

## Living Pain Free 7/29/23

Narrator: Are you living in pain? Is it joint pain or muscle pain? If so, stay tuned. Welcome to Living Pain Free with Dr. Marc Darrow, from the Joint Rehab and Sports Medical Center in West Los Angeles.

This is the program that can give you effective solutions for the pain you've been living with. Dr. Darrow is a medical doctor, board certified through his studies at UCLA. And Dr. Darrow uses stem cell and platelet-rich-plasma therapy to heal your body. He teaches about the use of stem cells, PRP, and Prolotherapy. Today's program could open up a new life without pain for you. Now here's Dr. Darrow with his co-host, Nita Vallens.

Nita: Well, hi there Dr. Darrow.

Dr. Darrow: Hello, Nita Vallens. How are you today?

Nita: I'm excellent. How are you?

Dr. Darrow: You're as gorgeous as ever.

Nita: Oh, you're so too. Too sweet, too kind.

Dr. Darrow: I do my best, you know. We've got all stay happy.

Nita: Yes, you do. That's right. That's right. So how are we going to help our listeners today?

Dr. Darrow: Well, I think today will be an amazing, amazing day, an amazing show. And we're going to teach people how to save themselves from having an orthopedic surgery that is not necessary.

This is not a statement against surgeons. It's a statement against all of the surgeries that are done, that in my humble opinion, should not be done. I'm just one guy, but I've been doing this work over 25 years of regenerative medicine, which means that we're here to regrow cells and tissue in the body, instead of cut them out.

And I learned about this, gosh, back in medical school, after a failed surgery on my shoulder. And then after a few years of misery, I learned, and I had the experience of my wrist healing overnight with a simple shot of Prolotherapy. That's the old term, and it's now morphed into PRP, platelet-rich-plasma, and stem cells. And I was better overnight.

I then self-injected my shoulder, which had the failed surgery, got better overnight and since those days, I've injured my knees. I've used platelets and stem cells on those, my shoulders did the same.

I've worked on my elbows. I've had my friends do my neck and my back, when I've injured that. And all in all I've been doing amazing.

And it's a technique that I think people should look into because it's so conservative and easy. You walk in the office, you get an injection, and you walk out, instead of going to a hospital or a surgery center for a surgery that has, because of its invasiveness has potential for all kinds of negative things, we call them sequelae in medicine.

I've seen endless infections. I've seen joint replacements that have come loose. I've seen a couple people die on the table during surgery from anesthesia. So although it is needed on many occasions, in most relatively, percentage wise, I think it's a lot better, a lot safer to, you know, use what we call -- oh look at this, we have a caller coming in -- hang on one second, I'll finish up, this is Ruthie.

Nita: Okay.

Dr. Darrow: I think it's a lot simpler and more effective in most cases to use cells from your body, your platelets, or your stem cells to re-heal the area again, instead of using a knife.

So Ruthie, this is Dr. Marc Darrow. You're from Sherman Oaks, and you have issues with your knee and back. Tell us what's going on.

Ruthie: Yeah.

Dr. Darrow: And thank you for calling in.

Ruthie: Yeah, I just wanted to -- yeah, just you know say kudos and definitely my knee and my back has definitely helped me with the PRP so much. And you know everything you're saying is like right spot on. You know, I just didn't want to do surgery, and I'm scared of all the, what you're talking about, you know, the repercussions and issues and problems can go on.

So many of my friends have had surgeries that didn't really work, or they had other problems, so yeah, you know, just doing this non-invasive thing is -- is the way to go. You know, and it's really helped me a lot. And you know I run a lot, and I run on trails, and I swim, and you know, I'm pretty active, I cycle, and you know, I was really kind of having to scale back all that stuff. And that was making me nuts.

But it's just -- I'm so glad that I discovered PRP, because it's enabled me to -- to just keep up with all my activities and you know, I'm in my late 50s now, and everyone tells me, oh, because of your age, you're going to have to slow down, and I don't want to slow down.

Dr. Darrow: Well, I'm 75, and I don't want to slow down either. And I'm like you, I mean I've had so many injuries from doing sports, and I've good luck every single time, I've self-injected myself. I had people go, well you're crazy, how could you inject yourself?

And actually, you're in the nursing field, aren't you?

Ruthie: Yeah, I am, just finishing up nursing school, and so I'm -- yeah.

Dr. Darrow: So I will -- I will show you how to inject yourself and then you won't have to come in and see me anymore.

Ruthie: Wow, that would be cool.

Dr. Darrow: You know, I mean a lot of people think it's crazy that a person can inject themselves, but it really is not a big deal. It's easy, for me I feel better injecting myself, I feel safer doing that having someone else do it.

