

Living Pain Free 8/26 /23

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 Joint Rehab and Sports Medical Center 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 through his studies at UCLA. And Dr. Darrow uses stem cell and platelet-rich-plasma therapy to heal your body. He teaches about the use of stem cells, PRP, and Prolotherapy. 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, can you hear me okay.

Nita: I hear you just fine. Can you hear me?

Dr. Darrow: I do. But I'm on believe or not, my perfect iPhone.

Nita: Wow. Well, we won't do a commercial for Apple, but it's great to hear your voice. And we're going to help a lot of people today. How are we going to do that?

Dr. Darrow: Simple, we're going to teach them how to heal their bodies without surgery. It's been the white horse that I've ridden for the last 25 plus years in medicine. And it's something that works on most people. And it's so easy. It's injections instead of knives. Who wants to put a scalpel into their body when they don't need it. And I know there's disagreement between me and orthopedic surgeons. And that's okay. We still love each other. And -- we do.

I have a lot of friends who are orthopedic surgeons, and you know we talk about this. They think what they're doing is right and they think what I'm doing is wrong and vice versa. I don't think that people should be operated on when they don't need to be.

There's a big space for people getting operated on. If you break a bone and it's sticking out of your leg, you'd better get an operation right away.

Nita: Right.

Dr. Darrow: And obviously the other types of surgeries, cardiac and abdominal and everything else are very necessary, but I love orthopedic surgeons. I don't love all the surgeries that are being done. The

studies that are coming out are showing that whether you have a surgery or not, in about six months later, you're going to be in the same boat. So why do something that's invasive and may actually hurt you.

I've seen way too many sequelae, sequelae means things that happen after an incident. And in surgery, the surgical sequelae can be very, very severe. We've all seen them. We all have friends that had them. I have patients in my office all day long, really, who have had failed surgeries, that's why they come to me afterwards, to see if there's an alternative to surgery.

And in most cases, there is, if it's orthopedics. If you're having musculoskeletal pain, meaning neck pain, back pain, you know, whatever in the body, all the joints, the shoulders, the knees, the hips, toes, fingers, elbows, hips -- yes, hips, hips, hips. And people come in often with a labral tear in the hip. Labrum means lip in Latin. I took Latin for four years, so it taught me in medicine.

And if you look up, if you Google, labral tear, or labrum tear on Google. And look for the research and see these studies do not come out very well. The same thing in the shoulder. I have a labral tear in my shoulder, but I'm not having any shoulder pain. I can golf, I can throw a ball. I can pretty much do whatever I want to do, push-ups.

And my shoulders are fine. I have tears that have been documented in my right shoulder. A subscapularis tear, a supraspinatus tear and a labral tear. I have injected those. I no longer have pain. Did I? I did, okay. But inject myself. I know people that's very crazy.

But I trust myself more than I trust other people. This is a very, very, very, very detailed type of a procedure that's done, it's called regenerative medicine. And you've got to have skills to do it right. You've got to be intuitive and find the parts of the body that are the pain generators.

So what I'm going to start off with, Nita, is to get some callers if we can.

Nita:

Okay.

Dr. Darrow:

And I'll go into more about this. We use platelets and stem cells to regenerate the body, to stimulate new tissue to grow. And that's been studied over and over and over and over. There's probably more research going to this area of medicine than anything else. There's more people that take courses on it, and giving classes on it. Because it makes sense.

You want to, in medicine, do the most conservative thing, not the most invasive thing. So conservative is simple. Do injections. It's easy, right.

Nita: It's easy. Shall we give the phone number.

Dr. Darrow: 866-870-5752, you can call me right now. As Dr. Gene used to say, live and local. Call us and talk to me right in the studio right now at 866-870-5752. And I will talk to you right now.

And if you call in, I'm going to give you a copy of my book, which is -- what's the name of it Nita, you have it in your hand?

Nita: Stem Cell and Platelet Therapy, Regenerate Don't Operate is the by-line. It has actually 264 scientific studies, and the foreword is written by Suzanne Somers.

Dr. Darrow: Yes. The lovely Suzanne Somers. So there's tons and tons of research how platelets and stem cells can heal the body. And there's research on how surgery actually can hurt the body. And I know that people listening to this show right now, there's many that are listening, because they've had a failed surgery. And I'm one of them.

I had a failed shoulder surgery when I was in medical school doing orthopedic surgery. And I literally begged my boss, my professor to do the surgery, because I was in terrible pain, from a weightlifting injury. And he did the surgery and it came out bad.

