

## Living Pain Free 7/22/23

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, are you living it up today?

Nita: I am. Are you?

Dr. Darrow: I am. I was just looking at A New Way to Age, which is a book by Suzanne Somers. I think it's her 25th book that she's written it's crazy.

Nita: Wow!

Dr. Darrow: Yeah, from actress to a person that has helped so many people with natural healing. And I'm just looking through. I don't know if you have a copy of that with you, if you ever read it, but the stuff that she talks about is just amazing, you know, bio-identical hormones, how do you heal orthopedic injuries without surgery, without medication. That's what we do here.

And she has a chapter in here all about Marc Darrow, Page 302. It's a long chapter. And thank you Suzanne Somers. This is a great book, you can get it on Amazon, and I think it will teach you all about your health and how to really -- how to stay away from doctors, if you can.

I always tell my patients, I say stay away from doctors, if you can help it, and they go even you? I go, I even me. Always do the most conservative thing that you can in order to be healthy and to heal yourself.

And today we're going to talk about what's called regenerative medicine, which is a practice I've been doing for over 25 years. I learned about it during my residency at UCLA, back in the Dark Ages, you might say. And it's morphed quite a bit since the old

days. Regenerative medicine in the old days was called Prolotherapy. Prolotherapy is proliferative therapy, or proliferation of new tissue. So what we've been doing all these years is instead of masking pain by using medication, instead of cutting tissue out by using surgery, what we do is we do injections that stimulate new tissue to be grown.

So getting into this, Nita, I'm going to give out the phone number to the studio right now.

Nita: Okay.

Dr. Darrow: Because I don't want to just blab on my own. I's like to be challenged by all of you listeners. Ask me questions, ask me about your orthopedic pain, what does that mean? Tendons, ligaments, joints, neck pain, back pain, arthritis, anywhere from the top of the head to the bottom of the feet.

So the phone number here 866-870-5752, I'm going to repeat it a couple of times, while you grab your pencil, 866-870-5752, 866-870-5752.

We also have a website that has videos of me doing all of these procedures, using your platelets or stem cells or both mixed, and that website is amazing. I work on it every single day. It's got a slot on it, on every page to email me. I hope you're not too shy to call in, but if you are, you can use a fake name, don't worry, or say it's about your brother, or your sister or your friend, instead of you.

But the website is [www.jointrehab.com](http://www.jointrehab.com) [www.jointrehab.com](http://www.jointrehab.com). And there's videos on every page watching me do these procedures. See if it's something you think is a good idea. It's very conservative. You walk in the office, and you walk out. You don't need someone to drive you.

The risk of infection is absolutely minimal. I can't remember ever infecting anybody doing these procedures. So you know I see all kinds of terrible sequela. Those are things that happen to people when they weren't expecting them, bad things after surgeries.

So I was in line to study orthopedic -- I was studying orthopedic surgery, and to become an orthopedic surgeon, and I had my boss cut my shoulder, because I was having pain. It came out bad. I had a very, very bad surgery. Now the surgeon was good. It's just these surgeries hurt people sometimes and I was one of them.

So that was a wake-up call for me, that I was not going to be a surgeon and that I was going to do regenerative medicine. Because

I injected my own shoulder, after four years of misery, after a bad surgery. And voila! Overnight my shoulder was healed completely. It doesn't always happen like that. It worked on my wrist like that. About 50% better overnight.

Later down the road, I injected my knees and then my shoulders. What else? Both shoulders, elbows, right wrist, I had other people do my neck and back for me, my friends. And it's nice when I have someone who is a friend who does regenerative medicine, because when they injured I can help them. When I'm injured, they can help me.

But most of the injections I've done, I've done myself on my own body. And people freak out, and they go, how could you inject yourself? Well, my mentor and orthopedic surgeon used to inject himself. And I said the same thing. How can you do that? And he said, well, when you've got to do it, you've got to do it.

And my wrist was my first area I injected. The first time, I was a little quizzical about doing it. But after that, and I saw the healing take place, I just figured, it's one of those things, you just do. You know, you do it, you don't think about what you're doing, as much as the results that you get.

And for a lot of my patients, those that come in and they I'm needle phobic, you know, meaning they're afraid of getting injections, or even looking at a needle. And then I decide for them and help them make their decisions.

Would you rather get a surgery where you're going to get injections anyway, you know to calm you down, to put you out, and then get cut. And then who know what the sequelae will be afterwards. I see way too many people that come in the office after a failed surgery, that means one that was supposed to come out good and came out bad. And then we can do regenerative medicine on them also.

So once again, the phone number to the studio, to talk to me live, and ask me your questions 866-870-5752. If you're driving, please -- it will help you, it will be safer to pull over to the side of the road, and get off of your Bluetooth, so we can hear you best. And for those of you that want to talk to my staff, if we miss something on the show, you can call my office any time, 800-300-9300, that's 800-300-9300.

