

## Living Pain Free 12/16/23

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 that 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. To speak with Dr. Darrow, call 866-870-KRLA, that's 866-870-5752. Ask for a copy of Dr. Darrow's book, Stem Cell and Platelet Therapy. Now here's Dr. Darrow with his co-host, Nita Vallens.

Dr. Darrow: Hello, Nita Vallens. Hello, I do not hear you. Alex, can you patch us through together?

Well, I guess, I just take this from the top. This is Dr. Marc Darrow. I do regenerative medicine. And I wonder if anybody can hear me out there? Alex, can you hear me? Is Nita there?

Okay. So in the meantime, before Nita gets here, Dr. Marc Darrow. I am a physiatrist. That's a guy who in this case, does orthopedics, but not surgery. And the plan is to save you from having a needless surgery. We don't want people who don't need surgery to get surgery, because there's no reason, right?

And having surgery has some unfortunately some bad outcomes, and I'd say probably half of my patients that come in. New patients come in, have had what's called a failed surgery in orthopedics. That could mean that they did a meniscal tear surgery, a labral tear surgery, which could be hip or shoulder, a rotator cuff surgery, something of that nature, that they never really needed to begin with. And in my humble opinion, as a doctor, I've been doing this work -- I started med school in 1990, so that's a long time ago.

And my experience is that probably half of the orthopedic surgeries that are done, that shouldn't be done fail. When I say shouldn't be done, there are other techniques we have now called PRP, platelet-rich-plasma, and stem cell therapy. And we can take these cells from your body. And then inject them where the problem is. And the reason I got into this kind of medicine, is because I had a lot sports injuries myself.

Nita: Dr. Darrow, are you there?

Dr. Darrow: I am here, Nita. Alex, you're not patching us together.

Nita: Can you hear me, Dr. Darrow?

Dr. Darrow: Oh, yes.

Nita: Yay!

Dr. Darrow: Okay. Are you with me, now?

Nita: Yeah, totally.

Dr. Darrow: So you can sit tight, Nita, because I'm in the middle of introduction here.

Nita: Okay. Go for it.

Dr. Darrow: And if you need to pop in and help me out, you're welcome to.

Nita: All right.

Dr. Darrow: So the reason that I do this work is because I had so many sports injuries, I was that kid that was getting injured all the time. And I like high speed sports, and I like repetitive sports. And I've had, what I'll call near death injuries or experiences from sports. Like the time I had, I was out surfing on the North Shore of Oahu with perfect six-foot waves, and it was the classic day, and I started paddling out, and before I knew it I was about a mile off shore, I got stuck in a rip tide. And I didn't know what I was going to do.

I turned the board sideways and I had read in surf magazine, that that will help you get out of the rip. It didn't help at all. And I was moving very, very fast. And then out nowhere came what's called an outside set. And I was about -- it's hard to say, a half mile, a mile offshore by then, and a giant wave came. And it's not the kind of wave I could ever take, but I had no choice.

So I turned my board around and started paddling, and when right down the face of the wave. And I thought I was going to die, literally. Because I couldn't breathe, I was just tumbling, I didn't know which way was up or down. You surfers know what I am talking about, it's a very, very humbling experience and just when I thought I was going to have to take water and I popped up to the top, and I was able to paddle.

And then there were five more of those outside waves on the set, that kept taking me down. The first one was the worst, and then it kept pushing me closer to shore, and when it was over, I paddled in, and my girlfriend, who was sitting on the beach, who saw me like a

drowned rat, started laughing and said, "I told you, you couldn't handle that."

And I've had many other experiences like that in sports, where I took on a little bit than I should have. But I got into this specifically doing PRP and stem cells, because initially a wrist injury had taken me out of sports. And that was from repetitive golf, way back when. And the worst part was, I was starting to get sore, but then I hit the ground, with my club, and hyper-extended, I should say, my wrist, and I couldn't do anything for a while. And then I hurt my shoulder weightlifting with a wide bench press.

I had -- actually, I didn't have, but there was a doctor that came to UCLA where I was in my residency. And he said that he healed about 80 to 90 percent of his patients using Prolotherapy. Proliferative therapy, which is kind of the forerunner of the new regenerative medicine today, using PRP and stem cells.

Then I went to his office to learn what he was doing, and he eventually took me to a national convention in Las Vegas on the subject of Prolotherapy. And there was a course there -- a class on wrist injections. So I jumped in on that.

