

Living Pain Free 7/15/23

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: Hi Dr. Darrow.

Dr. Darrow: Hello, can you hear me?

Nita: I'm not hearing you.

Dr. Darrow: Well, that's a problem isn't it. I can hear you.

Nita: Oh, okay, there you are. There you are. So how are you today?

Dr. Darrow: Yeah. I'm good, I'm good, I'm good, and you look gorgeous, I just said, you didn't hear it.

Nita: Oh, you're such a sweetheart. Thank you so much.

Dr. Darrow: I try to be.

Nita: Well, you look adorable with your baseball cap on, and there you are on Facebook live, and you know we're all good here. So what are we going to do for our listeners today?

Dr. Darrow: Well, we're going to talk about my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. Meaning, we can use stem cells and platelets, cells from your body and reinject them into areas where you have musculoskeletal pain. That means your joints, your ligaments, your tendons, areas all over the body. I inject anywhere in body where there is pain, where there's been an injury, arthritis. And it's a very simple procedure.

You walk in the office, you get injected, and you walk out. So it's quite a bit different than doing surgery, which we do not like people

to get, unless it's an emergency, or something they really have to take care.

By the way, we're going to give out a copy of my book today, which is Stem Cell and Platelet Therapy, Regenerate Don't Operate to anybody that calls us right now at the studio. We're live at 866-870-5752. I'm going to repeat it while you go grab your pen and pencil. Give us a call, we like the excitement of new callers, it's a lot of fun.

Let me answer your questions about your musculoskeletal pain, especially if you're considering a surgery, and you don't want to get one. So the number to talk to me live, right now, is 866-870-5752. If you want to call the office, there are people there too that can answer your calls there, if we don't catch the information on the show that you're interested in, and the phone number to the office is 800-300-9300, that's 800-300-9300.

And to watch videos of me doing these procedures, you can look at www.jointrehab.com that's www.jointrehab.com. And that website has a spot on every single page to send me an email. So if you want to email me, you can get to me that way also.

So I'm looking at the foreword to my book right now, and there's a picture of the lovely Suzanne Somers, who is an advocate of my work. And she has a book out, Nita, do you remember the name of it? Let's see.

Nita: I do. It -- she actually wrote a book call -- oh gosh, that's so funny, it just left my mind as I --

Dr. Darrow: A New Way to Age.

Nita: A New Way to Age, yes.

Dr. Darrow: I just looked over my shoulder and saw it sitting on my credenza here. And her books are amazing, because they talk about natural and safe ways to heal the body, instead of getting medication and surgery, which is what we're trying to avoid.

So this particular book, which I'm going to send you out for free if you call up right now, has a couple hundred pages in it, and about 250 scientific studies on how platelets and stem cells work. And literally, how surgery doesn't work in a lot of cases, and I can aver to that, because in my office, people come in almost every day with failed surgeries, meaning they had a surgery, and it made worse, or it didn't make them better. And we get a lot of callers on the show that talk about that too, how they've had a surgery years before.

I note that Chris is waiting, and he called in about his 90-year-old father's knees, so why don't we go to him. So, Chris, this is Dr. Marc Darrow, and why don't you tell us about your dad, what's up?

Chris: Hello, doctor. Yes, thanks for taking my call. Yeah, my dad is extremely healthy, however, his -- both of his knees, one being a lot worse than the other through arthritis and he had an injury when he was about 14 years old, and kind of -- he was in the hospital for -- for about a year with pins in his legs and so forth, and he recovered. He walked fine. He's always a little bit of a limp, and it would snap out once in a while.

But as he got older, his knees are getting worse and worse, and he's really somebody that doesn't give up. So he's not in a wheelchair. He's on crutches, and he's got a cane, but we're considering what, you know, alternatives, rather than surgery may -- may work for him.

Dr. Darrow: Well, I'm glad that you're thinking about that. Especially -- I mean I'm not favor of these surgeries anyway. When people come in the office, I say don't come in if you want surgery, because I'm going to pretty much steer away from it, except in extreme cases.

Your dad may be an extreme case, but at 90 years old, I'm not sure he would want a surgery anyway.

Chris: Exactly.

Dr. Darrow: I would have to examine him and see if it's something that can help. It usually will help, and obviously, we can't him back brand-new knees, and he had a traumatic injury, probably fractures his bones, because you said there were pins in his leg, so it probably was from fractures, and they probably pinned them back together.

Chris: Yeah, actually he healed up pretty well. That's an injury that he had when he was 14.

Dr. Darrow: Right.

Chris: I think it's more bone-on-bone. He's got excruciating pain, and if we can minimize the pain, even 50 percent, would be life-changing for him.

Dr. Darrow: Sure. Sure. And I hear people say that all the time. They say I know that you can't give me a brand new part of my body, but if you can just get rid some of the pain, then I can live with it. And that's often what will happen in these extreme cases. Your dad has, it sounds like, an extreme case, with traumatic arthritis.

