

Living Pain Free 12/30/23

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.

Nita: Hi there Dr. Darrow.

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

Nita: I am great. And yourself?

Dr. Darrow: Living it up, always.

Nita: Well, that's terrific. So our goal today is to actually help our listeners live it up. And how are we going to do that?

Dr. Darrow: Well, we're going to instruct and teach about how to save yourself from having an orthopedic surgery that you don't need. So if you've got rotator tendonitis, rotator cuff tendonitis, meniscal tears in the knee, labral tears on the hip, arthritis in any of the joints, my way of doing this, in my humble opinion -- I always say that, because I don't want to make anybody angry.

It's just my way of doing it, is by injecting PRP, which is platelet-rich-plasma, or stem cells into these areas, and stimulate new tissue to grow back, instead of cutting tissue out and doing something that can be invasive and cause problems.

And we hear about it every day, about people who have had surgeries that just didn't work out, that failed them. So if you want to talk to me live right now, and you'll hear about these stories by listening, but if you want to talk to me and give us your input on this, and let us know if you have any pain in your body, or you have a friend that has pain in their body that's of musculoskeletal orthopedic origin, we may have an answer that works for you.

The phone number to talk to me right now, write it down, get your pencil, I'll say it a couple times, 866-870-5752, that's live at the studio, get ready to write it down, and call me up, 866-870-5752.

If you are busy while you're listening to this, and you don't have time to call in, or you're shy or something like that, just call the office any time, there's usually people there waiting for phone calls, and they will give you a free phone consult, my staff will do that. And the phone number there is 800-300-9300. Good phone number, huh, 800-300-9300.

And I have an amazing website, it's all full of research, research means studies that are done, and we've done research in our office, you can look at a menu button on our website that says "research". But all the articles are really research articles. There's so many pages of actual scientific information.

And the website is www.jointrehab.com, jointrehab.com. And there's also a spot on every page to email me. So you can email me directly, right from that website, which is www.jointrehab.com.

If you call in or if you let me know that you exist somewhere other, I will mail you out a free copy of my book, Stem Cell and Platelet Therapy, and the byline is so important, Regenerate Don't Operate. That means heal the tissue, grow back tissue, stimulate more tissue to grow back, what's been injured or worn down with arthritis.

And we inject all over the body. Dr. Thomas Grove is our new injector. And he is amazing. He played football at the Cornhuskers in Nebraska. He was a linebacker, he's a big strong dude, works out twice a day. And he is fun to deal with. He's got a great personality. He's a very kind person. And he's really pretty much of a -- I don't know how to put it, like a genius. He's an intellectual medical genius. He knows everything about medicine.

I try to stump him all the time, but it doesn't work. And he's a great injector. He injects with ultrasound guidance. And if you're getting injections without an ultrasound, you're going to the wrong doctor. Because you can't see where that needle is going.

Actually, I'm just flashing in my book right now, Stem Cell and Platelet Therapy, Regenerate Don't Operate on page 47, there's a photograph of me injecting a knee under ultrasound guidance. And the studies show if you don't use an ultrasound, you're going to miss the spot at least more than a third of the time.

So what's the point? What's the point of getting an injection if the proliferative, the solution that's going to help heal you is being put into the wrong spot.

I think this is an amazing book, it's a couple hundred pages, it took me five years to write it, and it has 250 studies in it, scientific studies, peer-reviewed studies about how platelets and stem cells can heal the body, and how surgery can fail you and cause you problems.

So I'm showing a picture to the video camera right now on page 67 of the book of a back fusion, using pedicle screws, and if you saw this, you would never have this done. There's great big pieces of metal and these big screws that are screw into what's called the pedicles in the back of the spine --

Nita: That sounds terrible.

Dr. Darrow: -- to hold the spine together. Yeah, it's terrible. And the problem is the area that's fused can feel better sometimes for a while, but the area above the fusion and below the fusion breaks down, because then there's double, or triple, or quadruple the pressure there. Because of less movement in the fused area. So that's sort of to me a very dangerous kind of a surgery to do. I know there's tons of them being done.

I'm not a fan of surgery. I was, when I was in medical school and residency. And I was very interested in becoming a surgeon, until I had a surgery on my shoulder by my boss, that -- you know, he's a great guy, he's a great surgeon, but it failed me, and it made my shoulder much, much worse.

And it wasn't until four years after that surgery, four years of misery from the surgery that I injected my own shoulder with a proliferative, you know, what we call today regenerative medicine, and healed my own shoulder overnight.