And I never thought I would have my wrist injected, but I was just curious. And then one of the doctors said, it seems like favoring -- you're playing with your right wrist, is it painful? And I said, yeah. And he said well, let me inject it for you. And I said, seriously, you want to put a needle in my wrist? And he said, yeah. He said, you'll be stiff for about a day, and then it's going to be healed.

And at that point, well I don't want a needle in my wrist, but I need to heal, so I succumbed to Prolotherapy and getting an injection. This was back in the days when we used sugar water, believe it not, concentrated Dextrose, mixed with lidocaine, a local anesthetic.

Nita:

I recall that.

Dr. Darrow:

Back in the day, because you had it done on your neck. So I had that done; and my wrist got stiff, it felt almost like right after the injury. I was a little bit nervous about that. And by about 24 hours later, which is what he had told me, the wrist felt about 50 percent better than it was -- it was injured. And I was like, this can't be, this is impossible.

So I got back home, and I injected my own wrist, I did it myself. And I had to do that about three or four times, and lo and behold the wrist has been amazing. I had a few more injuries to that wrist; and by the way, know that doing regenerative medicine is not the

end all of healing, because you can reinjure something. I'm very active.

But at any rate, I can't remember the last time I had to inject my wrist. I have no wrist pain. I will go play golf later today. And I can do all the sports I want. My wrist does not bother. And I then though well, I'll try my shoulder, because I had injured my shoulders.

I had gone to a trainer who had me doing wide bench presses, and that -- actually, it stretched out my right shoulder, I guess it stretched out both. My right shoulder was impacted. And I didn't know what to do, so I went -- I was in Hawaii at the time, and in medical school. And I was doing a rotation with an orthopedic surgeon, a very nice guy.

And he said let me inject it with a steroid. And I was like what's that. He said, well just watch. And he pulled out a syringe and got some -- I think it was Dexamethasone mixed with some lidocaine. And my shoulder in about one minute felt great. And I thought this is amazing. This is great. Steroids are great.

Well, in about a month or so, the pain came back even worse. So what did I do? I went back to him, and I said it came back. And he said let me give you another steroid shot, cortisone. I was like, okay. Because I didn't know anything then. And it felt great for another month or so and then it came back even worse.

Now, I know, and you can look on Google, put in the words cortisone and cartilage, you'll never get another steroid shot. Because what it does is it actually deteriorates the tissue. So it can feel great for a while, they don't usually last. And then you're in worse trouble than you were before.

So a lot of the arthritis that we see in knees and shoulders -- I want to get a drink of water here, for a second --

Nita: I'll give the phone number while you drink water, for people to call.

Dr. Darrow: I will, it's a great idea, Nita, thank you. I forgot.

Nita: You're welcome. 866-870-5752, that's 866-870-5752, right here in the studio.

Dr. Darrow: And if you call us right now, I will send you out a copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate is the by-line. And the foreword is written by Suzanne Somers, may she rest in peace. And it's an amazing book, you know, the whole idea is

regenerate the tissue around your injury, don't put a knife in to cut tissue out, unless it's you know something you really need surgery for, then go for it.

But most of the surgeries that are done today in orthopedics, in my humble opinion shouldn't be done. I see way too many people getting rotator cuff surgeries, meniscal tear surgeries for the knees, and surgeries for arthritis, replacing joints anywhere from the finger joints to the shoulders, the hips, the knees, ankles, that never needed to be done, and unfortunately many of them don't work out very well.

And if you have a problem with that after one of those surgeries, that's typically a big problem. And if you put a prosthetic in, there's not a whole lot that you can do with regenerative medicine in most cases, because it's no longer biological tissue you can regrow. It's plastic and metal.

You can't regrow plastic and metal. And I've seen some disastrous joint replacements. I see them all the time. And I'm not putting down the surgeons, I think they're amazing people. I think it's a very high level of commitment to be a surgeon, you know you see a lot of terrible things happen.

I did a lot of surgery in my training during medical school. I called up all the surgeons in town, and even in pre-med, I did. And I said I want to come into surgery, and I want to learn more about it, because I want to be a surgeon. And then when I had my shoulder surgery, that was it.

It literally destroyed my shoulder. And for about four years I was miserable, and then I injected myself, and that was back in, my gosh, when was it 19 -- I'm trying to think it was a long time ago, 1998, I think it was, '97, '98. I injected my shoulder that had about four years of misery after the surgery failed, and it healed absolutely 100 percent overnight. I was able to move it pain free all the way. And do sports, and all that good stuff.

