and I tell them, if you want it fixed, go get a surgery. You might feel worse afterwards, but you'll get the tear fixed, hopefully, not always. It's crazy, I know. Medicine is crazy. It's absolutely insane. You know there's lobbying groups that are pushing surgery, and pushing you know we call it Big Pharma medication, and all kinds of things that are -- I think are inappropriate.

My grandfather was a doctor born in the 1800s. He didn't do all that stuff. They didn't have it.

Leslie: Right.

Dr. Darrow: You know natural medicine, which is what I believe in. Do it naturally. Do what helps the body heal itself.

Leslie: Yeah, well I don't want surgery for sure.

Dr. Darrow: Well, you know, hopefully no one has told you, you need surgery, but I've seen surgeons operate on things that definitely shouldn't have been operated on. But in their mind it should be. So I'm not putting the surgeons down. It's just a different culture.

Leslie, God bless you, and thank you for calling in. We're going to go to Ruth. Ruth, how are you today.

Ruth: Hi.

Dr. Darrow: Hi, are you in Toronto, Canada or are you in LA?

Dr. Darrow:

Ruth: Toronto, Canada.

Dr. Darrow: All right. How did you get the show all the way up there? Are you on the internet or something?

Ruth: Yeah, I'm on the internet. I discovered the radio station a few months ago, and I enjoy it. So thank you.

Dr. Darrow: Wonderful. Thank you for listening in. We -- by the way I get patients from all over the world that come in to see me. They fly in, if it's real far away, they'll often stay for a week or so and get several treatments at one time.

Ruth: Well, I love California. I have relatives there. My sister lives in California. I probably visited California before you were born.

Dr. Darrow: I'm so grateful to be here. I doubt that I'm a lot older than I look. But they say I have a great face for radio.

Nita: I always say that absolutely.

Dr. Darrow: Yeah.

Ruth: You have a lovely voice; I'll tell you that.

Dr. Darrow: Oh, thank you so much. Thank you. I wanted to be a singer growing up, but I found out that there were people that had better voices than I did. But -- or a --

Ruth: Yeah, it sounds like it. You do this. You do that.

Dr. Darrow: You know what. I'm kind of a crazy guy. I love everything. And I wanted to do everything. And I still want to do everything. So I think I could probably do just about anything, maybe not the best, but I am a good copier, and I always figure if somebody can do something, I can do it. But yeah, I always wanted to be a doctor ever since I can remember.

Ruth: Oh wow.

Dr. Darrow: And you know I was a lawyer first for 15 years.

Ruth: You -- you did that first, really.

Dr. Darrow: Yeah, yeah. I did a masters of tax at night at USC and then I did my medical studies --

Ruth: All my sister's family, they're all lawyers.

Dr. Darrow: Yeah, I'm so grateful, I'm a lawyer too, because helps you think. And it teaches you how to think in a way that other people don't understand and how to spot issues of things. So I love that too. It helps me write, and it fits right in with medicine. So I love them both.

By anyway back to you, you've got carpal tunnel syndrome do you?

Ruth: Yes, and I'm just wondering. I know it's more -- not really musculoskeletal --

Dr. Darrow: No, it is, it is musculoskeletal.

Ruth: Because the two options I see are actually cortisone or surgery.

Dr. Darrow: Okay. How bad is it? Let's talk about that first.

Ruth: During the night it's really bad .

Dr. Darrow: Meaning it's painful.

Ruth: And I tried the splints -- yeah.

Dr. Darrow: Okay. The splints should be worn at night. Do you wear them at night?

Ruth: The splints, yes, that's when I wear them at night, yeah. But they don't seem to help.

Dr. Darrow: Okay. Well, you may want to wear them. I'd have to see what they look like, because needs to keep the wrist from moving in order for that median nerve to shrink down. Carpal tunnel is an impingement syndrome where the nerve gets --

Ruth: Well the splint I thought was actually when the first time, was oh, when I injured my thumb, because it immobilized my thumb, but it also immobilized my wrist.

Dr. Darrow: Okay. Well, if you like to, you can go to my website at www.lastemcells.com and email me and then you take picture of the splint and just email it to me, or text it to me. We'll hook up together and do that. And I'll tell you if it's a good enough splint.

Ruth: Do you think a better splint might help?

Dr. Darrow: It might, yeah. There's a lot of splints that don't do anything. The wrist has to be immobilized for that median nerve to heal up.

Ruth: Okay. Because like I said, I felt they were pretty well immobilized, you know.

Dr. Darrow: Well, they might be. I've got to see the wrist. I mean I've got to see the splint for the wrist.

Ruth: I think it's Fore Quest, I think that's the name of the company.

Dr. Darrow: Well, I wouldn't know. I mean --

Ruth: Well, maybe it's different here, I don't know.