So I'm not telling you that this is a magical cure, using platelets or stem cells, because it isn't. It just makes sense. If you put cells in that stimulate tissue growth, you're going to get tissue growth, and hopefully from that pain reduction or elimination. It doesn't work on everybody for many different reasons, but it's worked on me all over my body.

So I'm really a fan, and I've watched patients, I've been doing regenerative medicine for over 25 years. Dr. Grove has been in this field for a dozen years or so, so he knows what's going on also.

So I don't know why people get surgery when they don't need it. I really don't. It's sort of our culture to medicate and to operate, and it's changing now that people are learning about this. More and more doctors are learning how to do this. But it still is not the forefront of medicine, so you have to kind of go outside the box to get your healing. But it's very conservative.

Basically, walk in the office, get injected and walk out. You don't need anybody to drive you. You don't need anesthesia. I can't think of any terrible side effects. There could be, if you have someone doing it, that doesn't know what they're doing.

If you're injecting a back or neck, you need to make sure you're not going near the spinal canal, you know, with the spinal cord, or like in the neck, the vertebral artery, things that can really hurt you. And those things do happen by people who are not qualified. So be careful like any other doctor, always go to the doctor who does the most.

So I'm going to give out the phone number again, give me a call live, I'd love to talk to you and answer your questions. If you're shy just say it's your mother you're calling about, or your sister, or your friend, or something like that. And the phone number to talk to us live right now is 866-870-5752, that's at the studio, 866-870-5752.

And if you want to catch me at the office -- actually you'll be talking to my staff at the office, they'll give you a free consult over the phone, that's 800-300-9300, 800-300-9300.

So Nita, I hear you hustling around there. Is there something you want to tell us?

Nita: Well, I just want to remind people about what you said a few minutes ago, to call the program and get the book, because the book is amazing, Stem Cell and Platelet Therapy, Regenerate Don't Operate.

And we're trying to spread the word about a new paradigm, and it's hard to let go of old ideas. And I realize that's true for all of us.

Dr. Darrow: Well, it is true. And you know, human beings, and you're a psychologist, you know this as much as anybody. I was a psych major in college, because I love --

Nita: Oh, I never knew that.

Dr. Darrow: Yeah, I was psych major, I loved it. And I love philosophy and all of that too. Philosophy was hard in college for me, though. I didn't do

that well in it. I didn't quite get it back then. But today I really love it quite a bit, and I spend a lot of time reading the great philosophers.

And I've had, as you know -- I've had a spiritual teacher for gosh, 51, 52 years now. And I've studied, and it's really an all day study. You know once you learn the precepts of how to think correctly, and I'm not any master at it. I don't know if anybody is, but it's something to work at. And what it comes down to really is just having a good heart. You know, doing the best you can do, and not judging other people, because they're doing the best they can do also, hopefully.

So I'm going to -- oh, no, Nita, I'm going to ask you a funny joke.

Nita: Oh, I thought you were going to go to an email.

Dr. Darrow: Well, I can do that too. Where does the general put his armies? In his sleeveies.

Nita: I did not even hear the answer, sorry. What did he did what?

Dr. Darrow: Okay. Where does the general put his armies? In his sleeveies?

Nita: Okay. Okay. I heard it now.

Dr. Darrow: Well, being a great golfer like you are, I know you'll get this one, but you get a lot of hole in one's. Why did the golfer bring two pairs of pants? And I already gave you a hint.

Nita: I have no idea.

Dr. Darrow: In case he gets a hole in one.

Nita: Oh.

Dr. Darrow: Do you know what a hole in one is?

Nita: Yes. I have never golfed, but I do know what that is.

Dr. Darrow: Well, I've been golfing -- I don't golf a lot, but I usually golf every weekend for nine holes at least. And a hole in one is like a very, it's almost like a mystical kind of experience. Because you're hitting a ball from, you know, maybe 215 yards or less to a green, which is small from why back there. And the hole, the cup, as they call it is very small. And when it goes in that far back, everybody around gets excited.

In all my years of golf I've had two hole in ones, and one of them was from a ball that I sliced into a tree, next to the green.

Nita: Wow.

Dr. Darrow: Which slice is not a good thing. It means it went a banana peel right.

Nita: Ouch.

Dr. Darrow: Yeah, that's when I first -- I was maybe 15 or 16 years old, I hadn't played golf. But I went out to play, and I just smacked the ball as hard as I could. And it went and it was an errant shot to tree, and then I didn't see this happen, I took a walk, and I was looking for the ball in the woods and there's some guys on the green. And they said, what are you doing over there? Your ball is in the hole.