Ruthie: Right.

Dr. Darrow: And the nice thing about it is you do it exactly the way you want to do it, instead of the way someone else wants to do it. So if you ever want to come in the office, I'll be glad to teach you how to do these kinds of things, and it may be part of what your nursing practice turns out to be, you don't know.

Ruthie: Cool, yeah, I'd love that.

Dr. Darrow: When do you think you'll be finishing nursing school?

Ruthie: By the end of the year.

Dr. Darrow: Amazing, yeah. Anytime, if you have free time, you can come in, and I will be happy to mentor you. And show you, you know, how to take the blood, well you already probably know how to do that.

Ruthie: Yeah, yeah.

Dr. Darrow: But how to spin it the proper way, and how to do injections. I mean it's not that hard. It takes a little guts in the beginning because it's kind of a weird thing to do, you know, I was watching Peaky Blinders last night. Do you know what that is?

Ruthie: No.

Dr. Darrow: That's an episodic on TV about an Irish gang that comes down to England. And there was a character that was about to commit suicide, and he was putting a gun to his head. I'm thinking boy that must really take guts, you know, to do something like that. But then people think me injecting myself is like that. But it isn't. It's not really difficult to self-inject.

And the nice thing about it, is I don't have to go to any other doctor to get injections when I get injured. I can just do it myself. And I don't know, have you had any training on ultrasound to look inside the body?

Ruthie: Yeah, we have, yeah.

Dr. Darrow: Well, that's good. And I think it's really important for people to hear about this, because ultrasound is -- you know, it's been around for ages for you know looking to see if you're pregnant, and how many babies or embryos are in there, and other things. But now, it's being used very widely instead of x-rays and MRIs for a lot of conditions.

Ruthie: Oh, cool.

Dr. Darrow: And I use it to guide the needle.

Ruthie: Right.

Dr. Darrow: So when I'm injecting myself or my patients, I'll put the probe down in the area, and I can see where that needle is actually going, so I can get it into the exact spot. And I can show you how to do that with needles also, if you want to learn how to do that. I'm really -- I love training people. I have students with me all the time, and we do research, if you ever want to get involved with research, we have a lot of projects going on. And that helps -- I don't know if you're going to go on to become a nurse practitioner, I would advise you do that.

Ruthie: Yeah, that will be great. Yeah, I would love that. I mean, it's definitely something to learn, because the needles I know are a little bit longer than what I'm used to using. I mean, the other thing is too, what you're saying about, you know, injuries and stuff. I mean, I feel like this has kind of lowered my stress levels, if you will, like about getting injured, or about like the wear and tear. Because I know that -- well, I have sort of a solution for it, you know. And so it's been great, like kind of freeing, you know, my -- you know, I just

feel better, I'm stronger on my runs, and you know, it's just a great psychological uplift too, you know.

Dr. Darrow: Well, amazing. Thank you so much, Ruthie for calling in.

Ruthie: Thank you.

Dr. Darrow: And again, you're welcome to call my office anytime at 800-300-9300, and you can come in, and I'm very happy to train you, and get you onto -- I don't know exactly what you will end up doing as a nurse, or hopefully eventually as a nurse practitioner.

But nurse practitioners can have their own practices now. And they don't even need a doctor to oversee them. So I think this is a great tool, in the woodshed, you might say, for healing people that have musculoskeletal issues. And I've been doing it for over 25 years with amazing success and if you're interested in doing that, Ruthie, I think it'd be great for you to learn how to do it.

So I'm going to give out the phone number to call in the studio right now, that's 866-870-5752, you can talk to me live, just like Ruthie just did. We love our callers. And if you call in, you get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate, it's a 200-page book. It's got about 250 studies on it, on platelets and that's PRP, platelet-rich-plasma, and stem cells. And how you can help your body heal without a surgery.

Now, again, I have to say this. It's a caveat. I don't like a lot of these surgeries, you know, these meniscal tear surgeries and rotator cuff surgeries and labral tear surgeries, because I see way too many people come out bad. But it's not a statement against the surgeons, because doing the surgery is not easy. And there are a lot of the surgeries that do need to be done, especially if someone has something like a fracture, where the bones need to be put back together. I'm all for that.

I'm not for these other surgeries, though, because I see way too many failures and I do understand that the people that come to me, are the ones that have had the failures. But it kind of gives me a jaundiced eye about surgery.

So at any rate, give me a call right now, I'd love to talk to you, and you'll get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. And I'll even pay the postage. The phone number here right now to call me and speak to me live is 866-870-5752, I'm going to repeat it, 866-870-5752. And if you want to get a hold of anybody at the office, we give out free phone

consults, it's free, you can call in any time free phone consults at 800-300-9300.

