

Living Pain Free 8/19/23

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: hi there Dr. Darrow.

Dr. Darrow: Nita Vallens, you look gorgeous as usual.

Nita: Oh, you're hilarious -- hilarious. You're very funny.

Dr. Darrow: Everybody tells me that.

Nita: So let me tell you what's going to happen today. We're going to help a lot of people.

Dr. Darrow: All right, let's go for it. All right, I like that.

Nita: So the first thing you need to know is to get Dr. Darrow's latest book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. You need to call us right here, right now at what number?

Dr. Darrow: The number, what do you mean, we all know the number, don't we by now, it's 866-870-5752, 866-870-5752. You can learn how to heal your musculoskeletal, orthopedic pain, without surgery in most cases. I'm going to repeat it now, that I've peaked your interest, 866-870-5752.

If you want to call the office now or later. There are people always there by the phones. That's 800-300-9300, the office is 800-300-9300. And if you want to email me, go to my website, www.jointrehab.com every page has an email slot, and I answer every email, every single day. What else, Nita? A free book, let's not forget that.

Nita: That's right.

Dr. Darrow: This book that I wrote which has a couple hundred pages of information of how to heal yourself by using stem cells or PRP, platelet-rich-plasma, or Prolotherapy, which is -- you know, to me

it's the weakest of all the healing forms with injections, but it's still pretty good. And if you like that, then that's -- we'll get into that more later in the show.

But I've had that done on me. I've had PRP done on me. I've had stem cells done on me. And the done on me, is usually me doing it to myself. Because I trust -- I trust my own injections. And I've done very well, I've been self-injecting for over 25 years, starting at my residency program at UCLA. Don't feel bad, I also went to USC. I've been to colleges. I'm a crazy student guy. I spent 22 years in college with different degrees, Masters of taxation, fellowship in functional and alternative medicine after I finished my residency.

So I've studied traditional medicine. I've studied outside the box medicine that a lot of people call alternative medicine. To me it's not alternative, because if it's natural, it's always a good thing to try first. You also want to do the conservative things in medicine, before you get into invasive things like surgery or medicine.

So, Nita, I'm going to throw a quick joke for you.

Nita: Oh boy, I can't wait.

Dr. Darrow: I'm trying to remember who gave the two jokes, who was this that gave this to me, I think it was a patient. No, it wasn't, it was a minister, that's right. A couple days ago, I talked to a minister friend of mine. So you ready, Nita?

Nita: Ready.

Dr. Darrow: Put on your thinking cap.

Nita: Okay.

Dr. Darrow: How do you pick up an elephant with one hand --

Nita: You didn't let me say anything yet. I have an answer.

Dr. Darrow: Okay. Go for it.

Nita: You grab his trunk.

Dr. Darrow: I don't know. You don't have to worry about finding an elephant with one hand. They don't have any hands.

Nita: So what's the real answer?

Dr. Darrow: That's it. You don't have to worry about finding an elephant with one hand.

Nita: Oh, okay, that's the answer.

Dr. Darrow: Okay, this is a better one, this will be easy for you, ready?

Nita: Oh, yeah, I'm sure.

Dr. Darrow: You know what, I keep telling stupid jokes, until people call in the show.

Nita: Oh, please call, well, maybe we should give the phone number again.

Dr. Darrow: Yeah, I'm going to, the call-in number is 866-870-5752, we love talking to you. You can ask questions about your family, your friends, about your own pain in your body. You can make up a fake name if you're shy. We don't care, we're going to treat you good and love you.

Okay, Nita, you ready?

Nita: Yes.

Dr. Darrow: Why did the invisible man turn down a job? He couldn't see himself doing the work.

Nita: Oh.

Dr. Darrow: Cute, huh?

Nita: Very cute, I like that one, that's funny.

Dr. Darrow: It is cute, yeah. It didn't hurt anybody's feelings.

Nita: You know, there was a TV show called the Invisible Man before my time.

Dr. Darrow: I remember it. Oh, my God, it was in my time. I was a little guy, but I still remember it.

So I'm going to go to some questions now.

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

Dr. Darrow: Sure, I do. I'm going to give a couple phone numbers. One is to the studio where you can talk to me right now, live, that's fun, and that's 866-870-5752. Or you can call the office, if you're too shy to call the radio. And there's people there, 800-300-9300. Or go to the website, if you're really shy, and you can ask questions there, by

way of an email directly to me from the website. And the website is www.jointrehab.com.

All right. So this is golfer's elbow and triceps tendonitis. We get a lot of this. I get a lot of golfers, and as a matter of fact, if you're looking at the video of this show sometime, you'll see I've got my golfer's hat on, and I'm ready to go, after the show today. I'm going to meditate for an hour, and then I'm going to go hit the golf course -- hit it was a golf club that is.