And often what happens when we have an injury even a little injury, your dad had a terrible injury it sounds like. But even a little injury sometimes the cartilage will start to wear out slowly over the years.

And this has been 76 years ago, that he had this injury. So he's got a lot of wear and tear there. I'd have to examine. I'm thinking we can probably help by using stem cells and platelets, but I like to examine people, before I can give them the go-ahead, and give them a lot of hope.

I mean there is hope here, but I do like to examine people first. I don't really care about the images very much, which sometimes makes people angry at me, they bring in ten pounds of MRIs and CTs and x-rays, and I say my exam is really what counts. What it looks like doesn't really count, because I have a lot of people that come in with images that look absolutely awful, and they're not that bad off. And then vice versa. Go ahead, Chris, I'm sorry.

Chris: Exactly. Doctor, have you had a lot of success with people at his age?

Dr. Darrow: Yes.

Chris: In the past?

Dr. Darrow: Yes, yes, yes. I take care of a lot of people in their 90s. I've had a few people 100 years old. And we have a lot of success. I don't find that age is a deterrent to healing. You would think it would be, and sometimes I get youngsters who have problems healing, and oldsters that have no problem.

So I never predict. I really just can't. People always say, they try to pin me up on the wall, and say how long will this take to heal, how many treatments, blah, blah, blah? And I go I really don't know.

And they say, but you're the expert. You know. You know more than I do. And I go, I really don't because healing is something that is, I'll use the word "mystical" to it. It's something that you can't pin down. And some people heal very quickly from stem cells and platelets and other people take a long time. And I never can predict which is going to be which.

And I don't know if you know this, but I have injected both my knees, my shoulders, my elbows, my right wrist, and I've had other people do my neck and back. I've been I've had lots of injuries in my life, because I'm sort of a fanatic -- fanatic athlete, and actually last night about 6:30, I was hiking on the beach in Santa Monica. And there was -- it was high tide, and all of a sudden a wave came

out of nowhere and knocked me over onto the rocks, and I'm pretty beat-up today. I'm hoping this will resolve, I mean I cut my hand pretty badly, I'm going to go get a tetanus shot. And my shoulder's all skinned up and bruised, and my arm and whatnot.

Chris: Well you got to --

Dr. Darrow: And I'm hoping that my shoulder --

Chris: Well, I hope you recover too. You know, you've got a great reputation and the reason I reached out too, is I definitely look forward to getting an opinion on my dad, and if you can make that dramatic change for him, where he's 50 percent or more or less pain, that would be great.

And in fact, I had a soccer injury, and I have a knee issue too. I had two surgeries on my knee, and they replaced my ACL, and -- and it's shredded again, it's really bad, I have to be careful. So perhaps we could do kind of a two for one -- not a two for one, but both of us come in --

Dr. Darrow: Well, you can both come in. I'll be glad to check you out. So let me tell you about ACLs so you don't really get upset about what's going on. Most people with ACL ruptures, they come to me, do not need surgery, all right?

Chris: Right.

Dr. Darrow: I know it's the knee jerk reaction of surgeons, if there's an ACL rupture to replace it, you know, with cadaver or maybe your patellar tendon, or hamstring tendon, but those often re-rip again. And it wasn't necessary to begin with.

It's very rare I find someone with an ACL rupture that needs a surgery. Very rare that that knee is actually loose, okay, because there's muscles and tendons that hold the knee together anyway. It's not just the ACL. But in our society, if you want to call it modern, I don't, because surgery being modern is hurting a lot of people. And most of the work I do, people do not end up getting surgery, even though they were told by an orthopedic surgeon or neurosurgeon, that they did have to have surgery.

So I'd like to look at it. We can look with an ultrasound, and see if there's any fluid inside, be careful whoever you use as a doctor, when it comes to musculoskeletal complaints that they use an ultrasound to look inside the body to see what's going on. And make sure that they guide the needle under ultrasound guidance.

Because especially with knees, and hips, and shoulders, that spot to put the solution is so teeny, that unless you use an ultrasound, you're not going to find it. And a lot of the solutions they put in don't even go to the right spot.

Chris: Right.

Dr. Darrow: So be very careful.

Chris: Well, we look forward to coming down to your office and both see you --

Dr. Darrow: All right. And once again, you can call right now, the number to the office is 800-300-9300, there's people there now, you can call to get more information or set up an appointment, and for those of you that want to talk to me, want to call in right now to the studio, the number here is 866-870-5752.

And Chris, God bless you for calling in. You've helped us educate many people, who are listening about, you know, their dad's knees, or their own knees, or any other part of the body. The nice thing about using regenerative medicine using stem cells and platelets, is I can use that anywhere in the body. It just doesn't matter, because all we're really doing is regenerating new tissues. We're stimulating the body to produce more collagen, and collagen is the major constituent in cartilage.

So I've seen muscle tears repaired, I've seen tendon tears repair, meniscal tears, rotator cuff tears, labral tears, you name it. This stuff works all over the body. So it's a God send for a lot of my patients, and it's amazing for me.