But don't think this is a miracle treatment. It is not. Injecting yourself or I should say I inject myself, but you won't be doing that, but having it injected by me or another guy who does this work make take a few treatments. It's not some magical cure. It's certainly a lot better to me, in my mind, than getting a surgery, that can have disastrous side effects, infections.

A lot of people have a joint replacement, let's say a hip replacement and then one leg is shorter than the other, and then they end up

with back pain. And they end up with hip pain, back pain, knee pain, ankle pain. So be careful.

If you're going to get a surgery, and you're determined, make sure you get a second, third opinions from other doctors, to see if you really need it. But please don't go to the same type of doctor. Go to a regenerative medicine doctor, instead of an orthopedic surgeon. Typically, surgeons have the same culture, and the same beliefs.

If I think you need a surgery, I will send you to a surgeon. I know the best surgeons in town. Okay? Usually, I don't have to. But I mean, it can be.

So I'm going to give out a couple of phone numbers, get your pencil. The number to call us right now at the studio is 866-870-5752, I would love to talk to you. If you're shy use a fake name, or pretend it's your family, friends, or somebody else you're talking about. But we get a lot of great callers.

And if you want to get a free consult over the phone with my staff, you can call there right now. And the phone number there is 800-300-9300 to the office. I'll repeat that. That's 800-300-9300. And then if you want to look at me and Dr. Grove doing injections, Dr. Grove is the new kid on the block, who works with me. And he is an amazing, amazing doctor. He's a genius, literally. Knows everything about everything. I thought I knew a lot. But he knows a lot more than I do. And his injection skills are par excellence. He's been doing this kind of work for the past 10 or 12 years. And just an amazing guy.

He played linebacker for the Corn Huskers in Nebraska. He was the Captain of the team. He's a big guy, great personality. All the patients love him. And since he's been injecting, no one asks me to inject anymore. They all love him.

Nita: Oh, that's funny.

Dr. Darrow: Anyway, the website is [www.jointrehab.com](http://www.jointrehab.com) and you can see videos of us injecting. You can read about all the science in, you know, in the regenerative medicine about stem cells and platelets. And if you call in, I will mail you out for free, I'll pay the postage, and you'll get a copy of my book, it's about 200 pages, and about 250 scientific studies about stem cells and platelets, and why you should no longer get orthopedic surgery, unless it's really necessary.

You know, if you're in danger, you've broken a bone or something like that it's sticking out of the skin, yeah, you need surgery. But typically for arthritis, and meniscal tears in the knee, rotator cuffs,

labral tears in the shoulder, the hip, surgery to me, and I say it always in my humble opinion. You don't have to believe me is definitely not the answer.

I had that surgery on my shoulder, and I am so sorry I did. It took me a few years, and it never got better, and then self-injection back in the day with proliferating agent healed it up overnight.

So I believe in this stuff. People go wow, you're really an advocate, and I go I'm not really an advocate, as much as I've had it done to me, and I've done it to myself. I've done both my knees, both my shoulders, my right wrist I've done. My elbows I've done. And I've injured my neck and back, and I've had usually at a national meeting when they ask for people who want to get injected to show everybody else how to do it, I'm the guy who raises my hand right up.

And they go what body part do you want us to inject? And I go what body part do I not want you to inject. I mean, I am 75 years old, and I still work out hard, I'm very gifted in terms of my youthfulness, and most people say I look about 20 years younger than I am. I don't know if that's true or not.

Nita:

I think so.

Dr. Darrow:

But I keep working out. I work out every day in my life, and you know, I do weights and I run up in the mountains where I live, with my Husky, Bella. She's a fast one. And Dakota went up to the happy puppy hunting ground a few months ago, so he's not with us anymore. But I used to put their collars together and put a leash on them, and they'd run me up and down the mountains. They'd pull me up and down the mountains.

Bella's not a puller, but she a dainty little girl, and she can almost keep up me, I have to drag her a little bit sometimes. So yeah, I like to sprint, whatever I do, I like to do, you know, intensely in sports. I'm very repetitive. There are times, I'll hop in the sand trap at my golf course, and I'll spend you know an hour or two hitting one shot, just to perfect it.

And you know with repetition it causes injuries. It does. And I know about that. And I'm a dumb guy. I'm real dumb when it comes to not taking care of the body, the way I could, but at the same time, I know that I can heal myself, so I don't really worry about it.