So this says, Hi, I'm interested in elbow therapy for golfer's elbow, and triceps tendonitis. Can you please advise the next steps?

Well, there's a lot of stops to healing anything, and you want to go conservative, obviously first. So if this is something that's new to go, you may want to just let it subside, and see if heals on its own. Most things people have, heal on their own, which is great.

You can try acupuncture, physical therapy, massage, there's all kinds of things. I'm not a fan of anti-inflammatory medicines like ibuprofen, because they actually block healing, they make you feel good, because they get rid of the pain right away, but they block the fibroblast infiltration that the body naturally produces to grow new tissue back. So if you sprain an ankle let's say, and it's black and blue. That's a good thing. That means there's a little bit of bleeding, and the information sequesters, or draws fibroblasts from the blood to come to that area.

And fibroblasts spit out collagen. Collagen is the major constituent in our tendons and ligaments and in the joints, the cartilage. So that's a good thing, when people go I can't stand this inflammation I have, I'm going to take an anti-inflammatory or get a steroid, like a cortisone shot, they're really making a mistake in my book, because what they're doing is they are winning the battle. They feel better, but they're losing the war. And the war is healing. We want a complete healing.

So what do I do for these types of syndromes? I'm going to inject, probably on something simple like a golfer's elbow or a triceps tendonitis, some platelets from your blood. We just draw the blood; we spin it in a centrifuge. We throw away the red cells. We keep the platelets, and the plasma, which is why it's called platelet-rich-plasma, and a simple little injection, a 30-gauge needle, it's like an acupuncture needle, and I weaver back like a new web of tissue, stimulating new tissue to grow.

Golfer's elbow is on the lateral epicondyle, so it's called lateral epicondylitis, and that's considered Golfer's elbow, because average

golfers like me, flip the club at impact with the ball, instead of -- it's hard to explain this, unless you're a golfer, but I know a lot of golfers are listening. Unless you rotate your hips, and keep your left wrist in a flexed position, so you don't flip it. And if you do flip it like most of us do, you're going to activate that extensor tendon on the lateral epicondyle, and stress it out, and cause golfer's elbow.

If you're a tennis player, you get medial epicondylitis, sometimes golfers get it too. And that is just as painful, but it's on the medial or middle part of the elbow, the same type of a syndrome though. Triceps tendonitis, the triceps muscles on the back of the arm, it inserts on the elbow, and triceps tendonitis can be very painful.

It occurs most commonly that I see with weightlifters. When they're doing triceps curls or extensions, I should say. And that can micro tear that tendon attachment to the bone, very simple to heal, just like golfer's elbow and tennis elbow, okay.

So all these little syndromes are usually really easy to fix with PRP, platelet-rich-plasma. If it's more resistant to healing, we may add some stem cells to it, that's another very simple procedure. I have Dr. Grove, Thomas Grove, who is in the office with me now, and he saw me do a bone marrow the other day, a bone marrow aspiration for stem cells, and he was scratching his head. He was like how do you do that so quickly? He said, he's been all over the country watching doctors do this, and I'm the fastest he's ever seen, and the patient had zero pain.

That's because I've done so many thousands of them over the years, that I'm very adept in knowing how to do it very simply. And for a bone marrow aspiration, it's very simple. The patient lays down, we numb up the -- what's called the PSIS, the posterior superior iliac spine, it's top of the back of the pelvis, numb it up, and a little lidocaine, and we wait -- I tell a couple jokes usually, because when I ask patients to tell jokes, they like, I can't remember any.

So I always know lots of jokes, I tell a couple jokes, but then it's numbed up. And then I take a very small needle, and we have a little teeny drill, and we drill into the bone there, and getting into the bone, for an average person takes about three seconds, and then we put a syringe on the back of that needle, after it's placed property, and we aspirate out bone marrow.

And for something like -- if we would do a golfer's elbow or a triceps tendonitis, we'd only need to take out maybe, I don't know, maybe 10 ccs, a very small amount of bone marrow. And the bone marrow is very rich in stem cells, and platelets, and cytokines, and growth factors. So for my knowledge, it's the best healing we have today.

There's other forms of stem cells that are done. There's lots of new things coming out, and when I find something better than what I know, I'm going to learn it, right away, and try it out on myself, and see if it works.

So the phone number to talk to me live right now is 866-870-5752, I'm going to repeat it, grab your pen, call me. I'd love to talk to you about your orthopedic issues. Or about your friends, family, whatsoever. And if you're shy, use a fake name, we don't care. The number to the studio right now, live and as Dr. Gene would say, "live and local".

By the way, Nita, I called him up, and I don't know if he's still around. I left a message and did not get a phone call.

Nita: Oh, no.

Dr. Darrow: He's got to be in his 80s now, living down in Arizona I think. But he was a great host.