He's a great surgeon, I trusted him. It's just -- I don't think it was his fault, but I think he nicked a vessel, and my arm blew up like a balloon, I had a fever, and I thought it was infected and was terrified. It never healed, it took four years before I learned about regenerative medicine in my residency at UCLA, and I tried it on myself one night. And the next day voila! My shoulder was completely healed.

Now, don't think it's going to work on you like that. It does with some people. I've been very fortunate. I've learned how to inject. I did my knees with platelets and stem cells and done my shoulders, my elbows, I've injected. I've injected my wrist. I've had some of my friends inject my neck and back, because I can't reach there. And overall for me, it doesn't mean it's going to work on you this well, or this easily. For me it's worked every placer that I've used it in my body.

Oh, I know, I broke some ribs, I used it back there too.

Nita: And you're a sports guy?

Dr. Darrow: Well, yeah, I don't like to sit still. I don't. I don't like to sit still. I like to be on the move. And I've been known, whenever I go anywhere to run instead of walk, and it irritates my wife. Because we took a hike, and I'm running up in the mountains --

Nita: Well, let's give the phone number again, it's 866-870-5752, right here in the studio, you can speak live to Dr. Darrow. It's like a free consultation for your orthopedic pain.

Dr. Darrow: Yeah.

Nita: Don't pass this up, opportunity.

Dr. Darrow: Yeah, I'm going to give out the number again, write it down. If you're driving, it's probably smart to get off your Bluetooth and pull over to the side of the road. The phone number to me in the studio right now is 866-870-5752.

If you want to call the office, there are people there that can answer your questions also that we don't happen to get to on the show. And the number to the office is 800-300-9300, that's 800-300-9300.

If you want to watch these videos all over YouTube and they're on my website. You can, if you're on YouTube, you can look up Marc Darrow, MD, that's M-A-R-C D-A-R-R-O-W, MD. Or you can just go to my website, and there's places on every page that you can email me from that website which is really cool. I answer every email every day.

And the website name, get ready to write this down is www.jointrehab.com that's www.jointrehab.com and I will answer your emails, you can watch videos of me injecting necks and backs and doing stem cells and PRP, which is platelet-rich-plasma and all these different procedures we do. We do a lot of amazing things.

If you have carpal tunnel syndrome, we can do a hydro-dissection of that median nerve in the carpal tunnel in the wrist, that's another procedure that I do. And for that I use D5W, a very simple diluted Dextrose solution which literally pushes the tendons away from that nerve that gets irritated.

So that's -- and we don't use steroids. That's what a lot of doctors do. Steroids are great to get rid of pain very temporarily. So if you get a steroid shot in your shoulder, or your hip or wherever, you're actually destroying some cartilage. So please don't do it. We get

too many people that have damage from steroid injections, like cortisone. And if you don't believe me, go to google.com and puts the words in, cortisone and cartilage. And you'll never get a cortisone shot again.

I mean there are times when you have to do it. But very, very, very rarely. If someone comes in all bent over, because they have a back sprain, the iliolumbar ligaments are sprained, and they can't get up, and they're in excruciating pain, I use a light dose of the steroid, and they'll get up in about one minute and go how did you fix it, I feel so good. Well, I didn't fix it, I just covered up the problem. So be careful, cortisone is not the way to go.

Then I'll have them wait, come back in a week, and then we'll start to do regenerative medicine, platelets and stem cells, one of the two or both. And see if we can actually heal that area, which normally we can do.

So let's see, I'm going to give out the phone number to the studio again, we have a caller coming in. Right now, give me a call, please, I will send you a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. And that's an amazing, amazing book. It took me five years to put all the research together, and it's got photographs of me doing the procedures, and over 250 studies of how regenerative medicine works, and how surgery can fail you.

So Barbara from Topanga. Thank you so much for calling, this is Dr. Marc Darrow. How are you today? Your hip is bothering you, I guess.

Barbara: No. Actually, it's my husband, who can't hear well enough to talk on the phone.

Dr. Darrow: Okay.

Barbara: We are both 86 years old, and he has a degenerated hip. We've seen the x-rays and the top of the round that's supposed to be round is very angular and chewed off. And every doctor that we went to said, well, what I do is hip replacement surgery.

Dr. Darrow: Sure, sure.

Barbara: So let's replace the hip. So then we went to another doctor, and he said the same thing. And then my husband said, he's 86, he doesn't think he's going to live a really long time, although he is in good health, but he doesn't want to spend a year out of his remaining

years in pain and recuperating and what if -- what if it's not wonderful, and he will have blown a year of his life with this.

And so I'm curious to know if regeneration can happen on bone that is degenerated?