Also, a great ally for you folks who want to learn about this, and you can watch me do videos of these procedures all over the body. There's probably nowhere in the body I don't inject, and that's [www.jointrehab.com](http://www.jointrehab.com) that's [www.jointrehab.com](http://www.jointrehab.com).

And there's a few other things we do in the office, besides the musculoskeletal system. One is we actually stimulate hair on the head to regrow. And that is very simple. It's in my book. There's a chapter on it. And if your hair is thinning it's for you. If your hair is gone, it's not going to do much good. You'll get some hair growth, but not enough to make you happy.

The other thing that we do is called the Vampire Facelift. You won't forget that one. And that's where we use the same cells that we use in the musculoskeletal system to regrow the tissue into the face. So as we age, the collagen dries out. And we get a little more gaunt looking, or we get wrinkly. And using these techniques in the face with the Vampire Facelift can actually help you grow back some of the collagen in your face and look younger immediately. So that's a great thing.

Nita, anything for you to add here?

Nita:

Well, yeah, I just really want people to call and get the free book, because it's an amazing piece of work, that it took you five years. And we're at 866-870-5752 right here in the studio. And the book is amazing, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate and Suzanne Somers wrote the foreword, and she wrote a book called A New Way To Age. And you're in her book, like 14 pages or something there's a whole big section on you.

Dr. Darrow:

Well, I've been very fortunate to be good friends with Suzanne. I met her through treating her son, Bruce, who was an avid bicycle racer at the time, and he ended up on his body a lot of times on the road. And at the time he was living next door to me. So he would just pop in every once in a while after an injury, and he would lay on the floor, and I would inject him and get him better.

And then I met Suzanne, and then I treated her, and I've treated her grandkids, and we've got a great relationship. And she loves this kind of work and Suzanne is an amazing person in terms of getting natural medicine out to the public. And she's written about 20 books about natural healing.

So God bless you, Suzanne Somers. Thank you so much. And her books sending -- when people read them, they come in to see me. So it's been a great thing to educate people on how to save themselves from getting surgery, because although surgery is a way to try to heal the body, it's a very -- to me it's a very crude way that has way too many side effects, and too many failures.

And the nice thing about what I do with platelets and stem cells and regenerative medicine is if it doesn't work on you, there's no harm, there's no foul. And the reasons it doesn't work typically, is because people are too active afterwards. I get so many sports addicts that they get injected, and they go right back to their sport, and then they don't give it a chance to heal.

Another reason is they go to a bad doc, that's somebody that doesn't know what they are doing, somebody that doesn't use the ultrasound to guide the needle. And someone who doesn't do it all day long, like I do.

And then another major reason for failure is not enough treatments. People come in and they'll get a treatment, and then they'll come back in a couple weeks and say it didn't work. Well, it doesn't -- tissue growing is not something that happens overnight. I mean it does happen overnight but it's not enough sometimes to get the pain gone.

So you've got to do enough of it, I never know ahead of time how many treatments it will be, so that's something that some people don't want to get involved with. They go, I'll just get surgery, that's one treatment. I see so many people that have had surgeries, that have to go back and have more surgeries, or they're crippled afterwards. So don't think surgery is a way out of your pain. It may be, and it may not be, just like any other healing modality. Unfortunately, laymen think that doctors are saints. And some are and some aren't. But all we do is we do what we think works and sometimes it doesn't.

So I should go to some questions here now until we get some callers.

Nita:

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

Dr. Darrow:

How did you know that? Get your pencil and paper, 866-870-5752. I would love to speak to you and see how we can help your musculoskeletal pain.

All right. So this one says spinal canal narrowing. Let me read this. This came in on an email. And by the way, if you go to my website,

[www.jointrehab.com](http://www.jointrehab.com) not only can you watch videos there of me doing these procedures, but there's a slot on every page to email me. And I get emails all day, and all night long. And I answer all of them.

So this one says my wife's MRI for back pain showed L3-4, that's lumbar lower back, central disk extrusion, that means that some of the disk material which is the cushion between the vertebrae has popped out causing spinal canal narrowing. Is this something that benefits from the treatment you provide? She has neuropathy in feet for years. Please respond to this email. I've been listening to you on the radio for many, many years.

And yeah, I've been doing this show for I think 21 years now, since my twins were born, and they just graduated college.

Nita: That's right. Congratulations.

Dr. Darrow: Yeah. Yeah, it's a lot of fun. They're going back to school, so they're not done. Grad school.