And I said that's impossible, I saw it go into the woods, and they said yeah, we did too, and it bounced off a tree and bounced into the cup. So it still counted, that's a hole in one.

And then on Oahu Country Club in 2014, I was playing with a med school buddy, and it was a 215-yard shot, I took a five iron, and hit the green, and it hit the right side of the green, the hole was in the middle. And I thought oh, no, it's going to bounce off into the sand trap, but nope, it took an amazing bounce to the left instead of the right where it should have gone, and it slowly inched its way over to the hole, and boop, went right in.

The worst part about the story, do you want to hear it?

Nita: Yes.

Dr. Darrow: At this particular country club, if you get a hole in one, you have to pay for drinks for everybody at the club.

Nita: Oh, no. How many people were at the club?

Dr. Darrow: There were a lot. I said, what will it cost me? They said, probably about \$2,500.

Nita: Oh, my gosh.

Dr. Darrow: So there is a thing called a hole in one insurance which I didn't have, because I never heard of it before. So I very stealthily left the golf course.

Nita: Did you ever go back?

Dr. Darrow: Well, they didn't remember me. All right. So let's go to some questions here.

Nita: Okay.

Dr. Darrow: I'll give out the phone number to the studio now to ask your questions about your orthopedic pain, and how to save yourself from getting a surgery. The phone number to talk to me live right now, give me a call, 866-870-5752, 866-870-5752.

And I would love to speak to you, and see what your issues are, and see if we can save you from having a needless surgery. You don't want to have a surgery that you don't need. And be very careful, because if you go to several of the same type of doctor, you're probably going to get the same type of opinion.

So if someone -- if an orthopedic surgeon says you need a surgery. And you go to another orthopedic surgeon for a second opinion, you're not necessarily getting a second opinion, you're getting the same opinion from a different doctor. So be careful.

Okay. So this is -- let's see, patella osteoarthritis. So the patella is the round bone in front of the knee, and it slides in the trochlear groove of the femur. You can look up these terms on Google, if you're near your computer, while you're listening and in the upper left-hand corner, there is a little menu button that says "images", and you can click on that, and you'll see photographs or drawings of what these things are that I talk about anatomically.

So if you have one of them, you can see what's going on. Because most patients, when they come in, they'll give me a diagnosis. And I'll say do you know what that looks like, and they'll go, no. And then I'll crank it up on the computer and show them. And they go, wow, I didn't have any idea that's what it was.

So patellar osteoarthritis. This person says I have debilitating arthritis behind the patella, can you help me? So the word "debilitating" to me is a term of drama. I don't know what debilitating means. It can mean something different to a lot of different people.

So it's not really a medical term, but it means the person is very -- is certainly not happy with their knee. And arthritis behind the patella often can just cause some pain, sometimes it can cause a decrease in range of motion. And sometimes it can just cause complete misery.

So this like the case, like really every other case that I see, I have to examine that person, or Dr. Grove has to examine that person. And see what is going on. We don't treat or diagnose based on images. So there are people that have terrible arthritis they're told by their

doctor called bone-on-bone and they have complete function and no pain.

So why would you get a diagnosis like that? It's backwards. You want to do an examination and as many people who have surgery will tell you, the surgeon never examined them. They looked at an MRI, or an x-ray or CT scan, and told them they need to have surgery.

That happened to me with my shoulder, there was an MRI done when I had some pain back in med school, the fourth year of med school, I went and I had an MRI, and the doctor said I had impingement syndrome. And I loved the doc, but he shaved down the acromion which is the bone on top of the shoulder, and cut some ligaments, and I came out much worse than I went in.

My arm was full of fluid. I had a fever. And I never regained my range of motion of that shoulder. It was much worse after the surgery than before, until I injected it myself, and healed it. So be very careful when you get a diagnosis that you don't go ahead and have a surgery, especially if someone doesn't -- if the doctor doesn't examine you to find out where the pain is being generated from. We call that the pain generator.

And Dr. Grove and I talk every day about our patients who have failed surgeries, who were operated on in the wrong area, because the surgeon never touched the body. I'm not putting surgeons down, believe me, I love surgeons. They do very difficult -- you know, kind of scary work. There's a lot of doctors who started out to be surgeons, but freaked about the dangers involved, and never did it.