Dr. Darrow: It's a complex question, because people think technically about medicine. In other words, there's something we can see on an MRI or an x-ray, and therefore you have pain, okay. It's not like that.

Barbara: Yes.

Dr. Darrow: The reality is, people bring in tons of x-rays and CT scans and MRIs, and I prove to them in one second, not all the time, but most of the time, that what they see on their image is not where their pain is coming from.

So the big question I have for you, can your husband move his leg?

Barabara: Yes.

Dr. Darrow: Okay.

Barbara: And he started going to a physical therapist who said maybe the pain is coming from his back down into his --

Dr. Darrow: Yes, so we already have the answer that you've asked. The answer is, it may not be the fact that the bone, as you say, is not round, okay. It may not even be his hip joint that's causing the pain. So the first thing we'd need to, and God bless the surgeons. I love them, but they rarely touch the patient to examine. And I know that because I've been to surgeons. You know I've been injured many times.

Barbara: No, they never touched him. They didn't.

Dr. Darrow: Yeah. And that's the problem. They didn't find out where the pain generator was. So then what happens, you get an operation on something and don't get better, you get worse, because it wasn't the area that was the problem.

So we can make that not round bone round again? No. Do we need to? No. We need to get rid of his pain, and have he be able to have a better quality of life, and maybe have him walk better. And we can probably do that.

In his case, I'd have to examine him like anybody else, and see where the pain is coming from. A lot of people call their hip the area, that's right on those little dimples in the back.

Barbara: Yes.

Dr. Darrow: And that's not hip.

Barbara: Yes. I think -- I think you're exactly on it.

Dr. Darrow: Here is typical scenario, Barbara. Patient goes to doctor. Doctor says what hurts. Patient says my hip hurts. Doctor gets an x-ray or an MRI. It shows arthritis, or maybe in your husband's case some avascular necrosis in the hip, and then they say you need an operation. They replace the hip.

The patient comes back and goes that was a great operation, but I still have hip pain. And then the doctor finally goes where. And the patient points to the low back, and then the doctor goes, well, that's not really your hip. We operated for nothing. So you've got to be careful.

If you go to a surgeon or any doctor, make them touch your body to see where the pain is coming from.

Barbara: Thank you so much.

Dr. Darrow: Yeah.

Barbara: That's exactly what we were afraid of, yes. What he has said is that he -- he can still walk up the stairs in the house, but sometimes when he's trying to stand, his leg just buckles under him, and he said ouch. But you and I don't know where that comes from.

Dr. Darrow: Even if it comes from the hip joint, I don't care. I think -- I think that we could help him. In his case, again, I have to examine him to decide if it's better for him to just do platelets alone or to do platelets and stem cells.

At 86 years old, if that were me, I wouldn't be getting any kind of surgery anyway. Because the body --

Barbara: Well, that's what we're thinking.

Dr. Darrow: Yeah, I mean if it's a cancer, and it's going to give you another many, many years of life, because it could kill you right away, then I'd say go get a surgery maybe. But for orthopedics, no, I don't believe in that. And I'm not going to fight with anybody about it. Everybody has their opinions. My opinion is just my opinion, but I like to heal people rather than hurt them.

And I was in line to be an orthopedic surgeon, when I was young, and after my surgery on my shoulder, that hurt me, I jumped -- I

switched horses midstream, and I got out of orthopedics in terms of surgery, and I moved into regenerative medicine instead. And I've been very, very happy with my practice.

I love my work. People say, what do you do for a living? I say I watch people heal.

Barbara: That's beautiful, beautiful. Where is your office?

Dr. Darrow: I'm across from UCLA, across the Freeway on Wilshire Boulevard, West LA.

Barbara: Oh, of course. That's not far from us. Yes, not bad at all. Okay, Dr. Darrow.

Dr. Darrow: If you're around LA, it's funny, we have people who call the radio show, and go well, that's too far for me, I live an hour away. But we have people flying in all the time. And driving in from all over the place. And it's worth it. It's certainly worth it to avoid a surgery, when you never needed it in the first place.

Barbara: Well, thank you very much. We'll call your office, then.

Dr. Darrow: God bless you, Barbara, and God bless your husband, and there's very -- just from what you've told me, there is a very, very high probability we can make him feel better. No promises ever anybody.

Barbara: Thank you, Dr. Darrow. And thank you for your show. Much appreciated.

Dr. Darrow: Thank you, Barbara. God bless you.

Nita: Thank you, Barbara.

Barbara: Thank you. Bye.

Dr. Darrow: So, I'm going to give out the phone number right now. This is Dr. Marc Darrow. I do regenerative medicine; I've been doing it for over 25 years. I probably do the most of anybody on the planet, at least that's what they tell me. Busy all day, every day.