Dr. Darrow: Look you just email -- every page on my website has a spot to email me, and it's got tons of videos of the procedures, and it's www.lastemcells.com. And if you just email me now, through the website, I'll get right back to you. And I'll show you how to send a photograph of the brace and I'll be in contact with you.

Ruth: Okay. I probably need help because I'm not very tech savvy.

Dr. Darrow: Oh, no, it's no big deal. This will be easy. No big deal, I'm not a high-tech guy, but I can get around on it.

Ruth: Anyway, I do find your show very informative. So thank you very much.

Dr. Darrow: Well, thank you so much. I learn from you guys. So I love my callers, because I learn from them, and I love to be stumped by things that I don't know about, and when I'm on the show, I'm on a computer at the same time to look things up that I don't know. Although doctors know a lot, there's still tons of stuff we don't know. And I want to keep learning every day in my life. I learn -- even though I've been doing regenerative medicine of platelets and stem cells for 25 years, it was actually called Prolotherapy in the beginning, I learn new techniques every day, just by chance, and new things. I get new ideas, and it's really very gratifying to keep learning for me. I just -- I just love it so much.

Ruth: Well, I used to be old school, because actually (inaudible) health profession, and I was very, very, you know, this is how it's done. And in the last two years as I've gotten older, I've become more enlightened.

Dr. Darrow: Well, that's good. I mean to me one of the great purposes in everyone's life, maybe I'm over speaking this, but definitely for mine is to keep learning, and keep opening up the mind, to become neutral, to accept. I think the first law of the spirit is acceptance. And when I'm not in acceptance, I'm not happy.

So I constantly look at things from my point of view, why am I not accepting whatever there is. Because life is and if I'm not accepting it, what's my problem, I've got to figure that out. And one of my great teachers said, he was talking to a fellow, and the fellow was crying, and he said what's your problem, and the guy told him something. And my friend, the teacher said, well I understand what your problem is now. The world is perfect, and you don't like it like that. So you know I think Nita as a psychologist and an analyst, would say the same thing.

When we move into acceptance, that doesn't mean we have to be beaten up by people, but when we move into acceptance of the situation, part of acceptance can be moving away from a situation. You know, and it's just accepting that you can't be in that. And that's part of healing too. And that's part of what I talk to people about when they're in pain. Because pain brings depression and depression brings pain. And so I think of myself, you know, not just as someone who's healing the tissue, but healing all parts of a person, you know whether it emotional, mental, spiritual, whatever that is.

And I spend a lot of time with people, with my patients, and I teach a lot of patients how to do what I call spiritual exercises, which is a form of meditation with a mantra, and the mantra that I use for people H-U, and it can be sung or chanted, and you think of it in the middle of your head, you know, back through the eyes and the ears in the middle there and repetition of that slows down the heart, slows down the breathing and brings what I'm going to call a buzz of healing on the body.

I just spent an hour doing it before the show. And I feel amazing. Just amazing.

Ruth: Well, you sound like a Renaissance man.

Dr. Darrow: Well, I hope so.

Nita: He is. I know him 20 years, he's a Renaissance man.

Ruth: He certainly sounds like that.

Nita: He is very progressive.

Dr. Darrow: I don't want to be locked into anything. I don't want to --

Ruth: Every off rhythm.

Nita: That's open mindedness. That's a good thing.

Ruth: Does he sing opera?

Dr. Darrow: I mean look, I'm not -- I'm not perfected in anything. It's not that. I don't think I'm any better than anybody else. It's just part of my purpose is to find out where spirit is in everything. And I found it -- and I found it with this work I do, you know, in terms of using regenerative medicine, that's what works for me, in finding my purpose, and it makes me so joyful to be with my patients. I literally can't wait to be in the office every day.

And my days, they feel like they take a minute. And I stay late, I work late, and I take calls on the weekends. Every patient of mine gets my cell number and my personal email. And I love that. I love being of service to people. And that's the way I do it. It doesn't mean everybody loves me, and they don't. And I have a personality just like everybody. You know what I mean, Nita.

Nita: Yes.

Ruth: Well, thank you so much for your time.

Dr. Darrow: I wanted to tell you one more thing for other people to hear also.

Ruth: Sure.

Dr. Darrow: With carpal tunnel syndrome, there are things that can be done without steroids, without cortisone.

Ruth: I'm sorry, what?

Dr. Darrow: We can do what's called hydro-dissection. We take a syringe, we use the ultrasound to watch where the needle is, and we put it very near the median nerve, and then we push the solution around the nerve, that pushes the tendons away and allows the nerve to heal. So that's hydro dissection of the nerve.

Ruth: Okay, I know that that's a technique in surgery. Oh, no, that's really interesting.

Dr. Darrow: Well, this is nonsurgical. There is percutaneous, meaning we just take a skinny little needle.

Ruth: A method like that in surgery, you know.