So Nita, I'm going to give out the phone number again, if you want to call us live right now, and ask questions, we've got a few minutes

before the break. And the phone number here to the studio is 866-870-5752. And if you'd like to call the office, and get a free consult by my staff over the phone, the phone number to the office is 800-300-9300.

If you want to watch me doing these procedures, there's videos of me and Dr. Grove, my new injector, and the website number to put into your browser is [www.jointrehab.com](http://www.jointrehab.com) there's a spot on every single page to email me, if you want to email me with any personal questions, I will answer them.

And I get a lot of people that ask me about cardiac ablation, because I had one done, and I'm willing to talk about anything in medicine. If I don't know about it, I'll look it up and I will get back to you.

Most of my questions on the internet, on the website are about orthopedic medicine, why people -- people email in and say I don't want a surgery, what should I do. Or I've had a surgery, and it failed, or I've had a surgery, it failed, and I don't want another one.

So all these kinds of questions, I'm very, very happy to talk about. Neck pain, back pain, arthritis, shoulders, hips, elbows, muscle tears, ligament tears, you name it. That's my line of work.

So the first question, I'm going to go to here is called patellar tendonitis. What does that mean? And by the way, you can go to Google and just put in those terms, patellar tendonitis. It will come up. And on the left side of the screen, in the upper left corner, you'll see a menu button that says images, just click on that. And you'll see pictures of these things or drawings, and you'll know what you're dealing with.

If you have something that a doctor tells you, you have, and you want to know what it looks like anatomically, look it up on Google. And click images.

So this one says my 17-year-old-son has been diagnosed with patellar tendonitis, it's been going on for almost a year, and is only getting worse. He's in the beginning of his junior year of basketball season. He is barely able to do anything. He has tried physical therapy, dry needling, that's what you take a needle, and you just poke it many, many, many times to create some trauma and bleeding. And has seen an orthopod, that's an orthopedic surgeon, who basically said there's nothing he can do.

Now, I love that. When a surgeon says there's nothing he can do, I love it, because that means there's something I can do. Because



they do what they do. And I do something a little different which is to heal the area without surgery.

This person had questioned, we are desperate for help. I brought up PRP with the surgeon, and he said he would not recommend it. Of course, he wouldn't recommend it, because he doesn't do it. When doctors are not up on something, they are down on it.

As far as I'm concerned, the first thing an orthopedic surgeon should learn is regenerative medicine, because it's conservative, you don't hurt people with it. Way too many people get hurt with surgery.

I am sorry, I love surgeons, and I think they ought to stick to the stuff that they should be doing. Not this stuff that can be healed without putting a knife in the body. I look forward to hearing from you. Thank you so much, Dr. Darrow. I love listening to your radio show, and I would appreciate your response.

So I did respond to this person, and they are actually coming into the office next week. And I have very high hopes. We deal with patellar tendonitis all the time. What is it? It's typically from jumping, so that he is a basketball player, he's 17 years old, is he? Yeah, 17 years old, in his junior year. And so what happens is every time you jump and land, the quad muscles pull, they contract. They pull on the patella, where the quad tendon inserts on, and then that will actually pull -- the patella will pull on the tibial tuberosity.

And in between the patellar tendon, okay. So it gets stretched out. Really, it's just a stretch injury. And then the enthesis, which is the spot where that tendon inserts on the patella is irritable. It's not a big deal. It's so easy to fix. We do them all the time, Dr. Grove and I do those all the time.

I should say Dr. Grove is doing them now, I've retired from injections and I'm still managing the clinic. Marketing and monitoring and helping take care of the patients, but Dr. Grove's got great injection hands, and he's got great skills with the ultrasound, which is something so important.

Stick with us, and I'll get into more of this. And I hope you'll give me a call now after the break, at 866-870-5752. Nita Vallens and I want to hear from you.

Nita:

Absolutely. And 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](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'd love to hear from you today at 866-870-5752, that's 866-870-5752 right here in the studio. You can speak to Dr. Darrow.

Dr. Darrow: So, Nita, I'm going to lighten it up for you. You ready?

Nita: Can't wait.

Dr. Darrow: So we always have a challenge for Nita. And the challenge is to answer my dad jokes. Now, here's a book I'm showing to the video that was given to me for Christmas, by Dr. Grove last night. We had a big party in Santa Monica. And so I don't know why everybody gives me dad jokes.

Nita: I will have to have a chat with him.

Dr. Darrow: So, Nita, do you want to hear a joke about paper?

Nita: Sure.

Dr. Darrow: Never mind, it's terrible.

Nita: I like that. I like that.