If you want to talk to me about it, call me right now, 866-870-5752. That's 866-870-5752. If you give us a call now, I will mail you postage free, a book that I wrote called -- what it is it Nita?

Nita: It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate.

Dr. Darrow: Yeah. Yeah.

Nita: With 264 scientific --

Dr. Darrow: And if you want to catch me at the office, or just talk to our staff, I should say, you can call them now at 800-300-9300. That's 800-300-9300. And if you want to watch videos of these procedures, you can go to my website, www.jointrehab.com www.jointrehab.com.

And I want to mention there is a new addition to the family, Dr. Thomas Grove is working with me. And he is very educated, and very, very experienced in regenerative medicine and using ultrasound to guide needles.

And this is very important for you, folks. If you're going to get an injection in your body for musculoskeletal, make sure your doctor uses an ultrasound, because you can see into the body, and you can watch where that needle is going and put it in the right place. So for many, many, many years doing this kind of work, when we get together at national meetings, and Vincent hang out, I'll be right with you, there was a query, why don't hips heal very well.

And the answer, we didn't find out for many years later until the ultrasound came along, was that we're weren't putting that needle into the right spot. So if you're going to do certain areas of the body, and you can't see where that needle is going, you're going to -- you're going to place that solution in the wrong spot, thinking it's in the right spot.

So we use ultrasound to direct the needle, you can watch and go exactly to the right spot. Things like the shoulder, the hip, the knee, the joint space to get into there is so minuscule if you're doing it blind, blind means without imaging, the studies show you miss the joint one-third of the time. And that can cause havoc. It can cause a thing called incision and drainage, meaning that it blows up, and looks like an infection. And then you have to cut it open and clean it out.

So please, please, please, if there's only one thing you come out with from this show, make sure if you get injections, your doctor is using an ultrasound.

Vincent, you've got a hip problem too. What's up?

Nita: Hi, Vincent, are you there?

Vincent: Yes.

Dr. Darrow: You've got to talk a little louder, Vincent, scream at me, I don't care, you won't hurt my feelings?

Vincent: Yes. I'm here.

Dr. Darrow: Okay. What's cooking? Hello, talk louder.

Vincent: I got a hip pain. They say that I have to have a hip operation.

Dr. Darrow: Okay. Tell me more.

Vincent: I can't bend down, like to put my socks on.

Dr. Darrow: Okay.

Vincent: And when I walk sometimes I have an excruciating pain in my -- right in my hip, I can't pressure on it. And sometimes it goes away, but the pain is always there.

Dr. Darrow: Okay. When you say your hip, are you talking about your groin area, in the front of your body?

Vincent: No, I don't have the pain in my groin area.

Dr. Darrow: Where is it.

Vincent: It's right in my hip.

Dr. Darrow: Well, you don't know what the hip is though, God bless you, people call hip different things. Tell me where your pain is. Is it on the side of your leg, is it in your back area?

Vincent: No, it's right on the side.

Dr. Darrow: Okay. That's not your hip. That's called the greater trochanter. I want you to look this up if you have internet, just put in Google, and put in greater trochanter. I see almost every single day. People come in ready for a hip surgery, because they have some arthritis in their hip, and it's not the reason they're having pain.

It's the great trochanter. So look that up.

Vincent: Greater?

Dr. Darrow: Look it up on the top left after you find greater trochanter, after you click on it, there's a spot on Google that says images, and it will show you what that is. That's not the hip joint.

Vincent: Okay, greater, is that is it t-o?

Dr. Darrow: Greater is g-r-e-a-t-e-r, trochanter is t-r-o-c-h-a-n-t-e-r.

Vincent: Okay.

Dr. Darrow: Trochanter. My mom when I was a little guy taught me how to spell by phonetics. She'd be walking around the house all day going trochan-ter, or whichever work it was. It was so fun. My mom was one of my best teachers.

Vincent: Yeah, I know, she always is.

Dr. Darrow: So if that's really the case, and the only way I'm going to know by touching the area, I won't know by looking at an x-ray or an MRI, and if you had someone diagnose you by an MRI, or an x-ray and told you, you need a hip replacement, that's bad medicine to me.

Vincent: Okay.

Dr. Darrow: And I'm not putting the doctor down --

Nita: We have to go to a quick break there Dr. Darrow. And what we're going to do is come right back with more of your calls at 866-870-5752, right after this.

[Break]

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

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. We're taking your calls right here in the studio at 866-870-5752. And right now we are speaking with Vincent about his hip issue.

Dr. Darrow, should I talk about the website?