Nita: He was.

Dr. Darrow: Obviously, not as good as you, Nita. But he was great.

Nita: Well -- but he's a man, what can you say?

Dr. Darrow: That's right. And he was not gender fluid.

Nita: Well, he was a great guy, and he was a pharmacist, actually.

Dr. Darrow: He was. Dr. Gene Steiner, a great, great man. I hope he's still alive, living a very full and happy life. And Dr. Gene I do love you still. Please call me back.

So that's the phone number to the studio, once more, 866-870-5752, we're waiting for our calls. In the meantime, you can call my office at 800-300-9300 or you can go to the website, there's endless pages on different musculoskeletal syndromes. You can learn an awful lot, the anatomy is there, how we fix it is there, and most importantly there's videos of me doing these procedures. You can watch and see if it's something that you would like to do, if you're in pain.

Certainly consider doing regenerative medicine. Regenerative medicine means that we inject the area, the tissue grows back, and you are healed. So in my book, do that first before you do a surgery, unless it's an emergency surgery you need.

And I had a father call in yesterday about his D1 basketball player son, who had dislocated his shoulder over the years many times. And just had a recent injury a week ago, and wanted the son to come into me, rather than getting an immediate surgery. But a piece of the humerus bone which goes into the shoulder joint, the glenohumeral joint, had actually chipped off.

And I said, you need to see a surgeon first. He had had good success with me before, just using injections, but this is something that to me is an emergency, you've got to see a surgeon for something like that. After the surgeon says I don't want to work on it, you don't need it, then they can come to me, and then I'll do my work. And typically get the area healed.

But there are many times when I want a surgical consult, if I think it's dangerous type of situation, I don't want to step in at that point. I want the surgical consult first. Not often that I get that, but it's often enough that I have friends who are orthopedic surgeons, who I have their cells numbers and we call him up and find out what's going on.

Nita, anything to say? Yes, you do.

Nita: Yes, I do.

Dr. Darrow: We also do the Vampire Facelift in the office where we take stem cells or platelets and numb up the face and put those into the face and regrow the collagen and make you look young again. And we also can regrow hair, if it's thinning out, and we just inject that on the top of the head. We numb up the scalp, and then inject that.

Nita: How about that free book?

Dr. Darrow: Yes. You get a copy of my book, Stem Cell and Platelet Therapy, if you call in the show right now, and that's a \$25 book, and I ever pay the postage which usually about seven or eight bucks. So a free book, and you can get a copy for your doctor also and teach him how to heal in a natural way, rather than offering surgery.

Most doctors out there, even if they're not surgeons don't know about regenerative medicine, or they don't believe in it. And they will immediately send their patients to the surgeon, the orthopedic surgeon, which is fine, but don't get a surgery when you do not need it.

And I run into this almost every day, with people that have failed surgeries, failed back surgeries, neck surgeries, shoulder, knees, hip surgeries, you name it. And why do they fail, because the surgery

should not have been done in the first place. It probably should have been done regular medications wise, heal the area conservatively with simple injections of platelets or stem cells, very easy, easy thing to do, when you know how to do it.

I use an ultrasound which looks into the body, to help me guide the needle. If you are getting injections with regenerative medicine without an ultrasound that's a faux pas in some areas, meaning don't do it, because the doctor doesn't know what that needle is going.

There is a doctor in Santa Monica, who gets a lot of business. And when people say use an ultrasound, he goes I don't use an ultrasound, because I know the anatomy. Knowing the anatomy is not enough. If you want to place a needle four inches into a hip joint, you don't know how to do that without an ultrasound. You can pretend. But you going to not hit the right spot.

The shoulder joint is the same thing, it's a millimeter big, you cannot guess and get into the right spot. Hip joint, knees, the same thing. You don't know if it 's going there. The studies show that blind injections miss the spot, one third of the time.

And for those of you that have gotten hyaluronic acid injections, you know a lubricant, and your knee has blown up like a balloon, that's because the solution did not go into the joint. It went into the soft tissues, and sometimes that requires an I and D, and incision and drainage, you have to go the OR, and clean the stuff out of there, because it didn't go into the right spot. Use doctors that use ultrasounds for injections, please.

Nita, I hear you breathing. So you must have something to tell me.

- Nita: Yes. We have a caller in from Alabama, how about going to Tilla.
- Dr. Darrow: Tilla, Dr. Marc Darrow, how are you today? Your hand is bothering you.
- Tilla: Summoning the [inaudible] God to come to me. How are you doing, my brother?
- Dr. Darrow: I am living it up sister.
- Tilla: I know you are. I listen to you pretty much weekly, and I know who you are.
- Dr. Darrow: Good.