So let me go to -- unless you have something to say, Nita, I'd like to -- oh, actually I do have one more thing to say.

Nita:

Okay.

Dr. Darrow: If you call us now, at 866-870-5752, you will get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate it's a couple hundred pages long. It's got over 250 studies in it, on how stem cells and platelets work, and how surgery is really the last option that you can consider.

I know our culture is to jump right into surgery. I have five children, and some have been college athletes, and it is sort of the culture when you get injured to get a surgery. And I've had to do everything in my power, to keep them from having surgeries.

And thank goodness, they haven't had the surgeries, because most of these surgeries shouldn't to be done, that's according to me, Marc Darrow. I'm not signing what the right thing or wrong thing is, but according to me, I see way too many people get these surgeries, and they fail. And then the person has less tissue available.

And the next time they're injured after a surgery, then what happens? You know that first it might be a meniscal tear repair, or they cut the meniscus out and then what happens the next time, there's an injury? Maybe a knee replacement. You don't want to go there, folks. I see too many of those things that just come out very, very bad.

So, Nita, anything before I take some questions here, do you want to pipe up, and have a say so here?

Nita: Well, I think it's really important for people to call in, and at least get the free book.

Dr. Darrow: Yeah. It's a free book. I even pay the postage, you can't go wrong with that one, can you?

Nita: No. Perfect.

Dr. Darrow: All right. I'm going to go a person who inquired through the website, it says pain in both knees, and golfer's elbow. Okay. I wonder if that person's a golfer.

Well, basically they just said the same thing I have pain in both knees and golfer's elbow in my right arm. So the fact they know it's golfer's elbow might mean that they are a golfer. And I'd say -- I'm making up a number -- maybe 20 percent of my patients are golfers. I seem to be a golf magnetic, maybe it's because I play golf.

And I can tell you from being a long-time golfer, even though people think golf is not a sport, they think it's a game, go out and try

it, you're swinging a club at 100 miles an hour, and hitting the ground, and all kinds of things.

My first injury that I had was my wrist from hitting the ground, when I wanted to get a ball up high in the area, you know, the whole thing of opposite and equal reactions in physics, you hit down the ball goes up. So I hit the ground with a three wood, trying to get the ball over a tree. And I hit the ground, I didn't hit the ball. Hyperextended my wrist and had very severe right wrist pain.

All my orthopedic buddies wanted to either give me a steroid shot, and all of you who listen to me know this, steroids, like cortisone, destroy tissue, they destroy cartilage. If you don't believe me, look it up, just put in a couple words in Google, one is cortisone, the other is cartilage. If you read that, you won't want to get one of those shots.

Others offered me surgery, I refused all of that, and I learned how to do this myself. I injected my own wrist and healed it up myself. That was back in the old Prolotherapy days of injecting highly concentrated Dextrose into the body, to create an inflammatory response which brings fibroblasts to the area, which are cells that stimulate growth. They actually grow new tissue.

And in my first book on Prolotherapy, which was done years and years and years ago, there are graphs and photographs of new tissue growing from injection with just something as simple as Dextrose, an irritant. Back in the day, we also used things like sodium morrhuate which is fish oil concentrate, or zinc sulfate, and those things hurt pretty bad. I did my elbow with it one time, because I had tennis elbow on both arms.

And as soon as the needle got into the tissue, it was burning from using sodium morrhuate. I had a stiff arm for two weeks. And I didn't know who to turn to because most of what I learned was intuitive back in the day, and I was pretty terrified. And then I woke up one morning about two weeks after the injection and my elbow was completely healed.

So back to golfer's elbow, that medial epicondyle, the middle epicondyle on the elbow, and these words that I use, please look up on Google. Write them down or go to your computer. And Google them, and you can see the anatomy. And if you want to put the words in, and then what comes up will be an image, either in the Google search, or there's a spot on the upper left-hand corner, when you Google that says images. Click on that, and you'll see the actual anatomy.

So anatomically golfer's elbow is called medial epicondylitis. So inflammation of the epicondyle in the middle part of the elbow. Tennis elbow is called lateral epicondylitis, okay, different muscles pulling on the tendons, which attach to the bone. So those things are very, very easy to fix. I've been injecting those for 25 years in patients and had very, very amazing success.

One of the first ones was an actual tear in the tendon of a very famous music lawyer, and he played a lot of music, and he came in because his -- and he played tennis, a lot of tennis, we got an MRI, he had a tear and we healed him up, he wasn't able to play guitar, he was a great guitar player, and a great musician because just the pressure of having that guitar hanging around his neck, pulling on his arm, stopped him from playing.