Dr. Darrow: Yes.

Nita: And our website is www.jointrehab.com that's jointrehab.com. You can email Dr. Darrow off of every page on the site, and you can also see him doing these treatments on videos, so if you are new to the show, or new to the concept of regenerative medicine, then please go to the website, again that's www.jointrehab.com. And watch those videos, and you'll get a sense of what this is all about.

And it's an alternative to elective surgeries. Dr. Darrow?

Dr. Darrow: Yes. Yes, yes, yes.

Nita: What do you think. We are talking to Vincent, and I was just plugging the website, and the videos you've done, a lot of great stuff on that site.

Dr. Darrow: Well, I love it. I work on that website every day of my life, and we increase it with new studies all the time. It's extremely informative how to avoid an unnecessary orthopedic surgery and heal by just simple injections of platelets from your blood, or stem cells in order to stimulate new tissue growth and rejuvenate the area.

This new form of medicine is called regenerative medicine. It's one of the hottest topics in orthopedics. And unfortunately, our orthopedic buddies are the last on the bus. I don't know why it is. The culture they have, and I'm not putting them down. I love orthopedic surgeons, they do the hardest work in medicine, but it's done a lot of times when it isn't needed. And that's just my humble opinion. I'm sorry if I'm tweaking anybody's feelers, that's not my intention.

It's just my experience. I've been doing this work over 25 years, and healing necks, backs, arthritis, shoulder tears, you know rotator cuff tears, labral tears, hips, knees, fingers, toes, hamstring tears, you know the muscles in the back of the legs, calf tears, tendon tears, ligament tears, you name it, anywhere in the body.

So Vincent, you're still with us?

Nita: Hi, Vincent, are you with us?

Dr. Darrow: Let's go to Robert.

Nita: All right.

Dr. Darrow: Dr. Marc Darrow, Robert, you've got lower cervical, and you've had stem cells injected in your low back. What's your main issue today.

Robert: Hi. I just want to make sure the doctor can hear me.

Nita: Yes.

Dr. Darrow: Yeah, go ahead, go for it.

Robert: Yeah, so I got it in my lower neck, so about a couple years ago or a year and a half ago, I developed a really bad pinched nerve on the left side of my lower neck. I mean, it was really bad, it -- it got

really worse, when I played basketball, I jumped the wrong way for a rebound, and then my whole left arm basically went numb, and I went to get an MRI, and of course they wanted to replace two of my disks with metal plates, they wanted to do that surgery. And so I decided not to do that, and then I just started doing a bunch of different therapies, acupuncture, chiropractor didn't really help because my neck was just so tight and inflamed, but I did go get stem cells around mid-March, late March of this year. They did one neck epidural with the stem cells and they also did, you know, the regular IV.

Now, here's the thing, so I'm -- you know, this is about five months later right, I do feel a little bit better, but the pinched nerve is still there, right. So what I'm calling to ask is just you know to understand this a little bit better. Do you think the stem cells can -- you know, I don't think I have like a rupture of the disk, but I definitely have severe herniation of the disk, and severe arthritis, because they did the MRI and very small narrowing of that hole in your vertebrae -- the foramen, I'm getting the terms wrong.

Dr. Darrow: No, the terms is right. Nerves come out, it's called the foramen. Foramen just means an opening, you're right.

Robert: Right, and so I'm -- the stem cells can't fix that, right. What it's doing, and I do feel a little bit better --

Dr. Darrow: You know, it like I have to tell everybody else Robert, until I touch your neck or whatever area it is, I can't tell you a darn thing. And I don't want to second guess what's going on.

Robert: For sure, well, do you think that the stem cells in the neck area --

Dr. Darrow: And it may just be that your neck needs to be stabilized, it may be your neck needs the ligaments to be stabilized so that that nerve isn't getting moved around by loose ligaments in the neck. So yes, stem cells may be the answer, but I can't tell you that, without touching it. If you want to call the office, you can call 800-300-9300, and talk to people there right now, and if they have a problem getting you in, if you need an appointment, you can just email me through the website, and I'll get you in whenever you need to. The website is www.jointrehab.com it's www.jointrehab.com. If you do that after the show, I'll get your email from there, I have a spot on every page to email me, and you'll find on my website, there is going to be videos of me injecting necks and other parts of the body. And you can see if it's something you think is good for you or not.

Robert: Well, can I ask you, what's your general opinion, because I've heard the show, and most of the time you guys are talking about backs, and knees, and shoulders.

Dr. Darrow: Yes.

Robert: But what is your opinion on stem cell therapy in lower necks for herniated disks.