Dr. Darrow: Do you -- all right. The bank robber took a bath after a heist. Do you know why?

Nita: Because it touched the money, and it turned purple on him.

Dr. Darrow: You know you're kind of in the right realm. He wanted to make a clean get-away.

Nita: Okay. That's cool. I get that.

Dr. Darrow: Should I give you more.

Nita: I don't know these old-fashioned terminologies, you know like a clean get away. I'm too young for this stuff.

Dr. Darrow: Did you hear about the houses that fell in love?

Nita: Yes. Because there was an earthquake and they fell on top of each other.

Dr. Darrow: That's good. But it's not funny.

Nita: I know.

Dr. Darrow: It was lawn distance relationship.

Nita: I like it.

Dr. Darrow: Okay, Nita. Why did the belt go to jail?

Nita: The belt went to jail because it had holes in it.

Dr. Darrow: Because it held up a pair of pants.

Nita: Oh, yeah, I guess that's what belts do, huh.

Dr. Darrow: Do you ever buy anything with Velcro? It's a total rip-off.

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

Dr. Darrow: All right. Now I have one that I know you will never forget.

Nita: Yeah.

Dr. Darrow: Why did the scarecrow win an award?

Nita: For being the best-dressed scarecrow at the event?

Dr. Darrow: Well that could be true. Because he was out standing in his field.

Nita: That's a good one.

Dr. Darrow: I'm going to let you off the hook, Nita, we're going to go to a question.

Nita: Okay, okay. Okay. We need your calls right now -- right here, right now.

Dr. Darrow: Yeah, give us a call -- give us a call, make Nita happy, 866-870-5752. We'll send you out a free book called Stem Cell and Platelet Therapy, Regenerate Don't Operate. I'll even pay the postage. Do you know what postage for this book cost? It's about eight bucks.

Nita: Wow.

Dr. Darrow: I know. What's going on? They say inflation's down. I don't see it.

Nita: I don't -- well, I think that it's -- everything has gone up lately in the last few years about 30 percent, like the stores, the food stores, everything has gone up.

Dr. Darrow: It seems like it's sooner than that. By anyway, okay. So here is a painful shoulder question. Let's see what this person says.

Right shoulder painful with any movement. I was there, I know what that feels like. No cartilage between ball and socket. The ball is the humerus bone, the socket is the glenoid. You can look that stuff up on Google. The upper left-hand corner, when you put those words in, if you just put in shoulder joint, you'll see what that means.

And it's confirmed by an x-ray. Well, to me, x-rays don't confirm anything, neither do MRIs, because you can show terrible things in an MRI or x-ray or any image, a CT and the person doesn't really experience that stuff. And we know that because there's so many studies that are done.

And they're actually in my book about how you have things show up on these images that aren't really what you have. You may have arthritis, but you may not even know you have it. You may not have any pain or loss of range of motion.

I have tried physical therapy, hyaluronic acid injections. Hyaluronic acid is a lubricant, a total of three injections, one week apart, and recently one cortisone shot.

Well, the hyaluronic acid doesn't do anything, okay, that's a lubricant, it doesn't fix anything. And the cortisone shot makes you feel good typically. This guy it didn't work for, he says, no improvement. But the cortisone actually destroys the cartilage in there. This person says they have no cartilage, but I doubt that is true. That's per an x-ray.

The person says it's bone-on-bone, I don't believe that. The joint pops with any movement. The fact they're having movement means that it's not bone-on-bone. If you put two bones together and there's no cartilage on them, they are not going to move.

I have Parkinson's diagnosed approximately nine years ago, constant tremor, right arm. Okay. I take care of tons of people with Parkinson's, and they still can heal. I can't fix the tremors.

There is a way to fix Parkinsonian tremors though, which I've read about, and it's called some kind of ultrasound. You can look it up. Oh, I know what it is, focused ultrasound. Medicare pays for it,

insurance pays for it. So it's not a woo-woo type of thing. It's actually being done all over the country, probably all over the world by now.

So it's something to try -- Nita, you're breathing too hard, that means we much have someone waiting for me to talk to.

Nita: We do.

Dr. Darrow: Which I will get to very shortly. Can stem cells grow back the cartilage in the shoulder? The answer is yes. What are the odds of success?

Very, very, very high, probably, 80, 90 percent. And how long will this success be expected to last, that depends on you, and how many injections you get. All right. That's a question that you should probably email me about through the website. And the website is [www.jointrehab.com](http://www.jointrehab.com), or come in for a consult with me.