So we got him better. I get a ton of musicians that have a medial epicondylitis, or lateral epicondylitis, from overuse. Musicians, in order to be good, they play things over and over and over. Tennis players in order to be good got to hit that ball over and over and over. Golfers over and over and over.

So those are what we call overuse syndromes and believe it or not golfers seem to have some of the worst injuries of anybody, because they keep playing even when things hurt. So they get neck pain, back pain, you know, you name it. They get meniscal tears in the knees; they get rotator cuff tears in the shoulders. They get arthritis in the fingers and the toes. So yes, you golfers out there be careful. I tell everyone stay away from hitting too much at the range, at the golf range. Because you get so repetitious that you're going to break down areas.

And look, I'm at fault too. I've done it. I'm the kind that's so repetitious, I'll hit shot for an hour, just to get it down right. I'll go into the sand trap and I'll hit one shot for an hour straight. That's no good on my body. It's not good on your body, but you know, we're crazy athletes, what are we going to do?

But the best thing in golf is play, don't really do repetitive things over and over. And especially do not hit off of mats. If you're going to go to the range, take a small bucket of balls and hit off the grass. And if you go to a range, where there's only mats, then try to go to the ends of the mats, where there is some grass or dirt, and hit off of there.

Hitting on mats is not good for you, because the mats typically are very firm. You hit great off of them. People play better off mats than they do off of grass. But there's often cement under them, and

that ball is getting right down into there with that club and yanking your arms and shoulders and knees and everything else.

So yes, very good success with regenerative medicine, using platelets or stem cells on golfer's and tennis elbows. This person also states they have pain in both knees, and golfer's gets tons of pain in their knees. There is a squat action during what's called transition, when the club comes back, on the back swing, during transition to hit the ball, there is a squatting motion, and the knees take a lot of pressure.

So I end up with a lot of patients in my office who have meniscal tears in the knees, and often they come in, there's -- I look with an ultrasound, make sure your doctor uses an ultrasound, because you've got to look inside to see what's going on. And if there's fluid in the knee, I can use that ultrasound to guide the needle to get every drop of it out, without hurting you at all.

When I aspirate a knee, I numb it up first, there's no pain to it. And I'm not searching for fluid, I can see it. So I'm not scraping bone or cartilage. Most people who have had knee aspiration have said it's horrific pain. And then when I do it for them they go, God, that was like nothing.

Be careful if you ever have Baker's cyst, that's fluid in the back of the knee to make sure your doctor uses an ultrasound because there are -- there is a big artery and vein back there, and a nerve. And you don't want them to inject blindly. You never want your doctors to inject blindly in dangerous areas.

So Nita, I'm going to give out the phone number again.

Nita: That would be an awesome idea.

Dr. Darrow: We need some callers. Either that, or I'm going to have to ask you some -- some jokes, and then put you on the spot. And I know you hate that. And I know your -- your audience loves calling in to get you off the hook.

But anyway, the phone number to call us right now is 866-870-5752. I'm going to repeat it, grab your pen, 866-870-5752. If you want to -- oh, here we're just getting a caller coming in. See they didn't want you to get the jokes.

Nita: Thank heaven. They are rescuing me.

Dr. Darrow: But I want to ask you one quick joke, okay.

Nita: Okay.

Dr. Darrow: What do clouds wear under their shorts? Thunder pants.

Nita: Thunder pants, is that what you said, oh, that's a good one. That's a good one. I like that one.

Dr. Darrow: But you didn't laugh, so you get one more joke. You ready?

Nita: Ah-ha, yeah, I think so.

Dr. Darrow: How many tickles does it take to make an octopus laugh?

Nita: A hundred.

Dr. Darrow: Ten tickles.

Nita: Oh my God, that's a good one. That's a good one.

Dr. Darrow: You didn't laugh, you get one more.

Nita: Okay.

Dr. Darrow: Here's one I don't understand.

Nita: Oh, no, I'll never get it, if you don't get it.

Dr. Darrow: Okay, here's one. This is kind of hard, but Nita you are a genius.

Nita: Okay, all right.

Dr. Darrow: How did the hipster burn his tongue? He drank his coffee before it was cool.

Nita: Okay. That's not that funny.

Dr. Darrow: It is funny. Hipsters are cool.

Nita: Okay. All right. Oh, look Virginia is here -- yay!

Dr. Darrow: All right. Virginia, Dr. Marc Darrow, your brother's knees and your husband's hips, let's talk about a hip first, what's going on with the hip, with your husband.

Virginia: I did not wish to talk on the radio, but I thank you for the opportunity.

Dr. Darrow: Thank you. I won't embarrass you. I'm going to love you, so it won't be a big deal. How long has your husband's hip bothered him.