At any rate, let me talk about this. This is very complex. Number one, just because someone has spinal stenosis, or spinal canal narrowing does not mean they have pain in their pain or pain down their legs, or neuropathy in their feet. Those are all different things. And unfortunately way too many people have surgeons that don't even touch the body part to operate and that is a real crime in my book.

The first thing I do is touch the body, find out where the pain is coming from. And unfortunately, I see people all the time that have had a surgery that failed, because the doctor didn't touch them to examine them. They looked at an MRI or an x-ray or CT scan. And this is that kind of a case.

There's so many possibilities for what is going on here. This person is having some back pain, but at the same time they're having neuropathy in their feet. Is that related? It may be, or may not be. There are people that have neuropathy, which means that there is nerve damage, which can be from many things. The top two reasons are diabetes and alcohol. Okay, those are the top two. But it could be chemical, it could be chemotherapy, things like that can cause neuropathy.

Now that has nothing to do with an MRI showing L3-4 central disk extrusion, so get that clear. You've got to really do a good diagnosis to find out where is this stuff being generated from. It's not where does the MRI shows. There's way too many surgeries that are done



for MRIs, but then the people don't get better, because it wasn't the problem. So if we were to do MRIs on a hundred people, we would find a hundred different problems, but those people didn't have any pain to begin with. So what's the problem? There's no problem, but the MRI shows a problem.

So please don't get snookered into a surgery, because your image shows something wrong. It may not be the proper thing. It may not be the thing that's causing your pain.

So I don't know the answer for this person. The first thing I would do with them is I would do a physical examination, I would touch the body, find out where the pain is coming from, and then if there's a neuropathy, I would have them do what is called an EMG Nerve Conduction study.

That's an electromyogram and a nerve conduction study and find out where that -- those paresthesias or funny feeling in the feet or numbness is coming from. Is it coming from the feet? Is it coming from the back. Could it be coming from the neck? All those things are possible. We don't know until we find out.

So please don't jump and get a surgery to fix that disk extrusion because I've seen lots of disk extrusions where people get better. And when you have what's called a radiculopathy, like a sciatica, or pain down the arms or legs, and a doctor says it's coming from your neck or your back, that may not be the truth.

It could be a carpal tunnel syndrome. It could be all kinds of nerve impingements. And some of those can be remedied. I just did one yesterday. A woman came in and she had a number of things that were bothering her, and I used what's D5W which is Dextrose five percent, and water. And I injected her carpal tunnel under ultrasound guidance. I'm going to call her today and see how she's doing. Most doctors use a steroid, like a cortisone to shrink the nerve. She didn't want to do that.

So we used D5W, which can actually heal the nerve. And I'm excited to find out, and by the way, I do follow up with my patients. All my patients get called after treatments. And every one of my patients has my cell number, my personal cell number and my personal email address, because I like to stay close in touch and find out they are doing.

So I'm going to give out the phone number again, and I love when you stump me with your questions, you can talk about your friends or your family. And you can pretend it's not you that has the issue if you're shy. So the phone number to talk to me right now is 866-

870-5752. Or you can get a free consult, a free phone consult at the office with my staff at 800-300-9300, that's at the office at 800-300-9300. You can also email me at the website, [www.jointrehab.com](http://www.jointrehab.com).

So Nita, I'm going to go to a knee instability question here, if you don't mind.

Nita: Works for me.

Dr. Darrow: All right. And speaking of instability, you had instability and pain in your neck years ago and we fixed that with the old style Prolotherapy.

Nita: Yes, and it's --

Dr. Darrow: And you're doing good now?

Nita: Yeah, that area is doing good, but I might have to come see you, funny you mentioned knees.

Dr. Darrow: Okay. Yeah. You're always welcome. Okay, so this say hi guys, my name is -- I won't say it. I'm a 60-year-old male retired after 32 years in fire service. I have a left ACL tear, that's the anterior cruciate ligament tear that holds the knee together. It holds the tibia to the femur, repaired in 2002. Now, while playing plant and pivot sports, both of my knees are shifting, or they seem loose. Will PRP give my knees stability?

Most likely yes, and the best story about it is my knee, my left knee. It's a story I tell almost every time on my radio shows. And when I speak to the public or doctors, because I love my doggie, Dakota. He's a Husky. And he's getting on in years, he can hardly walk anymore, but he's as sweet as ever and funny as ever. A little crotchety he's close to 14, which in dog years is how much Nita?

Nita: Oh gosh, I have no idea. I'm not a math major. I'm a shrink.

Dr. Darrow: He's close to 100 years old in dog years, but he's still great. At any rate, years ago, Dakota and I were at the dog park. He loves or he loved running, he still does actually. Sometimes I take him out for a little walk, he can't go far. And he'll bolt out the door, and then he just collapses. But he still has that running in him.