And the phone number to the studio -- I'm sorry, the phone number to the office actually will be with Dr. Grove is 800-300-9300. So since Nita is breathing hard, and wants me to talk to Claudio about his knee, that's what I'm doing.

Claudio, how are you today?

Claudio: Hi, how are you -- good morning.

Dr. Darrow: I'm living it up, man. This is Dr. Marc Darrow.

Claudio: Nice to meet you.

Dr. Darrow: You too.

Claudio: I like the program.

Dr. Darrow: Thank you. Me too.

Claudio: Just a question. I've had a couple of knee surgeries. One of them was for an ACL repair, or first a meniscus tear, and then after that continue the -- just playing a little bit of sports and tore my ACL.

So now I have an ACL repair and a meniscus repair or tear, or tear repair.

Dr. Darrow: Okay. Tell me about how long ago were the surgeries about, not exactly, just a year or two years?

Claudio: Maybe 25, 30 years ago.

Dr. Darrow: Okay. And was that ACL repair done 25 to 30 years ago?

Claudio: It was with staples, so now when I get an x-ray, there's a couple of staples that are holding some sort of -- I don't know if -- I don't know what they put on me then.

Dr. Darrow: Sure.

Claudio: But I'm guessing, an animal -- a part of an animal --

Dr. Darrow: Typically, when there is an ACL repair, it's done from your own body.

Claudio: Okay. Okay.

Dr. Darrow: It's done from the patellar tendon, the middle -- the middle part of it. Or the hamstring tendon. It could also be done with a cadaver implant. So there's different ways to do it, but the main thing and I -- you know it's like talking about the horses that are out of barn and trying to close the gate, it's too late.

Most ACL repairs that are done don't need to be done, in my humble opinion. I always say that because I'm not the God of medicine. I'm just me, with my experience okay. And the reason I say that is because new studies show that number one ACLs can repair themselves. And number two, I see a lot of ACL tears that don't need surgery.

And the first thing I'll do when they come in, I'll put an ultrasound on it, and I'll look inside, I'll see fluid, and I will aspirate, I'll numb it up, put a needle in. And take the fluid out. If the fluid is red, that means it's blood, okay, which signifies either an ACL tear or a meniscal tear.

If someone has a trauma to their knee and it blows right up, that's typically, you know, immediately it's typically an ACL partial tear, or complete rupture. And the reason for that is the anterior cruciate ligament has a very good blood supply, so if it's torn it leaks blood.

Whereas the meniscus has a very poor blood supply to most of it, and therefore, if you injure your knee and it slows blows up, that could be more of a meniscal tear situation, but we get so many people who come in with swollen knees, that don't have either an ACL tear, or a meniscal tear, okay.

So don't get caught up with someone diagnosing something that's not causing a problem. And when I get a person in with an ACL

tear, the first thing I do is I'll aspirate out the blood, and let it start healing. I'll put stem cells in either right away or somewhat soon, and get the healing going. And I can't remember one of the ACL ruptures that I've taken care of that the person has not been able to go back to sports without a surgery. There's probably somebody out there, but I don't know who it is. If there is --

Claudio: I'm sorry, could you repeat what you just said?

Dr. Darrow: Sure. The ACL ruptures that I take care of, I take care of with regenerative medicine, platelets and stem cells. Usually stem cells.

Claudio: But that's before -- that's prior to surgery -- no surgery?

Dr. Darrow: No surgery -- no surgery needed, Claudio.

Claudio: Right. But what if someone like me has a surgery already, and is having a little bit of trouble. I'm still - I continue to jog every single day. And I do it up hill, but I continue to experience pain.

Dr. Darrow: Sure.

Claudio: Not -- not ongoing every day, but some maybe -- I don't know, but maybe two, three months of the year I experience pain or -- or five weeks, six weeks out of the year.

Dr. Darrow: Sure. Well, you're a bad boy athlete, just like me. Yeah, you're a bad boy athlete just like me, you're not going to stop. There is a very, very, very high chance if we did PRP or PRP and stem cells on your knee, you would get rid of that pain.

The first thing I would do when you come in the office is I'd put the ultrasound, or Dr. Grove would put the ultrasound on the knee, and take a look inside, and see what's going on. See if there's fluid in there.

Claudio: Okay. Well, I guess I'm going to -- I thank you. I'm going to call that number I have it written down for your office. Where is your office, in what city?

Dr. Darrow: We're right across the street or across the Freeway from UCLA in West LA on Wilshire Boulevard.