Virginia: Approximately -- several months.

Dr. Darrow: Okay. And did he got to a doctor and get --

Virginia: The doctor is -- he's talking about hip surgery. So I thought --

Dr. Darrow: So he did go to a doctor, and they probably got an MRI or an x-ray and said you've got arthritis, so you need hip surgery, correct?

Virginia: Yes, uh-huh.

Dr. Darrow: Can your husband walk around?

Virginia: With a cane and without a cane yes.

Dr. Darrow: Okay. And how old is he?

Virginia: He's 80.

Dr. Darrow: 80 years young, I'm on my way. So I get a lot of people who come in ready for a hip surgery, they've been told by several orthopedic surgeons, they need to get a hip surgery. And first of all, we've got to delete the word "need", because nobody needs a hip surgery. Nobody needs any surgery, unless it's life saving. Then I say you need it.

So in this kind of case, Virginia, I need to examine him and see how he walks, see what his range of motion is in that hip joint. And see what his pain level is. And most likely in someone like that, we'd want to do platelets and stem cells mixed together. And help grow back some cartilage and help him get rid of his pain.

And I can't really tell you a whole lot more than that, other than way too many people get hip surgeries and come out worse. I have someone that had that done, he called me up months later, apologizing, saying I know you told me not to do it. I did it, and now the joint has failed, it's infected. I'm in the hospital, what should I do? You know, it's too late then.

So it's always to be conservative, do all the conservative things you can. And regenerative medicine using platelets and stem cells is super conservative. It's natural, it's easy. It's just an injection, you get injected for the hip under ultrasound guidance you can watch where the needles goes, and hopefully get some healing.

Do you have any other questions about your husband and his hip?

Virginia: No. So where is your office?

Dr. Darrow: I'm in West LA, across the 405 on Wilshire Boulevard, across from UCLA, my alma mater.

Virginia: Well, his alma mater, too.

Dr. Darrow: Oh, good, well, we're get along good. Now, tell me about your brother's knee, what's up with that. How old is your brother?

Virginia: He's 66?

Dr. Darrow: Six-six?

Virginia: Yes.

Dr. Darrow: Okay. Do you know about Route 66, it used to be a famous TV show? It's a good age to be, 66 is very young these days. People are getting a lot older and feeling great. So how long has your brother's knee bothered him?

Virginia: Just forever. And he had a knee surgery on the other knee and that was so painful, recuperating from that, that he just won't consider having surgery on the second knee.

Dr. Darrow: Okay. Well, look, I'm just going to say it the way it is, like me or dislike me. I don't like surgery. That's just the way it is. I've seen -- I did lots of surgeries in my training, and I'm not an orthopedic surgeon, because after my shoulder was pretty much ruined for years after a surgery that I had done, and I jumped horses, midstream and got out of orthopedic surgery and went into what's called physiatry, physical medicine and rehabilitation. And I learned about regenerative medicine. And I've been doing that for the last 25 years or so, with amazing success.

And listen I fight with my buddies, who are orthopedic surgeons. They say I'm an idiot, and I say they're an idiot. They say what I do can't work. And I say what they do hurts people. So we get along, but we argue. And the nice thing about what I do is, I don't think there's really many failures in what I do. The biggest failure is when people don't do enough of it.

There's reasons for failure in anything. One is the doctor does use -- or the nurse doesn't know what she's doing, or he's doing. The doctor doesn't know what they're doing. They don't use an ultrasound to guide the needle to look inside the body. Patients are taking anti-inflammatory medicines that block the healing. Or the patient has too much activity.

Let's say they're a golfer, which we were talking about before. And they don't let it rest. They go back and play golf after an injection. That ain't going to work. You know, if you're beating something up and you're trying to heal it, don't beat it up some more.

Hey, Virginia, would you hang with us, I'm going to get into this more. And we're going to the break. Chuck, please stay with us, and you other callers, and we're going to get to you.

Nita: Okay. This is Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens. And we'll be right back after these messages.

[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](http://jointrehab.com) or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens and we are taking your calls at 866-870-5752. And right now, Dr. Darrow is speaking with Virginia.

Dr. Darrow: Virginia, Dr. Marc Darrow, how are you? Are you still with us?

Nita: Oh, I think she's not. Let's go to Chuck in Anaheim.

Dr. Darrow: Well, we're going to hang on Nita.

Nita: Oh, okay.

Dr. Darrow: Chuck you just stick there for a second, I've got a couple things to say quickly.

Nita: Sure, okey dokey.

Dr. Darrow: So it was interesting, Virginia was kind of shy on the phone, she told us that. You never have to be shy to call us. Give us a call at 866-870-5752, that's 866-870-5752. We'll send you out a free book that I wrote called Stem Cell and Platelet Therapy, Regenerate Don't Operate.