I used to love going into surgery, I thought it was like the most fun thing there ever was. But after the shoulder surgery, I was like I'm not going to do that to people. And I was very fortunate in a sense, I was fortunate to have injuries, that I was able to heal by injecting myself, and realizing that surgery is often not the answer. Often it is the answer.

You know if you have a broken bone sticking out of your leg or something, you'd better get right to the surgeon and have that you know put back together. But most of the cases that I see are nonsurgical cases who have had surgery, which is not a great thing to do.

People are coming to me after a failed surgery, one where they didn't get any better or they actually got worse. And then regenerative medicine using PRP, platelet-rich-plasma, or stem

cells can often heal the area that never needed the surgery to begin with.

So if you're going to an area like the knee, hear what this person says they have debilitating osteoarthritis behind the patella, that may not be the cause of their pain. Okay. Things can look like arthritis on images, but not really cause a problem. I've had people with full range of motion, no pain upon examination, and their image shows arthritis. And what is arthritis? Arth is joint. Itis is inflammation. So it's inflammation of the joint.

It looks different on different images, you know, it can be bone that hypertrophied or grown, it could be worn down cartilage. It could be many different things, but I have so many people come in who say my surgeon told me I've got bone-on-bone arthritis I have to replace that joint.

And I move them around, and I go does this hurt, and they go, no. And then I'll find a spot close to where the joint is, but it's not the joint that's causing the pain, inject that with a proliferative, PRP, or stem cells and heal it up. So be very, very careful, not to buy a surgery you don't need.

And the silly thing is a lot of people will say, I'm going to get surgery, because I don't want to get injected needles. Well, guess what, you're going to get needles with surgery too, and then people say I'm just going to go to surgery, because the problem will be over then. A lot of times that's when the real problem just begins.

And then a lot of people say, I can't afford to do regenerative medicine, so I'll just get surgery, because my insurance pays for it. And guess what, the surgery didn't work out, then they've to spend a ton of money on other things. They can lose their jobs. I mean just a whole myriad of things that can happen after a failed surgery, and expenses that you thought would happen.

So you've got to be very careful. There's enough information today on Google and the rest of the internet where patients need to do their homework. They need to do more than just listen to their doctors, because medicine is -- you know, traditional medicine to me is for dinosaurs. You've got to look ahead, see what's coming up. See what's new. See what can heal you.

There's not a day that doesn't go by that I don't look on the internet for new medical ideas. And I've been doing medicine for a long time. But there's always new things coming up. And you owe it to yourself to find out.

Oftentimes, you can be -- a lot of my patients come in they're taking like five or six or eight different medicines. And I ask them what's this one for? And they go I don't know. I go how long have you been taking it? Fifteen years. Why are you taking it? I don't know. My doctor told me to take it. I look at them, I'll look at their labs sometimes. And I'll go you don't need that medicine. And they say should I stop, I go nope. You've got to have the doctor that gave it to you tell you what to do. I don't butt in on other doctors.

Anyway, give us a call, we're going to break. We'll be back shortly. And the phone number to the studio is 866-870-5752, give us a call, and we'll give you a copy of my free book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. Actually, it's not a free book, but for you it will be free. And I'll pay the postage.

Nita: Yeah, okay, we'll be right back after this.

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at jointrehab.com or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens. And we're taking your calls right here, right now, 866-870-5752, right here in the studio. And you get a free book, Stem Cell and Platelet Therapy, Regenerate Don't Operate.

What do you think, Dr. Darrow?

Dr. Darrow: I think I'm living it up and having a great time. And this is an interesting question I have, which I'll get to in a second.

Nita: Okay.

Dr. Darrow: First of all, what we do is, we regenerate tissue that's worn down, or injured. So it can be arthritis, it can be meniscal tears in the knee, arthritis in the toes, it can be neck pain, back pain, you know shoulders, hips. We get tons of -- I think the order of the number of things we get is knees are number one, shoulders two, low backs number three. But we do the whole body. There's really nowhere that we don't inject for musculoskeletal, orthopedic issues.

So I'm going to go over this one, because it shows how important it is to actually touch the body, which is one of the great themes of the show, that you need to talk to your doctor about.

If a doctor does an image of your body and says you need a surgery based on that image, and this is for orthopedics I'm talking about. It's not if they find a cancer or something like that, God forbid. But if it's in the musculoskeletal system, make sure they touch the area to find out if what they see in the image is similar to what they find when they touch the area, because it can be totally different.

So this one says -- this question says, by the way, you can go to my website and email any time of day or night, and I will answer all of your emails, and to get to the email spot on the website, which is on every page, just go to the website at www.jointrehab.com. And I made it very convenient for people to get a hold of me that way.