Claudio: All right. Okay, cool. That's near 605 and Sunset, okay.

Dr. Darrow: Not 605 and Sunset, 405 and Wilshire.

Claudio: 405 and Wilshire.

Dr. Darrow: Yeah, a different college.

Claudio: That's what I meant.

Dr. Darrow: UCLA.

Claudio: Well, I might need also stem cells for my head, for my memory a bit old, so if you can do that. But we'll talk about it when I come in. Thank you for your time, okay? Have a great day.

Dr. Darrow: Claudio, a quick question, I'm curious. How old are you? How old are you, Claudio?

Claudio: 62, 6-2.

Dr. Darrow: Good. Well, there's good hope for you, there really is in getting your knee better, and whatever else is bothering you. I'm 75, and I'm still running almost every single day. Sometimes I'll just pump up instead or something like that, but that's rare that I won't run also. Because I just feel so good getting outdoors --

Claudio: You have that daily -- we have that daily fight with our minds every day. But every day I convince it -- I convince myself to just get up and go do it.

Dr. Darrow: Well, you know what, there's a couple things that I do every day, that I don't have to convince myself. One is meditating, I meditate about an hour every single day, and I'm addicted to that, because it gives me so much bliss. And it cleans out all the cobwebs in my head, and any pain I have in the body usually will go away too.

And then running, you know, I just -- I need to be outdoors. I even sometimes run -- you know, I bought these special shoes that have big knobs on the bottom for when it's raining out, so I don't slip, you know, they're hiking running shoes. And I'll just bundle up --

Claudio: I'm about to also try -- just let me mention, I'm about to try, I just ordered online yesterday a pair of minimalistic running shoes, or no sole, or minimal sole. My son swears that I should be running barefooted, and he tells me every day that I should --

Dr. Darrow: Well, you could try it and see if it works for you. It works for some people, and other people it doesn't.

Claudio: Yeah.

Dr. Darrow: The most difficult part of that, if there's no arch in the shoe, you can really end up with problems, and I've -- I used to live on Hawaii, on the street where the Hawaiian marathon was every year, so I'd



watch all the runners. And there were quite a few people that ran barefoot, even when it rained, they'd be running barefoot.

Claudio: Yeah.

Dr. Darrow: You know, you want, as far as I'm concerned you want to have a good arch support when you're running, because you're pounding and then stretching out the spring ligament of the bottom of the feet, and you're hitting the metatarsal bones, and we treat that all time. And we make -- we actually make orthotics.

Claudio: Yeah, I -- I agree with you, yeah, I'm having a hard time believing it. But I just -- I'm not like -- I'm not a hard-core runner, I just like I said, I jog, but I do it up hill, like in a pretty good incline, for only a mile, only one mile.

Dr. Darrow: Yeah, that's what I -- that's what I do too.

Claudio: I'm sorry.

Dr. Darrow: That's what I do too. In the morning, I typically run a mile, and at night I typically walk a mile. And lately in the dark -- and I carry a golf club with me, because there's lot so coyotes where I live.

Claudio: Okay. Well, it's very good talking to you. Thank you for your time, I really appreciate it. I wish you the best of luck.

Dr. Darrow: All right. Claudio, God bless you, I'm going to give out the phone number, it's 866-870-5752. This is Dr. Marc Darrow. And I do regenerative medicine instead of surgery. I inject the body with stem cells and PRP, platelet-rich-plasma, very simple procedures and the nice thing is you walk into the office, you get injections, and you walk out.

You don't need anyone to drive you. You don't need anesthetic it's just real simply stuff. And we use very, very thin needles, so a lot of people who do this work use thicker needles because it's easier on their hands. Someone sounds like they grinding their fingernails down. Is that you Nita?

Nita: No. I was have a felt-tip pen I was writing something down that you said, that was so valuable, I don't want to forget it ever.

Dr. Darrow: So we've got a couple callers coming in. And the first one is Graham, he's got low back pain. So, Graham, how long has your back bothered you for?

Graham: Hey, how's it going, sir?

Dr. Darrow: I'm living it up.

Graham: I would say about six months. It's mainly my lumbar area. I had an MRI recently see bulging disks, but mainly kind of creeping over to the right side, but like even this morning, I was just -- could barely even get out of bed.

Dr. Darrow: Okay.

Graham: I just want to know do you take on -- have you ever injected the lower back and what you --

Dr. Darrow: Every -- every day, several times to different people. It's one of the most -- I'd the most common -- the most common things we do are knees, shoulders, and then low backs, probably in that order.