It's got the foreword by the beautiful Suzanne Somers, who is an advocate of natural medicine. And regenerative medicine is natural medicine. All we do is stimulate the body to heal itself or rejuvenate itself. This book has over 250 studies on regenerative medicine of

platelets and stem cells, and how it works and has studies on how surgery fails.

And I'm not into doing surgeries on me. How about you, Nita? You had some neck pain we fixed it up with Prolotherapy, in the old days.

Nita: Yeah, twice. Yes.

Dr. Darrow: And you know I don't know why people do surgeries when they don't need to. And need is a very important word. You know if you're dying you need stuff. But for musculoskeletal pain, you don't need to have joint replacements, you don't need to have meniscal repairs and rotator cuff repairs, you don't need neck surgeries and back surgery. So "need" is a very important word, be careful.

So if you want to, you can always call my office and get a free phone consult with my staff. It's a free consult with my staff, and that number to the office is 800-300-9300 get your free phone consult with my staff, they're very educated about regenerative medicine. Call the office, 800-300-9300.

And Chuck, thank you so much, Dr. Marc Darrow. You've been very patient. What's the story on your low back? How long has that bothered you for?

Chuck: Off and on for several years.

Dr. Darrow: Okay.

Chuck: But over 4th of July weekend, I stumbled and step back and fell, and it's been nagging since then.

Dr. Darrow: Okay.

Chuck: It's gotten better, but it's -- when I try to sit too long or drive too much, and then try to get out of the truck, it's kind of like I can't straighten up all the way, for you know ten or 15 steps. And then I feel better.

Dr. Darrow: All right. Yeah, that's very common that that -- you know, I'm not going to tell you what it is, until I examine you. But that typically is just the iliolumbar ligament sprain in the low back. And for you folks that want to Google that, it's iliolumbar. The ilium is the pelvis and lumbar is the lower back.

So it's where the ligaments connect from the L5 -- L4-L5 spinous processes down to the pelvis. And it's something that 80 percent of

people get at some point in their life. With someone like you, Chuck, it's chronic, meaning it's more than three months. And it's something that if I'm correct about what it is, is super easy to fix. I've had people that had it for 50 years straight, who have had one treatment of regenerative medicine, just quick injections, walk in get injected, walk out and heal up.

I've had it done to me, it's healed me. And I've done mega thousands of patients who have done that over the last 25 years. So from what you're telling me, it's not a big deal. It can hurt like heck, but it's not a big deal. It's not anything to get nervous about. It's certainly not anything to have surgery about.

Any other questions about that?

Chuck: Okay. So should I call your office to make an appointment?

Dr. Darrow: That would be the best thing, 800-300-9300 to the office.

Chuck: I already wrote it down.

Dr. Darrow: All right, man. And if you want to call there right now, they'll give you a free consult on what it is, and more detailed, and how that works.

Chuck: Okay.

Dr. Darrow: It's so easy. It's sort like the bread and butter --

Chuck: I'm a big believer in alternative medicine.

Dr. Darrow: Well, you know, the funny thing to me is this is not alternative medicine. This is old school. This is before the orthopedic surgeons were the king of the hill. To me, they're the alternative medicine.

Chuck: I have to agree with that.

Dr. Darrow: This kind of medicine has been around since the late 1800s. It was very, very popular in Chicago with two doctors named Hemwall and Hackett, and as they aged no one really picked up on it very much. And then in the 1980s had a up rating again, with a lot of doctors studying it. And now it's all over the place, I mean, if you look up regenerative medicine or look up platelets or stem cells, you're going to see doctors on every block doing this work.

The problem is most of them don't know what they're doing. I'm not putting down medicine, but this is something if you go to a doctor, go to the guy who does the most, I don't care what it is. If you're going to have a surgery, go to the guy who does the most. I

do occasionally refer people out for surgeries, and I sent them to the doctors who do the most. And when you do the most of anything, you get the best results, typically, right.

So be careful if you're --

Chuck: Okay.

Dr. Darrow: Yeah, be careful who you choose to do regenerative medicine, platelets and stem cells. I've been doing this --

Chuck: Well, no. I'll come to you. I've been listening to you for, I'm going to say at least four or five years.

Dr. Darrow: Okay. I appreciate that. Thank you so much. You are a patient man.

Chuck: Okay.

Dr. Darrow: So we're going to send you a free copy of my book Stem Cell and Platelet Therapy, Regenerate Don't Operate and why don't you just call the office right now, you can get a free consult there. And you'll learn a lot more about what we do, how we do it, and your chances for success. I won't really know much until I examine you, though.

I've got to use my hands --

Chuck: Right.