Tilla: I've got a lot of people listening to you and going to your website. And you've sent books, and I've got a book, and so I don't need a book today, and I've got some people, I'm hoping are going to call in soon, and dialogue with you, because they'll be fascinated when they get into a conversation with you. And you know what you're talking about. But I think most of them are talking to doctors who don't know what you know.

But the question I have is for myself, and I hope it will benefit other people who might have the same issue, is the hand.

Dr. Darrow: Okay.

Tilla: I'm not sure that I hear much about the hand, and I really tore mine up a few years ago, doing real excessive work with them, and they've not been recovering easily. And I've been -- you know, I had the trigger finger thing years ago in 2005, did a surgery, not realizing I could to an injection, did an injection from there on all my fingers. They all have locked.

Dr. Darrow: Okay.

Tilla: But now they are -- it's the injections are not working. And I'm doing PT, doing -- faithfully doing my exercises, and it's not working. The hands aren't -- the fingers aren't just locking they just won't even bend sometimes. They are locking, but that's not the only problem.

Dr. Darrow: Okay.

Tilla: So I'm trying to find out if you do that type of the therapy with the hands.

Dr. Darrow: It can be done. It's not -- trigger fingers are not my major work, okay. My major work is growing back tissue after injuries or arthritis anywhere in the body. The hands also, I do a lot of hands, but not generally trigger fingers, and I'm going to explain why.

I do know doctors who inject PRP for trigger fingers, and I'm willing to do that with you. It's not my expertise, though, I'm going to tell you that. So we would be experimenting together, and I'd be happy to do that.

I would use an ultrasound so I can see where that little needle is going, and probably when you had those injections, your doctor did not use ultrasound, because most hand surgeons do not, if it was a hand surgeon don't know how to use an ultrasound.

Tilla: Yes, he was. Yes, it was a hand surgeon, he did not use ultrasound. Any of them, I've had several doctors over the years, because I float states, so I'm not always in the same state. But none of them have ever used an ultrasound. And the problem is that they're not only locking. I don't have just locking fingers. I have some that aren't locking but won't bend all the way anymore.

Dr. Darrow: Okay. I heard you -- let me do a little dissertation for it. Let me talk for a while because I have a lot of information for you.

Tilla: Okay.

Dr. Darrow: Number one, trigger fingers generally start with a catching of a tendon, the flexor tendon in the hand that comes down from the forearm. And the tendons are like strings, the muscle contracts, it pulls on the tendon like a string, and then it attaches to the different joints in the fingers and makes them flex.

Also on the back of the hand, there's muscles that will extend the fingers. But on the flexor tendons there are what we call pulleys, they're little pieces of collagen that go across the tendon, and hold them down into place, so they don't straighten out into the hand, okay. So they hold them down to the tissue.

Those tendons can be fibrotic, where they cross the A1 pulley, or the A2 or A3 pulleys. And you can look this stuff up on Google, if you haven't seen the anatomy, just go to Google and put in trigger finger. And put in A1 pulley for example. And then in the upper left-hand corner, when that comes up, look at images, and you can actually see this stuff.

So what you had done, was you had a trigger finger release, where they cut the A1 pulley. How many trigger finger release surgically did you have done?

Tilla: I've had one trigger finger release by surgery, and then the rest by injection in all fingers.

Dr. Darrow: Okay. And the one that you had surgical did that work really well?

Tilla: It did at the time.

Dr. Darrow: And then it came back?

Tilla: Yes, sir. Over time it has returned.

Dr. Darrow: Okay. And then if I got my history correct from what you're telling me, then you had injections of something like cortisone, a steroid,

and the reason for that, is it dis-inflames and shrinks down that A1 pulley. So then the tendon can slide again.

The problem with that is it's a great treatment one time if you leave your hands alone, but if you're active, then that inflammatory response will stop, and then you will recreate the same situation, and if you repeat the cortisone or steroid injections onto that pulley, you can rip your tendons.

Then you have a major problem. Because cortisone dissolves tissue. And people when they come in the office and they've had a bunch of cortisone, the first thing I say is please don't ever do cortisone again. And they go why, my doctors are doing -- I had one lady had it done 16 times in her elbow, and she couldn't lift up her hand, because the tendons were torn.

Hang with us, I'm going to go to the break here, and then we'll get back to you. The phone number to the studio is 866-870-5752. If you call me now, I'm going to send out a copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate give me a call at the studio right now, 866-870-5752. We'll be right back.

Nita: Yes, we will, I'm your host, Nita Vallens, stay right with us.

[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. And right now we are speaking with Tilla in Alabama.

Dr. Darrow: Hey, Tilla, Dr. Marc Darrow, are you still with us?

Tilla: Absolutely.

Nita: Yay!

Dr. Darrow: Hang with me, I've got more to tell you, okay?

Tilla: Good, good.