Anyway, he was running full speed in the dog park, and I didn't see him coming, and he hit the lateral, the outside of my left knee and -- hang with us everybody, we're going to go to the break. I'm going to give you the phone number to talk to me live, it's 866-870-5752.

And the website is [www.jointrehab.com](http://www.jointrehab.com) and my office phone is 800-300-9300.

Nita: Good job. This is Living Pain Free with Dr. Marc Darrow. I'm Nita Vallens, and we'll be right back.

[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're taking your calls at 866-870-5752. What do you think, Dr. Darrow? Do you want to go to the phones?

Dr. Darrow: I think I'm living it up, as always.

Nita: I think you are too, shall we go to Mark, or do you want to say something first.

Dr. Darrow: We will. Well, I always like to say stuff first, but Mark, don't go anywhere, and Pete also and the other callers, please hang with us.

So what we're talking about today is what we call regenerative medicine. It started back in the day called Prolotherapy, proliferative therapy. And in those days, we just did sugar water, concentrated Dextrose to inflame an area and bring fibroblasts to the area, which grow back tissue.

Today, it's much more advanced. It keeps morphing through the years. We got platelets for a while, called PRP. We're still doing that. But we also add stem cells to it. So if it morphs into something else late today, I'll learn that. I keep trying to be on the edge, the cutting edge of healing. And we treat all over the body, and for you, Mark, it looks like your elbow is bothering you.

We want give our the phone number, and then we'll get right to you and your elbow. And then Pete, you stick around, your left arm and your arm pit, okay.

So the phone number to the studio to talk to me live right now is 866-870-5752, I'll repeat it, write it down, 866-870-5752. And I will mail you out a free copy of my book, it's a couple hundred pages

long, it's got photographs of different parts of the body being injected, a little anatomy and also one of the most important things, it took me five years to compile all this research on how regenerative medicine works, how it actually grows back your tissue, rejuvenates your body, instead of cutting it out. And there's - - actually, I'm looking here right now, it's 264 scientific studies on this, okay.

So I'm not making this stuff up. It's something has -- is being studied more and more now. There's more and more doctors learning how to do this. The book itself has a foreword by the lovely Suzanne Somers, who I've worked with for years on her body, and her family's bodies, helping them heal.

So Mark, I understand your elbow bothers you. How long ago did that start?

Mark: Hi, Dr. Darrow. This started in mid-April. I was arm wrestling a student -- yeah, which I won't do again, and then after that I couldn't even pick up a cup of coffee without pain. And so I actually got an MRI and I read you the one brief sentence for the impression. It say mild to common extensor tendinosis with focal low grade interstitial tear at the origin. And I'm wondering if your -- if the regenerative therapy you do would help that.

Dr. Darrow: All day long.

Mark: Okay.

Dr. Darrow: I do elbows, I just did one yesterday, as a matter of fact. Yeah, we do elbows almost every single day. But the best part of all this, I love healing other people, but I love healing myself. And at different times of my life, I've had that also. That's called lateral epicondylitis or tennis elbow. Where the extensor tendon attaches to the lateral epicondyle.

And that's called tennis elbow, because people who play tennis who are not pros, snap their wrist on their backhand and extend this wrist back and fire off that muscle which pulls on the connection of the muscle to that -- to that part of the bone, by way of a tendon.

And tendons connect muscle to bones, and ligaments are the same kind of material, they're just collagen strips that attach bones to bones. But it's the same kind of an issue. And having that little interstitial tear -- interstitial means in the tissue, means nothing. It's not a big deal.

Mark: Okay.

Dr. Darrow: We treat those all the time. And I can't say I can promise you anything, because you have to be a good patient too, and leave it alone, and let it heal. But those heal up really fast and well. And I've had that on both my right and my left elbow at different times. Miserable pain, hard to even pick up a pencil. And mine was from weightlifting, and golf, both. And people say, well that's -- well, shouldn't you have a golfer's elbow.

Golfer's elbow is the medial epicondyle, the middle part of the elbow, not the lateral part, or the outer part that you have. But you can anything from anything, it's not just the sport you're doing. And the first time it happened to me I was at Rancho Park at the driving range, hitting off of these mats, which are on concrete, and I was there for a few hours. I'm an exercise fanatic, I love repetitive sports.

And then I went to my office, and we had a gym there at the time, and as soon as I did some curls, I felt it just -- it didn't pop, but it felt like it popped, and that was it. It was some of the worst pain I've ever had. But I healed it up just self-injecting myself. And so I have very, very high hopes that I can get your elbow healed in a very short period of time, using probably just platelets from your blood.