Dr. Darrow: Did you ever get an x-ray or an MRI? Did you ever go to a doctor for this?

Chuck: Not on my back, because normally it kind of went away in a couple of weeks, but this time it seems to be, you know, hanging on a little longer.

Dr. Darrow: Yeah, yeah. Well, that's because you're getting younger every day.

Chuck: Yeah. That's what I thought.

Dr. Darrow: You know, it's so funny, people come in that I treated, let's say 20, 25 years ago. And they'll say you know, I injured my knee, please do Prolotherapy on it. And Prolotherapy is the weakest of all the regenerative treatments. And I say well, that's kind of old school. And they say but it worked on me 25 years ago.

And I said how old were you 25 years ago. And how was your body then? You know, it's like I injured my knee. I've told this story a ton of time. My 85-pound Husky, Dakota, I had him at the dog

park, and he was running full speed. And I didn't see him coming, and he hit the lateral, outside of my knee. And the knee opened in the middle part, so I knew I was in bad shape, and I had injured the ACL, the medial meniscus and the MCL, the medial collateral ligament. And I limped off that dog park, and my patella was loose, the retinaculum, which is the covering on the patella, the bone in the front of the knee was actually loose.

And I didn't blame the poor dog, I mean I love him. Dakota is still alive believe it or not, he's almost 14, he's not doing too good. He barely can walk, but we love him the same. And he's as sweet as ever and funny as ever. Huskies stay funny their entire of life. They've got a sense of humor.

But anyway I did Prolotherapy on myself about a dozen times, and each time I did it, it would help a little bit, it would tighten up that patella, and I'd go running, and it would loosen up. And then finally I did PRP on it one time, and it tightened up so I could run again, and then I did some stem cells later on it. And you know there's sort of a hierarchy of healing with regenerative medicine on what is used. And obviously, the best treatments today are mixing platelets and stem cells together.

Tomorrow, maybe it will be something else. If there is, I'm going to be one of the first guys to learn what it is. Because my job is to help people heal. I feel that's what I was born to do. And I was actually ordained as a Minister to heal. And that was done when I was a lawyer years and years ago, back in 1973.

And I really didn't understand what that ordination was about, until mega years later, when I found out about regenerative medicine and how it actually can heal the body. And I did a fellowship after my residency at UCLA, in natural medicine, which is a very healing type of medicine. We don't medicate or cut people.

So I know there are times when surgery is a necessity. But it's rare in my book, you know, if you're smashed and bones are broken, yeah, you'd better get a surgery. But I'd say probably, I'm making up a number, because I haven't done the studies on it. But probably 80, 90 percent of the surgeries done in orthopedics in my book should not be done, because regenerative medicine can heal with just a simple injection.

Anyway, Chuck, I think you were moving into something else on your body that was hurting, but you didn't say it. What is that?

Chuck: Well, I have a -- on my left foot, on the top of it, I have always a constant soreness. Now I don't want to say pain. Unless I push on it, it doesn't bother me, but you know.

Dr. Darrow: Okay. Well, I'd have to look with an ultrasound to see what's going on, which is simple. You know, you walk in the office, take your shoe and sock off, and put the probe on your foot and take a look. You most likely have a little bit of arthritis in those joints in the metatarsals and that's usually very easy to fix using regenerative medicine.

We use teeny, weeny, little needle, it's like the size of an acupuncture needle, because those are tiny joints. And I get patients with that all the time, and they heal up. So if it ever becomes more than just a nuisance, and you want to fix it, come on in. I think we can help.

Chuck: I definitely will.

Dr. Darrow: All right. Well, God bless you, Chuck, I appreciate your call, very informative for everybody, and if you don't mind, Chuck, is there anything else you have to say, before we move on?

Nita: No, Chuck's gone. But we could go to Damian after you give the phone number if you want.

Dr. Darrow: Let's do it. Damian, hang with me, Dr. Marc Darrow, we're going to go to you in a second. For everybody else that wants to call in, so you can give us more information about how to heal, and try to stump me and Nita. Give us questions we can't answer, so we can learn too. I learn so much from my patients. The phone number right here in the studio is 866-870-5752. I'm going to repeat it, write it down, 866-870-5752.

You call in, I'm going to send you a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. I'll mail it out for free, and everybody likes free things, and this is a great book, I mean I do love it, I have to say. It's just so informative, it's a couple hundred pages of showing how injections are done all over the body, and that's something I do, there's probably nowhere on the body that I haven't injected for musculoskeletal pain, you know, joints, ligaments, tendons, muscle tears, hip pain, you know shoulder pain, labral pain, you name it.

Anyway, Damian, thanks for your patience, Dr. Marc Darrow. You've got a hip issue. How long has it bothered you for?