So I'm going to give out the phone number once more, and then we'll go to Diane. The number to the studio is 866-870-5752. Diane, Dr. Marc Darrow, your knees are bothering you also. What's going on?

Diane: Well, first of all, thank you for taking my call, I am very impressed with your knowledge. I'm a 72-year-old retired RN, with bad knees, both recommended -- the doctor recommends bilateral knee replacements, which I have avoided for many years. I had to take an early retirement, because of it, but you know, I've seen all the infections, I've seen an amputation post replacement. I have metal allergies, so I know all the horror stories.

So, but I was interested in this, but I had a question about range of motion.

Dr. Darrow: Sure.

Diane: So I've lost a lot of range of motion.

Dr. Darrow: Okay.

Diane: Is that anything I can get back, or is that permanent?

Dr. Darrow: I'd have to take a look at it and see. Very often we can -- we can increase range of motion by stimulating more tissue growth. And of course, you would have been compliant with doing some stretching afterwards when things settle down. I'm definitely not a fan of knee replacements. I've seen the same things you have.

And a hip one time, we had to replace an entire femur, because after a hip replacement the one prosthesis wore out and there was very minimal bone left, because these replacements can be very, very detrimental to the health of the bone. And you've probably seen this where people come back for a second replacement, and they can't even do it.

Diane: Right, right.

Dr. Darrow: So I'm not a fan. Sometimes, I mean if you've got a crushed joint, yeah, then maybe think about it. But I get way too many people that come in with shoulder replacements, knee replacements, hip replacements, finger, joint replacements, toe replacements, that just fail miserably, and then there's not a lot that the person can do.

I see the same thing you have, people getting infections. And it's unfortunate that today's medicine has to do with surgery. You know, you know that as well as I do. The work that I do is very -- it's conservative, you know, it's very simple. You come in get a shot of stem cells or platelets from your body, and I mean I can't remember ever having an infection. And I've been doing this over 25 years.

But the infection rate with surgeries that I see is pretty high. And failures is very, very high.

Diane: It is, yeah.

Dr. Darrow: Did you work in orthopedics as a nurse, or surgical floor?

Diane: I didn't per se, but I did work with a doctor who did inject joints, and he did use ultrasound.

Dr. Darrow: Good, good.

Diane: So I -- I know not what you're doing but just with the steroids and so forth, you know for a bad bursitis or something.

Dr. Darrow: Sure.

Diane: I'm very interested, and I'll probably call for an appointment.

Dr. Darrow: Okay. Well, I'm looking forward to seeing you and we can do a quick exam, look with an ultrasound, see if there's fluid in there, see if there's meniscal tears, all that, and hopefully save you from knee replacements, because I'm not a big believer in those. And you don't sound like you have --

Diane: Nor am I.

Dr. Darrow: You don't sound like you would ever have to have that. And especially if you have metal allergies, my God, that's the worst. People often get these replacements, and then they have to have them pulled out, because they're allergic to whatever it is that's put in. Or they suffer with it in there.

Diane: Exactly.

Dr. Darrow: Because there's nothing else they can do.

Diane: All right. Well, you've sold me.

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

Nita: Yay!

Dr. Darrow: I think there's good hope ahead for healing up your knees, from what you've told me.

Diane: Well, thank you for your work, Dr. Darrow.

Nita: Thanks for your call, Diane.

Dr. Darrow: All right. God bless. All right. I'm going to give out the phone number, so write it down, we'd love more callers, and the phone number to the studio right now is 866-870-5752. That's 866-870-5752. If you call us up, we're going to send you a copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. That means, regenerate the tissue, rejuvenate it. Don't cut it out. Too many problems with the surgeries that I see.

A foreword by the lovely Suzanne Somers, who is an advocate of my work, wrote a chapter in her new book about my work. And she's had it done. I take care of her family. They've done very well, also.

And looking forward to hearing from you. And also, you can call the office at 800-300-9300, that's simple, 800-300-9300. Or you can go to my website and watch videos of me doing these procedures. And you can email me from every page. And that website is www.jointrehab.com that's www.jointrehab.com.

We have another caller coming in here, and I'm waiting for --

Nita: Okay. Do you want to give the -- Mark, okay.

Dr. Darrow: There we go. We got a guy named Mark, same as --

Nita: We do, Mark with a "k".

Dr. Darrow: Mark with a "k". I'm Marc with a "c". You've got a little toe problem. What's up with it, tell me.

Mark: Hi, doctor, this is about my girlfriend. She's very active, she's 55, and she stubbed her toe very hard.

Dr. Darrow: Okay. How long ago was that Mark?

Mark: Five weeks.

Dr. Darrow: Okay.

Mark: And the toe is still blue and still swollen. And she thinks that it can just heal on itself, and I'm wondering if there's some kind of a cast that a toe should be put in or what would you recommend.