Graham: Okay.

Dr. Darrow: So yeah, we do it all the time, and if you go to my website, [www.jointrehab.com](http://www.jointrehab.com), that's joint J-O-I-N-T-R-E-H-A-B dot com, you'll see videos of me injecting backs, and it's very simple to do, it takes a minute. And typically what we're doing is we're going into the ligaments, the iliolumbar ligaments, or the -- there infraspinous ligaments there. There is the thoracodorsal fascia. There is the quadrants lumborum muscle. All these terms you can look up on Google and see what's going on, see where your pain is being generated from.

Bulging disks don't cause pain, so throw that MRI away. And most people as they age get bulging disks, but don't have back pain. Now the ligament pain that you're probably having, and I don't know, until I touch it, or Dr. Grove will know when he touches it. There is something that is not something you get surgery for, and even herniated disks and other things, in most cases you don't need surgery.

Then why are there so many back surgeries that are done? Don't ask me. I don't think it's a good thing. We get so many people with failed back syndrome. They've had a back surgery, and it failed. And they're worse than when they started.

And then some of them come in, they've had two or three, and they're ready for a fourth. I go didn't you learn. And they go well, the doctor says that's all I can do. Don't go to the same doctor if you've had a surgery from them already, and it failed. Try somewhere else.

Graham: Right. Right.

Dr. Darrow: And don't go to the same type of doctor. Go to a different type of doctor. Be conservative in medicine. Surgery is not conservative, it's dangerous.

I've seen way too many things happen, I shouldn't say this, but I've seen people die on the table. Have heart attacks from the anesthesia. There's all kinds of stuff that happens.

Graham: Yeah, yeah. I've had at least ten sessions of physical therapy and it seems to be working okay. But I've had kind of chiropractic and they hooked me up to like a machine on my pelvis and my torso, just distracting and then relaxing and then distracting again, so that helps somewhat.

Dr. Darrow: Okay.

Graham: But I'm just having this continued pain, but --

Dr. Darrow: Okay, but Graham, Graham, you didn't mention that you have leg pain, do you?

Graham: I don't have any leg pain now.

Dr. Darrow: Okay. Hear this, listen. If you don't have leg pain, all this stuff you're doing isn't going to help your low back pain.

Graham: Okay.

Dr. Darrow: It's -- when it's low back pain, and it's not down the leg, it's not from disks. It's not from anything that you need to stretch out.

Graham: Okay.

Dr. Darrow: It's to regenerate the actual tissue that's holding those vertebrae together. Nita, I'm going to have to get you a regular pen.

Nita: Okay.

Dr. Darrow: Anyway, Graham --

Graham: Yes.

Dr. Darrow: -- there's a very high probability you can heal with PRP, platelet-rich-plasma, or stem cells if you chose that.

Graham: Okay. All right.

Dr. Darrow: I wouldn't know and Dr. Grove wouldn't know unless we actually touched the area. In one second, we can touch that area, and tell you where it's coming from. And if we can help you.

Graham: All right. Oh, yeah, that's reassuring.

Dr. Darrow: Well, there's good hope ahead for you if you don't heal. Hopefully, you just heal by yourself.

Nita: Thank you, Graham.

Graham: Yeah, hopefully.

Dr. Darrow: Yeah, God bless you, Graham. So we're going to go to Valerie. Valerie, we're going to talk about your knee, this is Dr. Marc Darrow, and for anybody else who wants to call in, the phone number to the studio is 866-870-5752. And if you want to call the office and get a free consult by my staff, call right now, the number to the office is 800-300-9300.

Valerie, you knee has been bothering you for how long?

Valerie: Hi, thank you, Dr. Darrow. Well, I have a 35-year-old ski injury that left a pin in knee. My tibia broke off part of my fibula or vice versa, I really don't remember.

Dr. Darrow: Yep, yep, okay.

Valerie: But I didn't have any ligament or, you know, tendon damage at the time, but just recently without any known injury to my knee --

Dr. Darrow: You know, we're going to give you a call, a little bit later, okay, Valerie? Don't worry, we'll get all your questions answered.

God bless you all for calling in. Thank you so much. If you want to get a hold of the office for a free consult with the staff the number there is 800-300-9300.

The website, where you can watch videos of the procedures is [www.jointrehab.com](http://www.jointrehab.com). God bless you all. Thank you.

Nita: Thank you. And we'll see you next time.