So this one says, shoulder tendons, okay. And what the person did is they sent me the language on their MRI, okay. That's all they did. They didn't say a thing about the shoulder, they just wrote out their -- or copied and pasted their MRI report into my website and sent it to me.

And I get these all day long from all over the world. So yours will be answered too if you contact me that way. So I'm going to read part of it, okay.

It says, osteoarthritic changes of the acromioclavicular articulation with evident supraspinatus tendon, bright signal within its substance, and diffuse swelling as its osseous attachment. Type two acromio process showing lateral down sloping.

Now this about one-tenth of what this report says, I'm not even going to read the rest of it to you, because it's nonsense. That doesn't mean I don't ask for people to get MRIs, because I like to use them as a back up for what I find with my hands. And Dr. Grove does the same thing that I do, we're trained in a similar manner of using our hands to diagnose -- old school, right?

Well, it's not old -- it was old school before there were images, but any smart doc is going to do that. You don't trust the MRIs. So with this long MRI that has been, you know, a wonderful radiologist read the image, does this help me tell you what's going on? Most of the time it does not. Sometimes it does.

Because what's going on, may not really be what you see on an MRI. So first of all this says osteoarthritic changes and an acromio clavicular articulation, okay. That's this teeny, little joint, the AC

joint that often doesn't cause any pain, no matter how much it's arthritic. It could, but most of the time it doesn't.

How do I know? Because I examine the shoulder when I see this on an MRI, and I move it around. I try to stress that joint, I press on it and see if there's pain. Most of the time, there is not. Too many of my patients have come in after a surgery, where they actually that joint out, that's crazy to me. They cut it out, and they have worse pain afterwards. It's a bad surgery. I don't know why it's done, in my humble opinion.

You go to a surgeon, they may have their humble opinion too, it could be conflicting. We don't all have to get along. So then it says evidence supraspinatus tendon, bright signal, okay? Well, does that mean the person has supraspinatus pain, or that the supraspinatus tendon is causing them pain? No. How do I know that, personally? Because I have had an MRI of my shoulder from years ago, showing a supraspinatus tear, showing a subscapularis tear, showing a labral tear in my right shoulder.

Well, guess what I did? I injected it with regenerative medicine, and I have no pain. Here I am flaying my arm up in the air in front of the camera. You can see it doesn't hurt. It did hurt, but it wasn't those things that caused the problem.

So people said, what was it? And I will have to answer I honestly don't know specifically, I know the areas that hurt, because I touch them, and I injected those, but it's not that simple. It's just medicine is not easy. And make sure your doctor does examinations on you by touching and motion, moving you around.

A real examination and a good history to see what happened before they ever consider injecting you or operating on you. Please do that. You'll save yourself from needless, needless procedures. And what just popped into my mind when I said the word, injecting, is be careful not to get steroid shots.

Steroid. Sometimes it's call cortisone or prednisone, or dexamethasone, a lot of names, o-n-e at the end means steroid. So be careful of that like testosterone, o-n-e, that's a steroid. Progesterone, that's a steroid. Okay. That's different though, that's not for orthopedic issues.

But if you're getting a cortisone injection into a joint I promise you, you are going to wear down some of that cartilage. It softens the tissue. If it's weight bearing, it's really going to wear it down. Do these injections make you feel good? They make you feel great. You know you mix some lidocaine, a local anesthetic in it, and you

put a steroid in it, and the local anesthetic will make it numb. Of course, it feels great and then the steroid starts to kick in over the next day or two, and it feels amazing. It's a very strong anti-inflammatory.

But in the long run, you'll be sorry you did it. We use it very, very, very sparingly in our clinic. There are very, very few cases where we'll use a steroid injection. Sometimes I will use it if a person comes in with back pain, low back pain, or neck pain, where they basically cannot move, where they've been ceased up from a ligament sprain. Now they may have something like a herniated disk. But that's not the pain generator.

So be careful, you're going to end up if you have pain, getting a lot of weird, different diagnoses, based on the images, that are not necessarily the cause of your pain. Find somebody who can figure out what the cause of the pain is.

All right. Nita, I'm going to mention a couple other things here.

Nita: Okay. The phone number?

Dr. Darrow: One is the Vampire Facelift.

Nita: Oh, right.