We might, if you decide if you want a faster, quicker, better healing, you might add stem cells but that's something we can talk about when you come in.

Mark: And Dr. Darrow, can you give me like a grade school explanation of how the therapy works?

Dr. Darrow: Yeah.

Mark: So I mean, I guess you're taking something out of my body, so where do you take it out of my body, and then -- and then I guess you inject it -- could you just go over the process a little bit on a simple level for me, please?

Dr. Darrow: Of course. It's a very simple process, and I'm a simple person, that's why I like this work. No, it's true. I always loved orthopedics, because it just made sense to me, it was always simple. And I was -- actually I was in training to become an orthopedic surgeon. And back in the day in the med school and I did tons of rotations in orthopedic surgery. I even was to into it, that I would go into surgeries -- I would call every orthopedic surgeon in town and beg them to let me go into surgery with them, I just loved it so much.

And then in my fourth year of medical school, when I hurt my shoulder, I begged my professor who I was doing a rotation with in

orthopedic surgery to operate on my shoulder. And I loved the guy. And it came out bad. It wasn't his fault, you know, it just came out bad. You know, it just happens in surgery. And my arm was filled with fluid like a balloon, and I had a high fever, and I was terrified. And it didn't heal. It was like four years of misery, I mean it got better, but it never healed. And then I learned about doing Prolotherapy at my residency at UCLA. And I injected myself, and it healed overnight. And that was the great awakening in medicine for me. That's when I decided that regenerative medicine was going to be the work that I do.

But anyway, it's very simple how it works, Mark. And thanks for asking. All we do these days -- there are some guys who just still do Prolotherapy, that's the concentrated sugar water, concentrated Dextrose. And there's nothing wrong with it. It's just in my experience, it's not as powerful a treatment. So I rarely do it. There are people that ask for it, and occasionally on myself, if I'm at home, I can do that. I just take out a bottle of Dextrose and lidocaine and I mix it up and inject myself.

But you know I didn't finish after the break about my dog, Dakota, hit me on the left side of the knee, running full speed, he was 85 pounds. And he me on the outside of the knee, the lateral side, but the medial side, the middle side is where I felt the pain, which meant I was in bad trouble. That's called O'Donoghue's Terrible Triad, you can look that up.

And it affects the medial collateral ligament, the medial meniscus and the ACL, the anterior cruciate ligament. So I was -- I'm going to use the word "screwed", and I limped off the field and I went to my office, and I injected myself with Prolotherapy, because it's easy, it's simple, I just pulled out a couple bottles and injected my knee.

And the biggest problem was the retinaculum, which is the covering on the patella, the front bone of the knee had been loosened up. So my patella was loose, and every time I moved my knee it would catch. So I injected all around the patella about -- probably, oh, I'm going say, 25 or 30 pokes around the patella with a tiny, little needle, and it tightened it up, immediately it tightened it up. And then I went out to run a few days later and it was better, but it would come loose again. And I did that literally, about a dozen times. And each time, the same thing would happen, it would tighten up. I think I'd be okay, I'd start running, I was fine, and then when I would sprint a little it would loosen up.

So I decided to bite the bullet as we say, and have my staff draw my blood. And I did PRP one time. That did it. That completely healed it up and I was able sprint again. And I live in the

mountains in the Palisades over the ocean, and I run up and down the hills here. So I love -- I'm 75, man, but I still love sprinting. It gives me such a high. I don't go far, I only run about a mile a day. But you know having the Huskies with me, Dakota not running anymore, he can barely walk. But Bella, my younger Husky, who's about -- I think she's almost 12. She's still fast and we go out together. And I can basically outrun her, you know, I just love it so much.

But I do, you know, I think it was a year or two years ago, where I really hurt my knee sprinting, and I had to do some stem cells in my knees, both of them. And they healed up. I'm doing fine. But I was on crutches for a while Mark, so I know what pain's all about.

But anyway, the actual way it works is simple. If we're going to use PRP, which is what you asked about, we just draw some blood from your arm, it's very easy.

Mark: Okay.

Dr. Darrow: And we spin it in a centrifuge, and there is a certain way we do it. And then we throw away the red cells, we separate it out, because for example, if it's a knee, you never want to put red cells into a knee, because they're very, very inflammatory. And if you do that, you're going to end up with an effusion, where the knee blows up with fluid. And then you have to aspirate it a few times. It's not worth doing that.

So the platelets have a lot of good cells in them, and we inject those. And they have growth factors and cytokines and things like that. And they actually stimulate tissue to grow. So that's one of the mechanisms how it works.