Dr. Darrow: Well, we usually use the buddy system, you tape to the next toe, and there's protection you can put around it, too. Five weeks out and still black and blue, I would get an x-ray and see if it's fractured.

Mark: Okay. If it's fractured, would the buddy system be sufficient, or would some additional treatment be necessary?

Dr. Darrow: I wouldn't know unless we see the x-ray.

Mark: You have to see the x-ray, okay.

Dr. Darrow: Yeah, because I don't know far that extends or bad that is, I don't know if it's displaced. There's too many unknowns. But an x-ray is easy to do, you know, it takes a minute.

Mark: Okay. And am I allowed to ask you, I mean, do -- do you see patients yourself?

Dr. Darrow: What do you mean?

Mark: I mean, could my girlfriend be a patient of yours?

Dr. Darrow: Oh, yeah. I'm not just a famous radio personality, just kidding. No, I do stem cells and platelets all day, every day. That's my work. That's what I do.

Mark: And how can someone contact you, doctor.

Dr. Darrow: Just call the office at 800-300-9300.

Mark: 800-300-9300 and what are you in, geographically?

Dr. Darrow: I'm across the freeway from UCLA, where I did my medical residency.

Mark: Oh. Oh, you're in Los Angeles.

Dr. Darrow: Yeah.

Mark: Okay. Thank you, Dr. Darrow.

Dr. Darrow: Yeah, where are you, Mark?

Mark: I'm in West Adams, LA. My girlfriend in Redondo Beach.

Dr. Darrow: Okay. Good, well you're close by. You know, I often hear -- sometimes people call up on the radio, and it makes Nita and I laugh. They say oh, well I'm in Redondo Beach. That's too far.

Mark: Wow.

Dr. Darrow: And we have people fly in from all over world to get these treatments.

Mark: And do you -- can you say what kind of insurance you take now, or is that something I would find out, when I call your office.

Dr. Darrow: Yeah, call the office, it's a mucky thing to talk about on the radio.

Mark: It is kind of mucky. Okay, and can you just repeat your number one time, you said it's 800-3 --

Dr. Darrow: Absolutely. Let me do it. It's 800-300-9300.

Mark: Okay. Thank you, sir.

Dr. Darrow: And also go to the website, www.jointrehab.com and you watch me do the injections, they're very easy. I do toes, fingers all the time,

shoulders, knees, hips, necks, backs, you name it. Meniscal tears, rotator cuff tears --

Mark: Well, doctor, thank you for your healing ministry. I -- I appreciate it.

Dr. Darrow: Thank you, Mark. It's very interesting you said that, because I was ordained to heal.

Mark: I had no idea about that.

Dr. Darrow: It was -- to me it was a very fluky thing. I was ordained in 1973, and the spiritual blessing that came with it was healing. And at the time I had just graduated law school. And I'm like what the heck? Healing? What's that got to do with anything. And the minister that ordained me, said just be patient, and you'll find out.

And then 15 years later, after practicing law and doing his work, he said now it's time you have to go to medical school. And I did pre-med and med school at the age of 40, started med school at 41. So I'm 75 now, I've had a great career in both law and medicine.

And I love what I do. I love both careers, but I think I love medicine a lot more because the healing aspect is miraculous to me. This stuff has worked on my body, and the first time I used it was my wrist, I had injured my wrist playing golf, I hit the ground instead of the ball.

And I was 50 percent better overnight with the first treatment. I then injected it myself a few times and healed it up. I haven't has wrist pain in I don't know how many -- 20 some years. And then I did my shoulder, had that healed 100 percent overnight after a failed surgery. That means I had a surgery to fix my shoulder, and it made it worse.

So I'm a fan of this work, and most of my patients are too.

Mark: And one last question, Dr. Darrow. So the stem cells that you inject, if it's appropriate; do they come from the patient's body?

Dr. Darrow: We can take them from the bone marrow, very simply -- after I numb up the area, it takes about 15 seconds for me to get them, yeah.

Mark: Okay.

Dr. Darrow: Call the office about that, to get more detailed information, because we have some other callers.

Mark: Yeah, sure. Well, thanks for your time, Dr. Darrow.

Dr. Darrow: God bless you, Mark, and God bless your girlfriend.

Nita: Thanks for your call, Mark.

Dr. Darrow: And yeah, I appreciate your call. We love our callers.

Nita: We do.

Dr. Darrow: All right. So we're going to go to Nicole and Cherri just in a second, but I want to give out the phone number to get more callers. And the phone number to talk to me live, and if you do call, you're going to get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate.

It's a couple hundred pages, and it shows all kinds of syndromes that I inject, and it's got all the research on how regenerative medicine works, how stem cells work, how platelets work, and how you can grow back your tissue, and rejuvenate that part of the body, instead of cutting yourself with a knife, which I'm not a fan of.

So let's go to Nicole. Your friend has sciatica. Let's get into that, Nicole. Tell me about your friend, what's going on?