Dr. Darrow:

Because I've got more questions to ask you and figure this out, you're a great caller, and we appreciate and love you. Thank you so much for calling in.

Number one, we're talking about how to heal your body without surgery, when you have musculoskeletal problems, we use stem cells and platelets to do that. Platelets are little cells in the blood, we just draw your blood, spin it, get rid of the red cells, which are sort of painful when you inject them. And if you put them in a knee they're going to blow it up, and you're not going to like that. So we take those out, and then we just inject it right then, and the stem cells, we can get from bone marrow.

There's other ways now to do that. Bone marrow is a very easy. I used to start when I first started doing stem cells, I did them from adipose which is fat, which I don't think is the easiest way to do that for the patient. Easy for me, when you do a lot of something it becomes easy, and I do this work all day every day.

Endless procedures, and I love it. The more, the merrier. I love this work. I love being in the office. I love watching my patients heal, it is so much fun. So if you want to call the office, the number there is 800-300-9300, that's 800-300-9300. There's people there that can answer your questions.

And if you want to watch these procedures, I have a ton of videos on the website, which is www.jointrehab.com and there's a spot on every page to email me. I answer emails every day, before I go to the office, between the patients and after I get home. I'm usually up to about midnight doing emails. And I love it. I love communicating with people. All my patients get my personal cell number and my personal email address.

So I'm very open. I don't like socializing, but I like socializing with my patients. I'm not a party guy, but my office is kind of like my party, so it's interesting. My wife always says why don't you want to go to the party? And then she goes well, you've seen enough people, you've talked to enough people today.

And luckily with the work I do, I get to spend time with my patients. It's a lot of fun. We also do something beside the musculoskeletal work, it's called the Vampire Facelift, where we inject your cells into your face, and regrow the collagen there and make you look young, and it can also be done on the top of the head, if your hair is thinning, okay. So very simple things to do and make people happy is what the name of the game is right.

So I'm going to go back to Tilla, who had trigger finger surgery, that worked for a while, then it came back. She then had a bunch of injections into all her fingers, for trigger fingers. And trigger finger is situation where the pulleys that hold the tendons in the hand down, become fibrotic and inflamed, and then the tendon cannot slip through it, and sometimes there's nodules that form on the tendons, so they get caught.

And the typical thing is a hand surgeon will inject that pulley, there are several of them along the course of the fingers, and that shrinks them down, and gets rid of the inflammation, the patient has immediate relief. And then they go back to the same activity, and then voila four to six months later, they're back in the same boat. What do they do? They get another steroid shot, another cortisone shot.

What does that do? Makes them feel great again for a few months. What happens then? They do that a bunch of times and then what's the problem, those tendons can rip, then you've got a real situation, okay.

So I'm not a proponent of doing multiple steroid injections anywhere. Cortisone is my least favorite thing to use in the body, because of that. And it actually destroys cartilage and joints. So if your doctor is giving you cortisone injections in your joints, not good, sorry. I wish it were good. It's an easy fix short term, and long term it destroys tissue. So it's not a great thing to do.

So Tilla, what I didn't ask you yet, is what activities do you do with your hands that cause these trigger fingers?

Tilla: What initially caused this issue is that I went and worked up at a cemetery where my whole family is buried, just almost everybody. And it's just a junk mess, and I decided because my sister was looking at wanting to be buried there, I was going to work on that area where we are, so she could be buried there. And it was just such a mess, I started doing the whole cemetery.

Dr. Darrow: What is doing the cemetery mean? How did you use your hands?

Tilla: So that means chain saw, weed eater, pruner, rake, pulling stuff up, and then I had to load stuff on a tarp, and drag it about 100 yards and that's cutting up trees and everything. So it's extensive work and I'm just doing it, just me.

Dr. Darrow: Okay, sure.

Tilla: And so it's just -- and when I finished, I spent maybe six hours a day working on it and then from there I just two to four hours in when I can.

Dr. Darrow: Okay. So let's get you in the office and try PRP under ultrasound guidance. There's a lot of guys doing it, it's not specialty, but I'm willing to give it a try with you. And why not, right? I'll use the ultrasound, we can dissect away the pulley from the tendon with the ultrasound, we can see where that needle goes and squirt a little solution in there and pry it loose.

I do a lot of those with carpal tunnel syndrome and that works well. I just haven't done it with PRP.

Tilla: That's interesting I had -- since you mentioned that, I had both wrists done at the same time in 1994.

Dr. Darrow: Okay.

Tilla: And totally was amazing after that. I have worked at a job where I was using wrists horrifically at time sensitive business around the holidays.

Dr. Darrow: Now was that a steroid shot you had in the carpal tunnel?

Tilla: That was surgery on both.

Dr. Darrow: Oh, surgery on both, yeah. The surgeries usually work pretty well.