Dr. Darrow: I do it all over the body. There's no part of the body I don't inject, I mean, for the musculoskeletal system. But again, it's not -- it's not a carte blanche. It's not like you have a problem in your musculoskeletal, orthopedic issue, and I'm going to tell you go do stem cells or platelets or whatever, because I don't know until I touch it. It's got to be -- you've got to be examined, moved around, palpated, that means touched to elicit where the pain is coming from.

I'll be able to tell you in one minute if I can help you or not, once I touch you.

Robert: Now, six months later I am feeling better. Do stem cells work six months after they've been injected, because I read --

Dr. Darrow: Not really, no. Not in the way you're thinking. So you have what we call a radiculopathy, that means that the radix of the nerve that goes through that foramen you're talking about gets tweaked once in a while. And 94 percent of those go away without a doctor.

So you could say well I had stem cells, and it went away. And I'm going to say, nah, probably not. Not if it happened six months later. If it happened you know right then with the injections or within a week or something, then I'd say, yeah, that was the stem cells. But that's too far out to think that was you know what happened.

Robert: Well, I feel like it did help me with a little inflammation I felt afterwards, I felt that die down. So I definitely got that, maybe, you know.

Dr. Darrow: Yeah, you got the benefit of -- and that's something that's more local, not -- not the radiculopathy, not the nerve being pinched. That's just you know local neck pain, you know, central neck pain.

Robert: Right.

Dr. Darrow: That's different. That's a different animal.

Robert: Thanks a lot, doc.

Dr. Darrow: You can have neck pain, and still have a radiculopathy down your arm, and you'll have numbness, parasthesias, you know, tingling weakness. Or you could have neck pain without that. Or you could have the reverse and just have the radiculopathy, without the neck pain.

So you need a doctor to touch it, show you what's going on, and I'd love to see you. If you want to come into the office, you can call 800-300-9300, and get to the bottom of this for you.

Robert: For sure. I will do that. I'm going to leave you with one question. What's your opinion on the surgery, putting the metal plates in the neck. When people do have pinched nerves, I had the neurosurgeon try to talk me into it, saying, oh, this will be great, you know. But I've had other people say that that surgery actually, you know, made them feel worse in other ways. So I'll hang up and listen to your answer about what you think about surgery.

Dr. Darrow: No, no, stick around, sick around, I want you there, because I want you to hear this, and then you can respond.

Robert: Sure.

Dr. Darrow: So it's been my experience over probably 30 years of medicine, spine surgeries often come out terrible, terrible, terrible. Do some come out great? Yes. Are you a gambler? Do you like Las Vegas?

Robert: No. I don't like to gamble actually.

Dr. Darrow: Yeah, well I don't either. I detest gambling. So that would be a surgery that I wouldn't want to put on anybody. I know some people get better, or get better for a while, but I know way too many more people who have travesties afterwards. And I talk to my patients, and I go please don't do that surgery. They go, no, I want to fix it.

You know, I don't think that regenerative medicine of stem cells and platelets can fix it. And I go, you know, you're taking a big risk. If I do injections, at least it's conservative. If it doesn't work, you can always do a surgery later, but if your surgery bombs out, which happened to my shoulder, thank God, it wasn't my neck. You know, when it's the neck, it's really problematic. If it's in the spine, and the surgery fails, it's really bad.

And I have to tell you this, and you know, I don't want to slime you with bad information, but you have to know there, there is a diagnosis that's called failed neck surgery. That means that there

are so many of these that fail, that the insurance company has a diagnostic code for it.

So people go or the doctors go, oh, it's only a three percent chance of failure. If you're one of that three percent, that's a hundred percent for you.

Robert: Yeah.

Dr. Darrow: And I see calamities, absolute calamities. One surgery, then another surgery, and then spinal pumps, you know, pain pumps and nerve pumps -- not pumps, but nerve stimulators, heavy narcotics, all from surgery. The person wasn't perfect beforehand, but afterwards, they can be horrible. So it's just a risk, and if you're the guy who likes Las Vegas, go take the risk. I don't like Las Vegas.

I hope I never put one foot in Las Vegas again. This is not things, you know.

Robert: I agree.

Dr. Darrow: Everybody's different, that's just me.

Robert: I agree, well I'm glad I didn't get the surgery. I am getting better, so you know with or without the stem cells, yeah, I'm glad I put it off, and just tried to work it out.

Dr. Darrow: Yeah, we have patients come in every day and usually on the radio show, there's people that call in, they haven't today yet, and say I was told I need a surgery ten years ago. And I didn't do it, and I'm fine today. So like I said, 94 percent of those radiculopathies, according to studies I've read go away without a doctor.