Nicole: Yes, this is a friend of mine that I see weekly, and she started having pains oh, probably going on three months now. She's been to a doctor, and I think they've diagnosed it as sciatica, and she got some kind of treatments; and unfortunately, I don't know too much more in the way of details. But my question is, can you help her? Can I send her to you?

Dr. Darrow: Well, you can send anybody to me, I don't know if I can help them until I examine them. But the sciatica typically is an impingement of nerves in the lower back. And it forms a plexus that goes down the leg.

Well, here's the most important thing, 94 percent of those, according to studies that I've read, go away by themselves without doctors. All right, so that's important information. If she's got some weakness going on, then it could be a real issue -- stick with us, we're going to go to the break and then I'll get right back to you, okay. And we'll talk about your friend with sciatica.

This is Dr. Marc Darrow, to get a hold of us on the radio right now, 866-870-5752 and to call my office, 800-300-9300. Stick with us.

Nita: We'll be right back, 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. And we are right here, right now, live in the studio, taking your calls, 866-870-5752 and we are speaking with Nicole, and Cherrie and Richard will be next.

Dr. Darrow: Thank you, guys for hanging in there. Nicole, Dr. Marc Darrow we were talking about your friend with sciatica for about three months. And I was telling you from what I've read, the studies show that about 94 percent of sciatica's go away by themselves without doctors. So that's good news.

Nicole: Yes.

Dr. Darrow: I'd only be concerned really if there was a lot of weakness, you know, a person can't stand on their toes or their heels, that could mean a nerve is really crunched and may need some quick treatment. Oftentimes, what people think is sciatica really is not sciatica which is impingement of nerves that goes down from the back down to the bottom of the foot. And in some cases, it's like that.

So there can be trigger points from the lower back that refer down the leg, and I might call that a pseudo sciatica, it's not a real sciatica, and it's not nerve involved at all. And again, like I tell every single person who calls in and every one of my patients, I need to examine you first with my hands and move your body around to see what the real problem is. The images don't tell me. They give me wrong information every day. And I find that the images often throw off doctors.

Because most doctors, believe it or not, do not examine the body. They get an image to decide what they're going to do if they're going to do surgery. I've had endless, endless patients over the last 25 years who have been operated on, because of an MRI, and then the surgery came out bad, and then I find that it wasn't the problem you see in the MRI that's causing the pain. And then we can help them.

So I get a lot of post-surgical patients that we can heal also. So at any rate, I need to examine your friend, find out what's going on, touch the body, move them around. There's different tests I can do, and see what is really going on and see if I can help.

Do you have other questions about Nicole?

Nicole: No. I'm going to have her call your office, but I do have a question about platelets.

Dr. Darrow: Sure, okay.

Nicole: I'm a blood donator and platelet donor. And one time when they were taking the platelets, they said that they were getting a triple count. What does that mean?

Dr. Darrow: I don't know what that means.

Nicole: Okay. It had me a little worried, I didn't know if I had too many platelets and I didn't know if it was good or bad.

Dr. Darrow: No. You know one thing about medicine is that there are -- there's terminology that everybody knows, and then there's terminology that some people make up at the time to describe something. So I'm looking it up right now, triple count platelets. And I'm going to see if there's something that that refers to.

Okay. Here is what it says on Google, my favorite. Depending on your individual eligibility, you may be able to donate one, two, or three units of platelets during one appointment.

So what I'm going to guess that means for you is that you have enough platelets that you could actually donate three units of platelets during one appointment, okay?

Nicole: Oh, okay. Okay. It doesn't sound like bad news.

Dr. Darrow: No. It sounds like great news.

Nicole: Okay. I sure appreciate ==

Dr. Darrow: It could be -- it could be -- they would have told you if it was bad news.

Nicole: Yeah. Well, they were tapping on the machine and I thought, you know, what happened.

Dr. Darrow: I mean, I would ask your doctor, you know, you should get a blood count and see what your platelet count is, because you could have too many, which is you know, where the thrombocytes are in excess.

Nicole: Oh, okay.

Dr. Darrow: And I doubt -- they probably would have told you that. You're probably in the normal range.

Nicole: Okay. Okay. Well, they sounded like they were excited about it, so I wasn't worried.

Dr. Darrow: Get a blood draw, sometime, or you probably have had one with your doctor, and say I heard this term, and I looked it up on Google, and I found out that it means I've got enough platelets to donate three units. Is it too much? Do I have too much?

Nicole: Oh, okay. That's a good question.

Dr. Darrow: And I doubt you do, because I'm sure you've had your blood drawn by doctors before, and no one's ever mentioned it to you before.

Nicole: No. That's why I was a little, you know, curious, because I thought well, how come nobody's ever told me this before.

Dr. Darrow: You know what, I love when people go to Google. It took me one second to find that right?

Nicole: Well, I'm going to start doing it a little more often.

Dr. Darrow: And also, another thing that people can do, who are not medically educated is if they're looking at anatomy for example, let's say you can put in the term meniscus tear, it will come up on Google, and then in the upper left-hand corner, there's a spot that you can click on that says images. And you can get the actual anatomy in different photographs or drawings, so you can understand what your doctors are telling you, or what your images are showing.