Tilla: Yeah, they did a beautiful job.

Dr. Darrow: I occasionally get people that have had the surgery, where it comes back, and then I can help them. We hydro-dissect the nerve away from those tendons in the carpal tunnel, and people get better. And I've done, you know, PRP on that and that's worked great. So I think it will work on the pulleys in the finger also --

Tilla: Wonderful -- I'm sorry, go ahead, I didn't mean to interrupt you.

Dr. Darrow: -- and it's very conservative. That's okay. Go for it.

Tilla: Sometimes there's a little delay in the and you get softer, and I couldn't tell you were saying something. So basically, I can call and talk with them, because it would mean a trip there of course, because I'm in a different part of the country right.

Dr. Darrow: Well, when you're in town, just let me know, the number to the office is 800-300-9300, tell them you're a radio guest, and that you want to get right in. What I would do if I were you is when you get

into town, have an appointment with me the same day, in case I need to see you another time if you're only there for a day or two, or three, or four.

Tilla: Right, okay. I'll give them a call and talk with them.

Dr. Darrow: Rather than waiting until the last day.

Tilla: Okay, rather than waiting until the last day, got you. Thank you.

Dr. Darrow: Now, there are some other things in the meantime I want to tell you, you can do to help your hands.

Tilla: Okay.

Dr. Darrow: Get a bowl, a salad bowl that both your hands can fit in and put it under your faucet and put in the hottest water that you can stand without burning yourself with some Epsom salt, that's magnesium, and magnesium will infiltrate those tendons and help relax them, okay. And then what you do is you stretch your fingers to extension, where you push them backwards, and then you flex them to where the fingernails, or the pads of the fingers touch the palm of the hand, very slowly and gently.

And you do that for about ten minutes or so. And if the water starts to cool off, you just turn the faucet on again with the hot water to as hot as you can stand it. And then massage the pads of your hands with your thumb back and forth and loosen up those areas that are "stuck". And if you do this twice a day, every day, you can do your own home version of a trigger finger release.

Tilla: How about that? Well, I definitely will.

Dr. Darrow: Now the other part of the equation though, is if you're doing the same stuff that caused the problem, they're probably going to come back. And if you have the type of job where you have to do things that are repetitive and using the fingers and the hands like that, like you've done, then you're going to have to do these home remedies over and over and over, to keep yourself in shape.

Now, I've had frozen shoulders, you know, where the arm doesn't life from injuries, and I work those both out. And I've had trigger fingers that I've worked out. And with me, they'll come and go depending on the activities that I have. I have a new doctor in the office named Dr. Thomas Grove, and he's taking over a lot of the injections. And he's only been there a week so far, and my fingers are already feeling better.

So you can't hit yourself in your head with a hammer and not feel it. You know what I mean?

Tilla: Right, that is true. Well, these are things I can work on, because I'm very diligent to do my PT exercises now, and not making a lot of headway, but it sounds like if I do that with the Epsom salt bath --

Dr. Darrow: Well, I promise what I'm telling you to do will help you.

Tilla: Well, I believe that. I believe that. And I think life is long that's what I'll have to do, because I'm always going to stay active, I'm 62, and I conceivably could live till I'm 92, but I'm very active, and I need my hands to work.

Dr. Darrow: Well, honey, I love your southern draw. And God bless you and again the number to the office if you want to call in now is 800-300-9300, and I'm going to say goodbye to you now, Tilla. Call in anytime you want though.

Tilla: Thank you.

Dr. Darrow: You're wonderful --

Tilla: Thank you for your help.

Nita: Thank you, Tilla.

Dr. Darrow: You're a very smart woman, you're articulate, and it's fun talking to you. And for the rest of you who want to talk to me live right now, the number to the studio is 866-870-5752, and if you do call in now, I'm going to send you out a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate.

What does regenerate mean? We typically can grow back tissue, so we regenerate the area, rejuvenate and make you feel good again. I don't care if you have shoulder tears, you know, tendon tears, meniscal tears, labral tears, rotator cuff tears, it doesn't matter. I inject anywhere in the body, hamstring tears, arthritis in the toes and the fingers, anywhere that bothers you, I've probably injected over and over and over for the last 25 years.

I've done this on my own body. I am a sports addictive person. I love repetitive things. I've had periods where I wanted to get a certain golf shot done and learn it, I remember being in the sand, you know the sand trap, hitting one shot for four hours until I got it down. And that wears the body down. And when I do wear myself down in a certain area, or injure myself, guess what I do? I inject myself and heal it.

So I've injected both my knees with platelets and stem cells, my elbows, my shoulders, what else, my wrist, I know I'm missing things. I've had other friends do my neck and back, which I've injured many times over the years, and I'm very lucky to be in this profession of regenerative medicine, because I'm the guy that needs it the most. I probably have had more injections in my body, than any other person alive, because I have access to it. So instead of suffering with an injury or other things, overuse syndromes, I'll just inject it and heal it up.