Robert: Right.

Dr. Darrow: Other countries, they don't operate on things like this. They go, go home. It's going to go away. We're just very knife-prone in this country.

Robert: Yeah.

Dr. Darrow: People say we have too many guns, I think we have too many knives, called scalpels.

Robert: And a lot of people aren't prepared for the longer road of recovery, they want something that's a quick fix, and it ends up becoming more problematic.

Dr. Darrow: That's right. And I'll be honest with you. Many years ago, when I was a resident in UCLA, I had a radiculopathy down my left leg. And it was on fire. And I was limping in the hospital, I'd actually be leaning on the wall from patient to patient. And I didn't tell anybody anything. And I was thinking of getting surgery, I was so miserable. I wanted a quick fix. I didn't do it. I got some injections from my buddy on my back, and it healed up. So that's just the way it is, man. Too many surgeries are being done for the wrong reasons.

Robert: Yes, well, thank you for your advice, I'll contact your office and if I can continue improving this, you know, this condition, but yeah. Thanks a lot.

Dr. Darrow: And I want to give a caveat. I love surgeons. I honestly do. I think they do great work. I just think that a lot of surgeries should not be done. You've got to cherry pick your -- your patients. You know, there are cases when is surgery really is needed. But I'll tell one case, I just thought of.

I had a gentleman come in who had a 10 millimeter, that's like on centimeter, like half an inch, pretty big, disk herniation, extrusion, meaning it actually broke off and was in the spinal column against the spinal cord. And this -- I think it was his right leg, if I remember correctly that was dead. And he said, you know, I went to several surgeons, they all want to take out that disk, but I don't want to get the surgery.

And I said okay, well let's work on it, we did. And he got better. And he said can I swim. And I said well, let's let it heal for a while. And he goes, but swimming is the only thing that makes the pain go away. You know, then swim. So everything went against traditional medicine with him, but he got better, by doing it his way. He never had that surgery, and to this day which is probably 15 years later, he's fine.

Robert: Good to know. Good to know.

Dr. Darrow: Anyway, Robert, God bless you, I appreciate it.

Robert: Thanks a lot, doc. Thank you.

Dr. Darrow: I appreciate your call. Yeah, thank you.

Nita: Thanks for your call, Robert.

Dr. Darrow: So I'm going to give out a little information here, if you want to call and talk to me, right now, live, the phone number to the studio is

866-870-5752, that's 866-870-5752. If you want to call the office and get more information the number there is 800-300-9300. That's 800-300-9300. And if you want to watch me do these procedures, the website which has a lot of videos on it, is www.jointrehab.com that's www.jointrehab.com.

A couple other things, we do these procedures on the face, and you go what? Why would you do it on the face? There's no pain. Because it grows back the collagen and makes people look younger. So it's not fake, it actually regrows the tissue on the face. On the top of the head, if your hair is thinning, you can actually thicken up the hair, it can stimulate the hair follicles to rejuvenate and get you a healthier head of hair.

If you're completely bald like some people I know, it's not going to work. You'll get some strands, but not enough.

So Nita, where are we going from here? Should I take some questions?

Nita: Well, let me just mention the website again for people that may have tuned in late, it's www.jointrehab.com that's www.jointrehab.com you can email Dr. Darrow off of every page on the site. And you can see him performing these treatments on videos which is very helpful, if it's a new paradigm for you.

Dr. Darrow: It's pretty amazing stuff.

Nita: Absolutely.

Dr. Darrow: Pretty simple. You know what I like about it? You walk in the office, get an injection, or several if you need it, and walk out. I'm going to go to a question about knee pain. I don't think we've had a knee yet today.

Nita: Oh, good idea.

Dr. Darrow: We actually probably get more knees than anything else, but still tons and tons of every other body part. Do tons of hips and shoulders and fingers, and elbows, and necks and backs and ankles and muscle tears you name it.

All right. So this person says my mom is 90 years old, and still active. Yay! She has had some knee pain, an x-ray was taken. They discovered that she has bone-on-bone. Does your practice deal with this issue. I love when I hear this from doctors. You've got bone-on-bone. You need surgery. Nonsense. Nonsense, nonsense, nonsense.

If a person has bone-on-bone there's no cartilage and those bones are not going to move, okay. That joint will be locked up. So that leg -- that knee will not bend. And from what this person is saying their mom is having some knee pain, but not a big deal. So don't get snookered in by the term "bone-on-bone". I rarely, rarely, rarely ever see someone with bone-on-bone. If they do have bone-on-bone, can stem cells and platelets help? They still can help. Don't get snookered by the terminology of medicine, that is used in the culture of surgery, okay.