You know, we can be smart today. And I'm challenged by patients every day, which I love. The one reason I love medicine, not the one reason, but one of the top reasons is because it's endless. I love learning. I did 22 years in college, and I've got -- I've studied law, I've studied medicine, I did a Master's of tax at night for three years. I did a Master's in natural medicine. I keep learning. I learn every day and I love it. I love being stumped. That's why I love the show, because people call in like you just did, I learned something from you. I never heard of that before.

Nicole: Well, I've been listening to you for a long time.

Dr. Darrow: Well, thank you.

Nicole: And I'm learning every day, like you said. And I already know if I have an issue, I'm coming to you. I already know that, because I've been listening to you long enough, that I know what you do. Your research, you test yourself. And that's what I want is someone who really, really knows what they're doing.

Dr. Darrow: Well, in musculoskeletal medicine, and natural medicine, hormones, I'm the guinea pig. Everything that I've done with a patient, I've tried on myself first.

Nicole: Yeah.

Dr. Darrow: And I can tell you this. There could be -- I'll make up a stupid number, because I don't remember, hundreds of things that I have tried on my body, that did not work for me. And I don't have patients do them. And then I've had a myriad of things that have worked for me, like regenerative medicine, stem cells, platelets, hormones, different supplements that have worked on me. And then once they work on me, I tell patients about them. And ask them if they want to try it.

You know, when this -- when I first healed my own body doing regenerative medicine back 25 years ago, I asked patients if I could try it on them. And I said, you know, this is experimental for me, back then. It worked on me. I don't know if it will work for you. And almost everybody said please try it on me, I don't want to have surgery.

And then before I knew it, my practice was not doing steroids and medicines anymore, it was doing regenerative medicine of injections that healed the body. So I've been very lucky. I've had a great life, musculoskeletal wise. I've been injured all over the place, and everything I've injected has healed.

I mentioned in the first half hour of the show, I was hiking on the beach at 6:30 last night, and the tide was high, and wave came out of nowhere and knocked me over, and I fell on the rocks, and I'm scraped up all over, my shoulder hurts. My back hurts a little bit. And I'm hoping this stuff goes away, but if it doesn't, guess what I'm going to do.

Nicole: You're going to treat yourself.

Dr. Darrow: I'm going to treat myself, yeah. People go how can you inject yourself?

Nicole: And I'm interested, I'm going to keep listening, because I'm anxious to see how that turns out.

Dr. Darrow: Yeah, well, I'll let you know next week how my shoulder is doing. That's the part that hurts the worst. I've got a big raspberry on it. I've scraped it down.

Nita: Ouch.

Dr. Darrow: And my forearm is all scraped up, my hand is gouged with laceration. And I am going to get a tetanus shot, I'm going to CVS after the show, and get a tetanus shot. And I hassle them at CVS whenever I get a vaccination. I go I'm going to do the shot myself. And they go you can't do that. And I go, I'm a doctor, I do it all day to myself when I need to. And I've been doing it for 25 years. And honestly, as much as I love you, and I think you're great, I think I trust myself more than I trust anybody else.

Nicole: I like that, yeah. Dr. Darrow, I sure do appreciate you.

Dr. Darrow: All right, Nicole, God bless.

Nita: Thanks for your call, Nicole.

Dr. Darrow: Yeah, this is a great call, it gave a lot of information. And I'm not a big fan of doing steroid shots for sciatica, and it may not be sciatica. We may be able to heal it up just using stem cells or platelets.

All right. I'm going to give out the phone number once more, then I'm going to get to Sheree and then Richard. The phone number to talk to us live, right now is 866-870-5752 and to call the office to get other information or make an appointment, the phone number to the office is 800-300-9300. And you can go to the website, if you want to see these videos of procedures that I do, and if you call in, I'm going to give you a free copy of my book Stem Cell and Platelet Therapy, Regenerate Don't Operate.

So we're going to Sheree, you have a compression fracture in your T12 vertebra, is that correct?

Sheree: Yes, yes, doctor it is.

Dr. Darrow: And how long ago did that happen?

Sheree: Five months ago, in like February of 2023.

Dr. Darrow: Okay. And what did your doctor tell you to do about it.

Sheree: They want me to follow up with an MRI, so far I've had two x-rays and I've had a CT scan.

Dr. Darrow: Okay.

Sheree: And to read the results to you, the findings were T12 superior end plate compression deformity, with a 25 percent loss of height.

Dr. Darrow: Okay.

Sheree: And when it initially occurred, it was extremely painful, and since then from a pain level, let's say around oh, seven or eight, it's down to a two, and if I over do it, if I do too much yard work or house cleaning, the pain will shoot up to a five. But then after a few days it will go back down to a two.

So before recommending surgery, they want me to get an MRI, which I have not done yet. So my question is --

Dr. Darrow: So let me ask you a question. Can I ask you a question first, and I'll let you do yours?