So I'm a experimenter. I try everything on the market. And I have reps all the time. I had a rep in the office yesterday who sells exosomes and they're going to give me a solution of that to try. And I like to experiment.

When I heal with something that I don't know about, then I ask my patients if they want to try it. And that's how I got into this line of work as a doctor. I had been healed with Prolotherapy. My wrist was my first thing. And it healed 50 percent overnight. It woke me up, that surgery or cortisone is not the answer, at least for me.

And then later I did my shoulder, that healed 100 percent overnight after a failed shoulder surgery, when I was in medical school. And that woke me up really a lot. Then I started asking my patients, can I try this on them, and everybody said yes. Because nobody wanted surgery, and then it became what I do for a living. I think I've done more than anybody on the planet, on my body and on patients.

When I'm at national meetings, people come up to me, because I'm pretty well known in the field, and they go how do you so much in one day? They said I usually what about what you do in one day, I do in a month. So LA is a good place to be. It's a big population and there's a lot of injuries, and a lot of arthritis here, so I get a lot of practice.

All right, Nita, should I go to a question, or do you have something to add?

Nita: I just wanted to mention the free book for -- we still have time for people to call and get their free copy of your latest which is Stem Cell and Platelet Therapy, Regenerate Don't Operate.

Dr. Darrow: All right. I'm going to go another question here. And the questions come in through my website, www.jointrehab.com --

Nita: Keep it short because we're getting a call.

Dr. Darrow: Well, getting a call or got a call?

Nita: Well, we'll see.

Dr. Darrow: Okay.

Nita: Okay. Unless you want to do a joke?

Dr. Darrow: No, I was actually going to say something that you cut me off on. You hurt my feelings.

Nita: Oh, I apologize, oh...

Dr. Darrow: I'm kidding you, Nita.

Nita: Should I send you some See's candy later.

Dr. Darrow: That will work.

Nita: Okay.

Dr. Darrow: I actually had a piece yesterday.

Nita: Or do you want to talk to Trevor?

Dr. Darrow: Trevor, Dr. Marc Darrow, how are you today? You've got low back pain.

Trevor: How are you doing, doctor. No, well actually --

Dr. Darrow: I'm living it up. How long has your back bothered you for?

Trevor: I got some PRP injections with you about three weeks ago.

Dr. Darrow: Oh, okay.

Trevor: Yeah, and I feel a lot better, man, believe it or not. But I wanted to ask you --

Dr. Darrow: Wow, that's fast.

Trevor: I'll probably start doing this maybe six months for maintenance, or you know once a year.

Dr. Darrow: Well, let's hope you don't need to. The goal is to do it and fix it.

Trevor: Yeah, well what about like acupuncture just like the in between stuff like that. Would you recommend that?

Dr. Darrow: You can do acupuncture. I mean, look you're setting yourself for something when you say I'm going to come in at this period or that period. Don't even think like that.

Trevor: Okay.

Dr. Darrow: Think of getting it fixed. So you were three weeks ago, you said.

Trevor: Yeah, yeah, about three weeks ago, I mean I actually walked man, I was having a lot of issues, I went in there. I think I was there about two years ago prior. Yeah, I feel a lot better, man, I think the first week was the hardest.

Dr. Darrow: What do you do that irritates your low back, what activity do you do that causes it.

Trevor: Yeah, I just wanted to ask you man, they said maybe do some acupuncture in between or something like but you know I wanted to see if you recommend that. Like I don't want to mess up my injections, you know what I mean?

Dr. Darrow: You won't mess anything up. My job is to grow tissue. Acupuncture is get rid of the pain, and they're different. They're totally different in what the goal is. My goal is to get you fixed. Are you still having pain after that injection three weeks ago?

Trevor: You know what, just the first week I was, and then I think --

Dr. Darrow: The first week, you're supposed to.

Trevor: Yeah, no, no, exactly. I mean, and then it calmed down, so this -- man, you know, I think I might even go to a party, man to tell you the truth.

Dr. Darrow: Well, are you going to dance, are you going to do the boo-ga-loo?

Trevor: Yeah, I won't take it that far, but yeah, I mean at least I'll get out there, you know what I mean?

Dr. Darrow: So your back is feeling okay now?

Trevor: It's feeling better now, yeah, thank you. And like I said I just wanted to do some other things just like in the between so --

Dr. Darrow: Okay. Well, for the in between I'd like to see you again, and examine it. And touch it and see what's going on. And I'd like to actually get you in the office this week to do it.