The old paradigm in medicine is medication and operation. Stay away from those if you can help it. I try to get people off of their medications and use natural supplements when possible. Many people take medicines they do not need. And there's lots of side-effects. You may not get them right away. You may get them later.

So I'm a proponent of natural medicine. And using platelets and stem cells is natural medicine, you're taking natural cells from your body and injecting it to stimulate your body to rejuvenate, to regrow tissue and heal.

So I have to examine your mom, even though she has got some pain, it sounds like she's doing okay, and find out where the pain in that knee is coming from. It may not actually even be in the knee. A lot of people come in, and they have a hamstring attachment to the backside of their knee, and they go my knee hurts. Well, it is kind of a knee, but it's not the knee joint. And that's a real easy fix in most cases.

I use the ultrasound, the first thing I do with a knee patient is I look inside, see if they have any fluid, look and see if they have meniscal tears, things of that nature. And then we can decide on a plan of action. So I love the work I do. And I've doing it for over 25 years. I'm busy all day, every day with it. And to my wife's chagrin, I don't like taking vacations. I like the work I do.

I know, I'm one of those guys. I just love, love, love what I do. There is nothing more fulfilling than seeing patients heal. And especially seeing them heal without an invasive surgery.. So let's see what else here.

Nita:

And the phone number is --

Dr. Darrow:

Ah, call me live, we've got a few more minutes left in the show. The number here is 866-870-5752. Call me at the studio right now, 866-870-5752. If you want to call the office and talk to my staff, the number there is 800-300-9300, I'm talking so fast, I'm getting a frog in my throat.

Nita: Well, that office number again is 800-300-9300, 800-300-9300.

Dr. Darrow: Thanks, Nita.

Nita: You're welcome.

Dr. Darrow: So another question, let's see here, here's one foot, ankle and back pain. That's ripe pickings there. From a fall, foot, ankle and back pain from a fall.

Gosh, that happened to me about -- gosh it's been like six weeks ago, I think. I think I told the story on the radio before, I was -- it was a Friday, I had been in the office all week long, long hours and sun was going down, I was driving home, I live up in the mountains over the ocean, and I'm thinking I've got to get some fresh air.

So I parked down at the beach, I throw on my running shoes, and I am walking on the beach, and it's high tide then, so and that means not a lot of room to walk, and there's rocks on one side next to the Freeway, or Pacific Coast Highway, I should say, and the other side is the water, the ocean. And they were small waves, and I'm just walking along, feeling the wonderful negative ions in the air from the water splashing, feeling amazing, cleaning out all the work I had done for the week. And I love the ocean.

And all of a sudden a wave comes out of nowhere, we call those the rogue waves, and I've had them when I'm surfing. This is the first time I've ever had it happen to me while I'm walking on the beach. And it tossed me, and I fell on the rocks.

Nita: Ouch.

Dr. Darrow: I hit my left greater trochanter, I scraped off my left forearm, scraped off my left shoulder and my right calf, and my jaw, I hit all those things smack at one time. And I'm laying there, and oh, my hand got jabbed in a couple places by rock. And I'm laying going what do I do? Do I have fractures? Am I broken? Can I get up? Have you ever been in that spot, Nita?

Nita: Oh, yeah.

Dr. Darrow: Yeah. You don't know what to do, so you move slow. I started moving slowing. I was eventually able to get up and I hiked back to the car, which was maybe half a mile away. And you know, I'm all wet, and I've got sand all over. I pull out towel out to wipe off some of the blood and I look in my pocket for my glasses, and they're not there.

Nita: Ouch! Oh, no.

Dr. Darrow: I keep my glasses in my breast pocket. And I'm like oh, no, I've got to walk back there, and try to find them, so I'm dripping blood and terrified, and in pain.

Nita: Oh, no.

Dr. Darrow: So and this is so funny, I'm walking back, and there's a lifeguard there, a young dude, and I go can you please help me, I just fell on the rocks, and I left my glasses, blah, blah, blah. And he goes, well I don't know what to do.

Nita: Oh, no.

Dr. Darrow: He looked like a surf dude. And he goes, you know, I'll walk back with you, but I don't have my kit with me or anything, my first aid kit.

Nita: Whoops, there's our music.

Dr. Darrow: What's that?

Nita: There's our music. It's time for us to say goodbye.

Dr. Darrow: If you want to get a hold of my office and talk live to someone there, 800-300-9300. Go to the website, watch videos, www.jointrehab.com.

God bless you all. Thank you, Nita and staff.

Nita: Thank you, JJ. Thank you, Suzette. I'm Nita Vallens, we'll see you next time.