Damian: Hi, doctor, oh man, I've had this probably about -- well, probably about 10 years that it's bothered me.

Dr. Darrow: Have you been to a doctor yet about it?

Damian: Yes, I have.

Dr. Darrow: And what was the diagnosis?

Damian: The issue is a collapsed femoral head and osteoarthritis.

Dr. Darrow: Okay.

Damian: It all started when I broke my femur bone 20 years ago.

Dr. Darrow: Okay.

Damian: And the doctor at that time said, you're probably looking at a hip job in 20 years, and I thought, yeah, right or whatever.

Dr. Darrow: Sure.

Damian: You know, and I was plunking along, it's just stiffness and I can't -- I'm not in a lot of pain, doctor, it's just a very small amount of pain. It's just stiffness, and I can't walk much -- very great distances, so it affects my overall health, my ability to exercise?

Dr. Darrow: How old are you Damian?

Damian: I'm 68.

Dr. Darrow: Okay. So you're 68 years young, and you know people that age are typically super active, so it must be very frustrating for you.

Damian: Well, that's the only arthritis I have is right there in that area. The doctor says there isn't anything else, other than that.

Dr. Darrow: Well, yeah. It's traumatic. Did you say you have avascular necrosis of the femoral head?

Damian: Yes.

Dr. Darrow: Okay. So I treat those all the time, just do you know. And the fact that you're getting around pretty good, means that you should do really well. What we do is we grow back some of the cartilage that's been worn down, and hopefully get you a lot of relief and give longevity to that joint. You know the common thing you hear orthopedic surgeons say is you're on the track to get a hip replacement, but I don't believe that. And there's no reason you'd

have to do that if you can put enough platelets and stem cells in there give you what you need.

And you know the big problem is at your age, doing a hip replacement, it's going to wear out, then what are you going to do?

Damian: Yeah, and I don't like all those foreign things, you know, plastic and everything else in my body.

Dr. Darrow: No, no. And some people are allergic to the things that are put in there, and they have to have it pulled out, then what are you going to do.

Damian: I still have the plate in my leg, I don't know what that's doing to me.

Dr. Darrow: Well, it sounds like you're not having a problem from it, or you'd might know about it.

Damian: No, they wanted to take that out too when they do the hip job, you know, that's what the whole plan was. But I was concerned that maybe the necrosis, wouldn't -- your technique, your method wouldn't do anything because of the necrosis and the breakdown of the --

Dr. Darrow: Well, necrosis just means you know breakdown, right.

Damian: Oh, okay.

Dr. Darrow: So what it means is there's part of that femoral head that may not have a blood supply anymore, but it may. It just might mean that it was crushed during your injury. I don't know, I'd have to -- you know, I'd have to examine you to see what's going on.

Damian: As a matter of fact it was, there's a little, I remember the original x-ray there is a little piece that's broken off on the femoral head.

Dr. Darrow: Yeah, a little dent there. Not a big deal. I mean it sounds to me like you're doing great for what happened to you. And it sounds to me like using platelets or stem cells or both together would really help you quite a bit. Are you doing sports?

Damian: Sorry.

Dr. Darrow: Do you do sports? Do you walk? Do you hike? Do you do things like that?

Damian: I used to walk -- I was walking for up until about a year ago, I was walking for about a mile, mile and a half every day. But then I had

more and more [inaudible] with the hip and it was a different pain in a different area, a different thing.

Dr. Darrow:

Sure, sure.

Damian:

And now -- now, if I overdo it, or lift something too heavy, I'll have pains -- muscular pains, I mean going down into my calf.

Dr. Darrow:

Sure.

Damian:

But as long as I take it easy, it's fine, and you know I don't take any pills, I shouldn't put -- I take fish oil and things like that, you know.

Dr. Darrow:

Well, that's good. That's good. And my hope and prayer for you, is that you'll come in, and do regenerative medicine, and feel better, you know grow some tissue there, rejuvenate.

Damian:

Well, that was why I wanted to call you to see if you actually could do something for my condition.

Dr. Darrow:

Well, I can't promise you're going to get better, but I can certainly look at it first and tell you what I think.

Damian:

Okay.

Dr. Darrow:

There's never a promise in medicine, I'm sorry.

Damian:

I know. But that's my only alternative is a hip job, so I don't know if I can --

Dr. Darrow:

Well, it's not your only alternative. That's what people think is their only alternative. There's lots of alternatives. I won't know what to tell you, unless I examine you though.

Damian:

Will the stem cells do anything -- sorry?

Dr. Darrow:

Well, if you want to come in -- did they do anything what?

Damian:

Could the stem cells help with the stiffness?

Dr. Darrow:

Absolutely. Anything's possible, but I haven't examined you to tell you yet.