Trevor: Yeah, well I have an appointment I think at the end of the month, so you know we'll see you. But I just wanted to just -- like I said, you know, I got the vitamins and just wanted to see what else you recommend. All right.

Dr. Darrow: Trevor, just take care of yourself, it sounds like you had a good treatment and you're doing well, and I'm grateful you called in and let people know how this stuff works.

Trevor: Yeah, you know like I said, you know I'm not -- I appreciate that. And I appreciate the help, man, instead of going to -- because I think my doctor wanted to do cortisone.

Dr. Darrow: No, stay away from that.

Trevor: Yeah, I thought I was having a baby, he wanted to give me an epidural, but I'm glad I went that way, man, the PRP. So I appreciate it.

Dr. Darrow: All right. Well, I'm glad you did too, Trevor, God bless you, I'm glad the PRP worked on your back. You have a great week, and I'll see you when you come back.

Trevor: All right, man, we'll see you soon. I appreciate it.

Dr. Darrow: Thank you.

Nita: So our number is --

Dr. Darrow: 866-870-5752. I'm going to go to a quick question here.

Nita: Okay.

Dr. Darrow: I have to say a quick question, or Nita will cut me off again.

Nita: No, I won't, because there's no caller right now, but there will be.

Dr. Darrow: Okay. So this one says mom's knee pain. Let's see what the question is, my mom is 90 years old. And still active, that's cool. I hope I'm like that too. She has had some knee pain and x-ray was taken. They discovered that she has bone-on-bone. Does your practice deal with this issue? Yes. All day, every day. We great people that have bone-on-bone, and it's a funny question, because I rarely ever get someone that has bone-on-bone, because that means the joint's not going to move.

But I do get people all day long who say their doctor said it's bone-on-bone. What does bone-on-bone mean? It means you need a surgery. Does it mean you really need a surgery? Nope. Every single day somebody is going to come in, and go I've bone-on-bone. I'm told I need surgery. None of those people have had surgeries, because we fix them.

How do we fix them? We grow back the tissue. Is this sinking into you guys? I'm not putting down surgeons, that is their culture. Their culture is to operate when there is a problem. My culture is different. My culture is to heal, not to operate. Operations don't heal, they cut tissue out. Sometimes it's just stitching stuff back together, which I think is a great idea.

But the studies over and over and over show something like if you have a meniscal tear in your knee, six months down the road, you're going to be the same if you had surgery or you didn't. Why did the risks of a surgery. I get people in all the time, who get infected, all kinds of negative things that happen, we call them sequelae when you have a surgery. It's not the best thing to do first.

If you try everything else out there, and you still think you want it, God bless you, go do it. Most of my patients don't end up getting surgery. Some do, but in my opinion they should have anyway, they just didn't do enough treatment.

One of the failures of regenerative medicine using PRP or stem cells, people being too active afterwards. So if your pain comes because you're super active and you get these treatments, you get better, and you're super active again, what do you think is going to happen? You've got to give it a chance to heal.

Another reason for failure is taking things like ibuprofen, anti-inflammatory shots, cortisone, it ruins the tissues. It blocks the cartilage from regrowing, okay. And I think, you know, the biggest reason for failure is what I call bad doc. It's when you go to a chiropractor, let's see, and they get a dinner together and they someone come out who talks about it, who doesn't even know what they are doing, and they'll line people up to get injected. Not good. You need someone in any form of medicine that you need, to pick the doctor who does the most. That's with surgery too.

When people say I am adamant about getting a surgery, I will tell them the doctors who do the most of what they need. Someone who has the longest and most experience.

And then a final reason for failure with regenerative medicine is not using an ultrasound when it is needed. You've got to look inside the body, so you see where that needle goes, if it's one of those spots that need that. There are some spots on the body, where you don't need an ultrasound, and there are spots that do need the ultrasound.

Nita, you breathed. What's up?

Nita: I just wanted to make sure you talked about the book one last time.

Dr. Darrow: Free book, I'll mail it out for free, no postage, no nothing for you. It's call Stem Cell and Platelet Therapy, Regenerate Don't Operate. What's the catch? Call me up, 866-870-5752.

Nita, would you let me take another question.

Nita: Sure. I'll let you do whatever you want to do.

Dr. Darrow: I love it.

Nita: You're the boss.

Dr. Darrow: Nah.

Nita: Yeah.

Dr. Darrow: All right. This one says foot, ankle, and back pain. Uh-oh, this person's got problems. Well, so they have a fall -- ah, end of the show.

God bless you all. Thank you for listening. Nita, God bless you. Suzette, Alex and the crew, God bless you. If you want to reach me at the office, the number is 800-300-9300. Go to the website, you can email me, www.jointrehab.com thank you all.

Nita: And listen to our pal, Warren Eckstein, 11:00 to 1:00 every Saturday. We'll see you next time.