Sheree: Sure.

Dr. Darrow: What kind of doctor did you see for this?

Sheree: Up till now, just the general practice.

Dr. Darrow: Okay. Here's what you've got to do. Get a pencil and paper and write this down okay?

Sheree: Okay, I'm ready.

Dr. Darrow: So there are sometimes procedures that could be done, where the vertebra can be expanded back to its normal height. And it's done very easily, by just an injection. I don't do that, but I'm going to give you the name of someone who is an expert in it. A doctor who does that.

Sheree: Oh, okay.

Dr. Darrow: Are you ready?

Sheree: Yes.

Dr. Darrow: His name is Hyun Bae.

Sheree: And spell that again?

Dr. Darrow: Yes, first name, H-Y-U-N, last name B-A-E.

Sheree: Okay.

Dr. Darrow: He's a big handsome orthopedic surgeon, and he's wonderful. He has a very sweet disposition, he's conservative, and he'll tell you the real scoop on what you should do. The reason I want you to get in there right away is because there may be a window of opportunity for that fracture being reduced, and put back into its normal shape, okay.

I'm actually looking on the internet at his information right here. I'll give you his phone number.

Sheree: Oh, okay.

Dr. Darrow: It's 310-828-7757.

Sheree: Was that 828?

Dr. Darrow: 310-828-7757, that's an orthopedic surgeon named Hyun Bae, the best in the business that I know of for compression fractures, spine surgeon.

Sheree: Okay. So it's doesn't like stem cells or platelets --

Dr. Darrow: I don't know yet, because what I want you to do first is make sure that you can have it reduced or not reduced. If it can be reduced, that may get rid of 100 percent of the pain immediately. Then you won't need me.

If it can't be reduced, and there's nothing to do, then I'm the guy to use stem cells or platelets to stabilize it.

Sheree: Okay. So stabilization is, if possible, with what you do.

Dr. Darrow: It is. But I don't want to do that. I don't want to put the cart before the horse. I want to make sure that something else cannot be done first that would heal the whole thing.

Sheree: Excellent. Oh, this is terrific.

Dr. Darrow: This guy is a prince, believe me.

Sheree: Wonderful information.

Dr. Darrow: I don't give out referrals very often like that. But this guy I really trust a lot, and I don't know him very personally. I met him years ago, when he first started doing this work, and I was very, very impressed, and then several of my patients have gone to him with great success.

Sheree: And have I done extra harm by waiting five months?

Dr. Darrow: That's what you have to ask -- you have to ask him about that. I wouldn't wait another minute. I'd call right now.

Sheree: Okay.

Dr. Darrow: Yeah, you can always call and leave a message.

Sheree: All right. Well, I needed to hear that, because I was just going to wait for the body to heal itself.

Dr. Darrow: Well, the body can't heal that. You might end up with no pain, but it's a deformity and that's when a procedure may be necessary, may not be. I don't know the answer. I don't do that work.

Sheree: Okay.

Dr. Darrow: All right, Sheree. God bless you, thank you so much for calling in.

Nita: Thank you for your call, Sheree.

Dr. Darrow: And it's amazing, because your call, I'm sure has helped so many people.

Nita: Absolutely.

Dr. Darrow: So I'm going to give out the phone number to the studio, and then we're going to get Richard on the line. The phone number to talk to me live right now is 866-870-5752, and if you want to call the office to get more information, the number there is 800-300-9300.

Richard, your big toe hurts. What happened?

Nita: Hi Richard, are you there?

Richard: I'm here.

Dr. Darrow: We understand -- this is Dr. Marc Darrow on 870 AM.

Richard: Loving your show.

Dr. Darrow: Oh, thank you so much. I love it too. I like to torture Nita. So what happened to your big toe, Richard?

Richard: Oh, about 15 years ago, I was kneeling down -- I teach and practice Marshal Arts for 45 years and my body is pretty banged up. And this -- I've had five spine surgeries, knees, everything. But this injury on my big toe is probably toe that is affecting my life the most.

Dr. Darrow: Okay.

Richard: I was kneeling down, helping a student with my toes pointed towards the ground, and my knee on the ground, and an adult fell on the back of my leg and it hurt my big toe joint.

Dr. Darrow: Yeah.

Richard: And I waited a year before I went to see a doctor, because my toes are always banged up from kicking people, and I thought it was just to heal like it always does.

Dr. Darrow: Sure.

Richard: And the doctor at the time told me that I tore the ligament off the bottom of the joint on the big toe, and that bone is not in the proper position for that joint, and that I had waited too long, and that that ligament can't be pulled back and put in place.

Dr. Darrow: Okay.

Richard: And so I'm just -- I'm wondering, you know, it's a structural issue I realize, I know that that ligament, I understand the role that that ligament plays in keeping things lined up there in that joint, but I love your outside-of-the-box kind of thinking, and I'm wondering if you have any input?