Dr. Darrow: Okay, good. Ruth, God bless you, we're going to go to John whose wife has back pain. And John how long has your wife been suffering with back pain?

John: It's been a good 40 years.

Dr. Darrow: 40 years?

John: 40 years, yeah. Ever since I've known her.

Dr. Darrow: I'm sorry to hear that, it's terrible.

John: But she said that when she was in her 20s, she first experienced you know, terrible back spasms, and where it started. It started out

happening you know like every so often, and then the frequency kind of like increased.

Dr. Darrow: Okay. Well, I'm going to tell you my story, man. I had debilitating back pain, and I was a gymnast when I was young, and my whole body got pretty beat up doing that. And my back was my first painful area, very first. And I used to do what are called fly-aways, you know with the horizontal bars, you know, so we'd do giant swings, and then we would at the end, we would lunge our weight downward with gravity and fling our bodies up in the and do flips and then land right. Well, I landed one time with my back arched, and tweaked my iliolumbar ligaments. I didn't know what that was at the time, but that's the common cause of back pain is ligamentous sprain and strain. And it was until years and years later, that I learned how to heal, and I got injected and my back is fine now.

And I don't know where your wife's pain is, is it right above the butt, or is it higher up?

John: It seems to travel up and down, but it's mostly seems like it's long the spine, it's the muscles, she goes -- she asks me can you feel those knots and knots, you know, where the muscle really hard, right along the spine and then she asks me to you know try to massage it out, and you know a lot of times that does bring some relief to her.

Dr. Darrow: Does she also have neck pain occasionally?

John: Not so much, I would say.

Dr. Darrow: Well, the way mine worked was -- to me it was kind of weird, but if you think about it makes sense. It started in my low back and then it moved up to my neck. And when my neck was painful, my low back felt good. And it would go back and forth. And then I realized it's because the spine has what we call curves in it, if you've ever seen the spine, the neck has a reverse curve, and lordosis as it's called.

John: Exactly.

Dr. Darrow: And then the low back has the same thing it has this lordotic curve. So that has to do with it moving around, but I treat backs every single day with amazing success, using platelets and/or stem cells. I can't tell you over the radio whether I could help your wife or not, but if she's willing to come in, the phone number to the office is 800-300-9300, I'll repeat it for everybody 800-300-9300. And if she comes in, I can tell her in about one minute by just touching the

areas if I could help it or not. I don't care if she's got herniated disks or facet arthropathy, or any other kind of terms that the surgeons come up with in MRIs. I care when I touch it, what happens. So that's how we'll know the answer for me if I can help her.

John: And would she have to having the spasm at the time for --

Dr. Darrow: No, she wouldn't. No. Because what I do I press in certain areas, and if it's a chronic issue, she'll have what we call the jump sign. I'll press and she'll yell at me, or she'll jump.

John: Yeah, because she's had an MRI before and nobody is ever able to tell you know what the problem is. She's gone to -- you know, right now she's in physical therapy, and she's also doing the acupuncturist where the needles haven't really helped her, but they did this thing called cupping, and that seems to really you know cause some relief for her.

Dr. Darrow: I used to get all of that stuff too, and it would help a little bit, but it wouldn't fix anything. I'm into the fix. Isn't there a movie called The Big Fix, Nita?

Nita: No, but there will be soon.

Dr. Darrow: I think there it is, I'm going to look it up The Big Fix. It's funny, because I personally, I'm very prejudiced, I'm going to tell you that, John. I'm very prejudiced for regenerative medicine, because I've been doing it so long with so many patients, and I've seen the great success. I have days occasionally, where every returned patient goes I'm healed, and I'm like in shock, it makes my day.

And I have days also where people are not healed, but you know sometimes it takes a few treatments to get better.

John: And I'm assuming regenerative medicine has to do with stem cells and platelets.

Dr. Darrow: Well, there's a lot of ways to do it. That's the best that I know of today. Back in the day we used concentrated Dextrose as an irritant. We called it shock osmotic agent, where it would kill a layer of cells and then create inflammation, and the inflammation bring fibroblasts to the area, and fibroblasts are cells that grow tissue.

So when we were little people, our fibroblastic activity was active. As we get older, it's not very active, and I have had people -- your wife has had back pain 40 years. I've had people more than 50

years of back pain that we've helped heal. So the time that it's been is not a big deal, all right.

Nita: Okay.

Dr. Darrow: Get her to call the office 800-300-9300.

Nita: We are running out of time. Thank you John.

Dr. Darrow: Go to the website, www.lastemcells.com. Hope to see you all, and hope you feel great and God bless you Nita, and the rest of the staff.

Nita: Thank you, Dr. Darrow. Thank you, Alex and Suzette, remember to listen to The Pet Show with our pal, Warren Eckstein from 11:00 to 1:00 every Saturday. And we'll see you next time.