The other mechanism, just like the old Prolotherapy days, with Dextrose, is it creates a little bit of an inflammatory cycle. And the inflammation draws fibroblasts from all over the blood into that area, and fibroblasts actually are the cells that are growing tissue, they spit out collagen. So those are the basics.

We can also go into the bone marrow, and take that which has stem cells and platelets in it. And that is -- once I numb up the area on the back of the pelvis, that's about a 15-second procedure. I've done so many of them, that I've got it down. It's not a big deal, you don't have to go to a surgery center, you don't need anesthesia, it's very fast, and that's something that I enjoy doing. And that's another way to do it.

And there's other ways. There's a whole bevy of different things that could be done. It was like yesterday, I mentioned before, a woman came in with carpal tunnel syndrome. And the typical thing I'll do if the nerve is inflamed, is I'll use some steroid in it. And although I don't like to use that very much, and I don't like to use it when joints are inflamed or things like that, or people have sprains, I like to use it occasionally with carpal tunnel, because it will actually shrink that nerve down, the median nerve that goes through the carpal tunnel.

But anyway she couldn't tolerate any steroid, and she was very sensitive to everything. I said, okay, I'll D5W, which Dextrose, five percent in sterile water. So I put together a little solution of that and we hydro dissected under ultrasound guidance, so I could watch where that needle goes, and stave away those tendons away from the nerve.

And I saw that right in front of me on the ultrasound, where that nerve was once again free floating without the adhesions to the tendons around it. And I'm going to give her a call after the show and see how she's doing today. Hopefully, it's better already.

So that's basically how it works.

Mark: Well, thank you for explaining the process Dr. Darrow. I'll call your office on Monday.

Dr. Darrow: All right. Great, and I just had another thought, which is important.

Mark: Yes.

Dr. Darrow: A lot come into orthopedic surgeon's office, and they get hyaluronic acid injections. And to me that's -- I don't know, that's just not smart, because when you do what I do, it actually creates hyaluronic acid naturally anyway. And most of the people I see that have knee problems already have too much hyaluronic acid in their knee. They have what's called an effusion.

So one of the first things I do when they walk in, is I lay them down on the table, put the ultrasound on their knee and see if there's fluid in it. If there is, then why would you put more fluid in it? You know, why would you put this lubricant in it that it doesn't need. It's already overly lubricated. And the first thing I'll do is I'll aspirate out the fluid and then put their own cells back in to start the healing process.

So there's not just one way to do this. It's -- the thing I love about this work, I do the same kind of stuff every day, but there's not a



day that goes by where I don't learn something new, where I patient says I don't want to do that, can you do something different, then I have to really think about it, like I did yesterday. And do a new procedure. I had never done that before. And I told her, I said I've never done this before, but I have other doctor friends that do it, and they say it works really amazingly well. And she said, well, let's do that.

And that's how I started doing the work to begin with. You know, I'd go to patients and say it worked on me, I haven't done anybody else, do you want to be the first one? They go I'll do anything except have surgery.

So for me doing this work was intuitive. I didn't have any teachers.

Mark: Well, thank you very much, Dr. Darrow.

Dr. Darrow: All right. Mark, God bless you and thank you so much for calling in. I'm going to give out the phone number and then we're going to get to Pete with his left arm issue. So if you want to talk to me live, please call me right now before the end of the show. We've got a few minutes left. It's 866-870-5752, and if you want to get a free phone consult at my office, with my staff, call them right now, 800-300-9300 for a free phone consult.

And by calling us, you get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate, a couple hundred pages of studies on how to heal your body naturally using your own stem cells or platelets. And it's Stem Cell and Platelet Therapy, Regenerate Don't Operate.

So Pete, you're amazing, you've been so patient, thank you so much for waiting. How long has your arm been bothering you for.

Peter: Now, can you hear me, Dr. Darrow?

Dr. Darrow: Oh, yes. I can. Can you hear me?

Peter: Thank you for your show, and your expertise. I hope you can help. But let me give you just a bit of history. Three years ago, I had a bad case of shingles in my left scapular and left armpit. It was so -- despite three shingles vaccine.

The lesions were so bad, that is you looked at me, you'd think somebody applied a blow torch to my scapular and my left arm.

Dr. Darrow: You know, that's a very good picture, because that's what it look like. Yeah, I treat a lot of people with shingles.

Peter: After I healed, the post herpetic neuralgia was just so intense, and it lasted with me until now, it's been three years that I'm suffering with post herpetic neuralgia.

Dr. Darrow: Oh my God, that's horrific. I'm so sorry.

Peter: I've tried Gabapentin, Tramadol, and a concoction from pain management that I apply. They take the edge off, but I'm driving in pain 24/7. I can't sleep. And I'm constantly feeling stab, and burning sensation. I hope you can help.