Damian:

Right. Okay.

Dr. Darrow:

I don't diagnose over the telephone or over the radio.

Damian:

Okay.

Dr. Darrow: And you know a lot of times people come in, they say I need a hip replacement, because I went to an orthopedic surgeon, and they told me. And the problem is not even the hip joint. There's so many things in that neighborhood that can cause pain, and when you get an MRI or an x-ray and it shows that there's arthritis in that joint, there's a knee jerk reaction to get a surgery, when it's not even the problem.

You can have arthritis and not even know it. You can have arthritis and not have any pain at all.

Damian: Yeah, he said I have osteoarthritis. But it's just barely bone-on-bone, it's barely touching one part now.

Dr. Darrow: Yeah. Yeah. I don't call that bone-on-bone. Bone-on-bone means come in and get a surgery.

Damian: Oh, okay.

Dr. Darrow: You know, you're moving it around. Bone-on-bone is like two bricks, you know have you seen bricks they're rough, there's no cartilage on them, there's nothing smooth on them. You can't have them slide. From what you're telling me, you're still getting around and that's not bone-on-bone.

Damian: Well, that's what I didn't understand what he was saying.

Dr. Darrow: I know. It's just -- it's a statement that's made by surgeons, you know I don't like to say it like this, but I'm just going to say it like this.

It's an inducement to get a surgery. There's no hope, it's bone-on-bone. Well, that's not true. I rarely ever see bone-on-bone. I see it occasionally, but I rarely see it. I hear people come in every day say I've got bone-on-bone, and I examine them, and I laugh, and I go you don't bone-on-bone.

Anyway, God bless you, man. The phone number to the office is 800-300-9300. Give them a call right now, they'll give you a free consult and tell you more than I just did. So the number to the office 800-300-9300.

And Nita, if you don't mind, I'm going to go to Louise who has been waiting, and then Rick we'll get to you too. Do you inject PRP in an area that does not need it, what is the effect?

Louise, I'm a little bit confused, why would I inject it in an area that does not need it. I'm unclear what do you mean by that?

Louise: Okay, I need to get in a place I could hear you. I read your book and I was very fascinated with it. And I was -- if the platelets, the PRP or stem cells were put in an area -- what would happen to that area. If it didn't need any fixing, I mean what's the effect of the body?

Dr. Darrow: First of all, let me explain something. There is something that's been around forever, since we've had injectables which is autoheme, A-U-T-O-H-E-M-E. You can look that up, okay?

It's been a natural healing technique for years and years and years. And what's done is people, and I'm not saying it's good thing or bad thing, okay. I'm just saying what it is. It's where people take their blood and they'll inject it into their body, so they might inject it into their butt. And there people that say that that helps them heal all of over the place, okay.

Louise: Okay.

Dr. Darrow: Now, we know there's doctors that will take your stem cells and inject them IV, intravenously, and they say that will heal everything in your body. I'm not saying it does or it doesn't, because I don't do IVs.

Louise: Yes.

Dr. Darrow: So the answer to your question is nothing bad happens if PRP [audio skipped] where it's not needed.

Louise: Okay.

Dr. Darrow: PRP is just platelets which are just one of the cells in the blood. It's where the red cells are removed, and they have platelets have all kinds of growth factors and cytokines and things like that, that are healing. So when I'm injecting, let's say I'm injecting a shoulder where a lot of injections have to be done, because it's a very complex joint. There are areas I'm injecting that don't specifically need, if there is such a thing, to have the platelets put there.

So it's a really great question you're asking. And the answer is no. It's not going to hurt you if your platelets are placed somewhere there is no pathology.

Louise: Okay.

Dr. Darrow: It's a crazy question, but it's a fun question, it made me think. And I like that.

Louise: Okay. All right. Well, your book made me think. I think I probably should have written all my questions down, but I had a million questions, and the book is fascinating.

Dr. Darrow: Well, thank you. I appreciate that, and do me a favor, please write all your questions down, and you can call back, you know, next week, and I'll answer them all the best I can. Or you can just email me, if you want to email just go to the website which is [www.jointrehab.com](http://www.jointrehab.com) and every page has a spot to email me there.

Louise: Fantastic.

Dr. Darrow: I love questions. I love communicating with people. Every since I was a little boy -- oh, there we go. Nita, it's over.

Nita: Yeah, it is. Okay.

Dr. Darrow: Go to the website, everybody, [www.jointrehab.com](http://www.jointrehab.com). And send me an email, and call the office, 800-300-9300. God bless you, Nita and all you callers, Rick, sorry we didn't get to you.

Nita: Thank you.

Dr. Darrow: And we love you all. Thank you so much,

Nita: Thank you, Alex and Suzette, and we'll see you next time.