Dr. Darrow: Yeah. I'd have to examine it. I think I could probably help you.

Richard: Okay. Okay, well, I'll give your office a call.

Dr. Darrow: I deal with stuff like that all the time. I can't promise you anything. There may be more than just the ligament tear, there's probably some arthritis by now, after all those years. It sounds like you hyperextended that toe, and tore that or stretched it out. But a lot of things -- the actual ligament can heal up, by adhesion, you know, a scar tissue, but it may be the actual joint or something else, I'd have to see. Or it may be the plantar surface of the toe, or where the toe attaches to the foot.

Richard: Okay, I will give your office a call.

Dr. Darrow: There's just a lot of different possibilities, it could be a plantar plate tear, I don't know, I'd have to touch it and see.

Richard: Okay.

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

Richard: Thank you so much.

Dr. Darrow: We appreciate your call.

Nita: Thank you, Richard.

Dr. Darrow: So Dr. Marc Darrow here again, we're going to get to Dave in just a second, I'll give out the phone number again, and get a few more callers. We've got a couple minutes left. The phone number to the studio, 866-870-5752, we love your calls. And if you want to get a hold of the office, the number there is 800-300-9300. If you want to email me live, go to www.jointrehab.com that's my website. Every page has a spot to email me.

So Dave has a question about his hands. Dave, what happened to your hands, how long ago?

Dave: Okay, can you hear me?

Dr. Darrow: Oh, yeah. Perfect.

Dave: Okay. My question is this. My hands -- I worked in an industry for over 40 years using my hands, and this is the way I describe it. It's a numbness where my fingers connect to my hands, and every time I go to these doctors, they sent me to these doctors, they look at me like, they don't know what to tell me. And that's the best way to describe it. And I was wondering if what you do can help me out. It's a numbness, where my fingers attach to my hands.

Dr. Darrow: How many fingers does that occur at?

Dave: It's all four on each hand.

Dr. Darrow: Not your thumb, just your digits.

Dave: Not my thumbs, just my fingers where my -- where my fingers attach to my hands.

Dr. Darrow: Okay. And it is on the back of your hand, or the palm of your hand?

Dave: On my palms, where my fingers attach to the palms.

Dr. Darrow: Okay. What's the industry that you've worked in for 40 years with your hands?

Dave: I did in printing and design, and I used a lot of computers, and I handled a lot of paper.

Dr. Darrow: Okay. So I'd have to touch the area to see what's going on. There are things in that area. There's anatomical things that you could have hypertrophied, which could be cutting off the nerves, that's something called the A1 pulley, you can look that up on Google.

Oftentimes, when that's the problem, you'll end up with trigger fingers. You can look that up too, and then Google that, and put images, so you can actually see what I'm talking about. So I don't have any answers for you right at this minute, and I would have to touch the area and move you around, and see what's going on.

Dave: Okay.

Dr. Darrow: If you want to get to the office, the number there is 800-300-9300.

Dave: Yeah, I have that. Okay, all right, that sounds good. They're trying to put an end to -- since it went through Worker's Comp, they're trying to put an end to it. And they said that they'll give me medical money, but to them it's all a mystery, it seems like.

Dr. Darrow: Well, there are a lot of things that remain mysteries, because doctors don't know everything.

Dave: Yeah.

Dr. Darrow: We'd like to think we do and laymen certainly want us to know everything. But let's face it, doctors, are just human beings, who learn certain things, but we don't know everything. I'm not going to make us out to be some kind of special people, we're not.

Dave: Yeah.

Dr. Darrow: And I'll be honest with you, in my line of work, Dave, almost all the patients who come in have the wrong diagnosis. I'm not saying that from an elevated intelligent point of view. I'm saying that because I don't rely on the images, I touch the body to find out what's going on. And the images don't give me the information that I need most of the time.

Dave: Yeah, okay.

Dr. Darrow:

I mean I can give you an example right now. A woman came in last week, and she said that her doctor told her, she had a meniscal tear in the right knee. All right. He didn't look with an ultrasound. He just examined her. I looked with an ultrasound, there was no meniscus tear there. I get other information sometimes, we'll get someone that gets an MRI, where the doctor thinks it's going to be a meniscal tear. I'm just using that as an example, it could be anything, and then it comes back, and there is a meniscus tear, but there's no pain in that area.

We just find all kinds of things that we think shouldn't be that way. Sometimes I'll find someone that has, because I look with an ultrasound as soon as they walk in, a meniscal tear in their left knee and not on the right knee, but it's the right knee that hurts.

So we can't just count on what we see. We've got to touch the area, move the patient around, and do a good history. God bless you, man. We appreciate you calling in. It's the end of the show. If anybody wants to call the office, to get more information, the number is 800-300-9300 to the office, that's 800-300-9300. You can watch me do videos on the website www.jointrehab.com God bless you all. Thank you, Nita, thank you Kevin.

Nita:

And Suzette. And I'm Nita Vallens. We'll see you next time.