Dr. Darrow: Well, I can give you my -- my history with this, with patients. I can't promise anybody anything, I never do. Even if I think there's an easy case, I always tell people I promise you nothing, other than I'm going to love you the best way I can, and do things that I think work.

And this is one of those kind of cases, where I'll use what's called neural therapy. And you can look at up, it's an old German form of injection. And the way I do it, is I'll use a mixture of lidocaine which is a local anesthetic with a steroid, again I'm talking about a steroid which I usually don't use to heal the musculoskeletal system. But it works really well with shingles in the acute phase, or in the post herpetic neuralgia phase, that's when all the blisters are gone, but there's still a lot of pain, burning pain.

And what I do is make little wheels or blebs around the area and through the area, and that usually works almost overnight to get rid of the pain. Sometimes it takes more than one treatment.

Peter: Yes.

Dr. Darrow: So if you have the post herpetic neuralgia, come on in, we'll do it for you, and hopefully it will work to help you get rid of that pain.

Peter: I'll be more than happy to make an appointment with your office.

Dr. Darrow: All right. And the phone number to the office is 800-300-9300, please call there now, and you can a free phone consult with the staff, and if --

Peter: I can call now?

Dr. Darrow: You can call right now, yeah, they're there.

Peter: Okay. I will do that. Thank you.

Dr. Darrow: And if you mention post herpetic neuralgia, they may not even know what that is, because it's not the most common thing that I

do. Mostly what I do is musculoskeletal wear and tear, you know rotator cuff tears, and meniscus tears, labral tears, neck pain, back pain, arthritis all over the body.

Peter: Yes.

Dr. Darrow: So just say that you talked to me on the radio and I want to get your right in.

Peter: Okay. I will do that, it's 800-300-9300, got it.

Dr. Darrow: That is the office number, yes. And to call me right now, we still have a few minutes left, call me live at 866 on the radio, 866-870-5752, write it down, 866-870-5752. Give me a call, I'll send you a free copy of my book Stem Cell and Platelet Therapy, Regenerate Don't Operate, a couple hundred pages of studies, 256 studies on how regenerative medicine with platelets and stem cells can heal your body. And how surgery can actually hurt your body.

I'm not making a statement against surgeons. I love surgeons, they do tough work. But I don't believe in all the surgeries they do. I like the ones where it's needed. I don't like the ones where it's not needed. Who is to decide what is needed. That's another question, because the surgeons often think they need to do things that I think they don't need to do.

So Pete, anything else, any other part of your body that bothers you that you want to talk about?

Peter: No. Thank you so much. I'll call right now and make the appointment with you, and I hope to see you soon.

Dr. Darrow: By the way, I do have a question. You said you had three shingles vaccinations before you had the outbreak. Can you tell us about that?

Peter: Yes. I had -- first of all I had the Zostavax, which was the old vaccine. And then I had -- then after that the Shingrix which is the new vaccine. And it's like -- most people got a bad reaction. I didn't get any reaction; I was a non-responder to those vaccines.

Dr. Darrow: Well, that's a problem, do you know why that's a problem.

Peter: Yeah, I was a non-responder to those vaccines.

Dr. Darrow: Yeah, your immune system wasn't affected by it.

Peter: You're absolutely correct --

Dr. Darrow: You know, people sometimes complain, and they go God, I had such a terrible reaction from a vaccination. And I go thank God. I mean it doesn't mean you have to have a bad reaction for it to work. But that means the immune system is really putting up a fight, and then is bolstering itself to take care of that. So that may have been what happened to you. That's so interesting. Thank you.

Peter: Well, maybe my age has something to do with it, you know, I was in the 70s, and maybe my immune system was not the best at that time.

Dr. Darrow: Well, that's probably true, Pete. You're probably right. And you know that means that you really ought to do things to bolster your immune system.

Peter: Yeah, I mean, I try to healthy and so forth, but I'm taking, you know, [inaudible], I'm taking the multiple vitamins to try to nourish my system.

Dr. Darrow: Well, there's a blood test -- there's a blood test we do at our office, it's called spectra cell. You won't find it pretty much anywhere else, only alternative doctors even know about it. And it checks for vitamins, minerals, amino acids, and anti-oxidant deficiencies, which you probably have lots of by now in your 70s.

Anyway, God bless you, thank you so much for calling. And we'll see all you guys next time, I'm going to give out the phone number to the office, it's 800-300-9300. Call there now for a free phone consult with my staff. You can also go to my website at [www.jointrehab.com](http://www.jointrehab.com) you can watch me do videos of PRP, platelet-rich-plasma and we're gone.