Dr. Darrow: And that is injections of platelets or stem cells into the fact to regrow the collagen, and make you look younger again. The other is for people who have thinning hair, these injections on the top of the head can restimulate the hair follicles and grow your hair back, it's not going to be very worthy of you if you don't have any hair to grow a little bit. It's better for people that are just thinning and filling in the blanks.

And yes, I will give out the phone number, so you can talk to us live right now, and that number is 866-870-5752, please call in. If you do I'm going to send you, and I'll pay the postage a copy of this hefty book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. There's great photographs of how these injections are done, and a lot of different athletes getting these injections. And it's got all the science behind it.

Here is a photograph of a knee replacement, and I'm telling you if you ever watch the knee replacement, you wouldn't one, it's pretty brutal. And there is a friend of mine as an example, who is a retired police officer, 35 years on the force, and he had a knee replacement, I think about a year ago now, and I just talked to him a couple days ago, and I said, how's that knee doing? And he said, well, it's not

that great. It's still very, very painful. He said, it might be a little better, but it's not great.

And I remember after he had the surgery, he lost of his range of motion in that knee for quite time, and he had to work out with physical therapists quite a bit to get some range of motion back, but it still isn't any good. I know there's a lot of people that get these joint replacements, who do very well, I'm not putting it down like that.

I'm just saying, there's a high failure rate also. And I've seen the worst of it, because I get the failures. They come to me afterwards. And most of the time with a joint replacement that Dr. Grove or I can do to help you. Because you have materials that are put in that are not biological, where we can't stimulate tissue to repair it. It's metal or plastic. Sometimes we can. There can be supporting structures around that joint replacement.

There could be tendons. There can be ligaments that we can inject. Sometimes, we'll just see fluid around there with the ultrasound, we can look inside and aspirate that. There are some things that we can do even if there is a joint replacement.

But the joint itself is what it is, and unfortunately, many joint replacements wear out over time. And you know if you're super active, if you're a great athlete, and you get a joint replacement, you continue to do the same thing, you're not going to have that last very long, because the bone will wear out. And then there's a space between the joint and the bone, and you have to have a bigger replacement put in. And when that's done sometimes they'll actually crack the bone, and that can be a really severe problem. So you have to be very, very careful about that also.

So we're getting a caller in here, let's see if we can grab that one, Suzette before I go onto another question.

Nita: Yes, she did.

Dr. Darrow: So we don't have a name yet. I love getting the name. Come on Suzette, go for it.

Nita: Well, we could give the phone number again.

Dr. Darrow: Yeah, let's give the phone number and get some more callers, talk to us live, right now, the phone number is 866-870-5752, we're going to go to George in Altadena.

George, I'm glad you called, this is Dr. Marc Darrow, and --

George: Yeah.

Dr. Darrow: Good you have something going on with your hips. What is it?

George: Yes, my hips, every -- you know, since my wife passed away about eight years ago, I've got a lot of hip joint pain, and I'm losing my range of motion. I don't know if your stem cell thing would work?

Dr. Darrow: Okay. What did your doctor tell you?

George: I don't really go to doctors.

Dr. Darrow: Okay. I don't --

George: But I did go years ago, oh just kind of exercise it and they gave me a couple of exercises to do.

Dr. Darrow: Okay.

George: And that was it.

Dr. Darrow: So did they do an image, or give you a diagnosis or touch your hips to find out what's going on?

George: No, they did not. I mean I didn't get anything.

Dr. Darrow: Okay, well that's fine. Are you having any pain.

George: Yes, it's always pain. I mean I can walk -- I can walk, you know straight and everything, but with get down and kind of put my socks on something, and I can't my range of motion if I spread my leg it starts hurting.

Dr. Darrow: Okay. May I ask you, George, how old you are?

George: I'm 66.

Dr. Darrow: And were you an athlete when you were younger?

George: Yeah. I used to lift weights and everything and I can still do that, but my upper body, you know, so I mean I'm okay overall.

Dr. Darrow: Okay. Well, I've got a great story for you. I had an older -- I don't know what age he was, because it was a long time ago, he was a bodybuilder from Italy. And he came in for his hip. And his main issue was he couldn't bend over to pick up the weights, okay.

And he did have pretty severe arthritis in that hip, he could barely move the joint. So I actually said to him, you need to get a hip

replacement, because I can't help you with that hip, it's so arthritic. I don't often tell people that, but occasionally I do. And he said, okay, can you work on my knee, I've got arthritis in my knee. And I examined his knee. And it was pretty good. He had some problems, but it was pretty good.

And I said fine, we'll work on your knee. So we did stem cells on his knee, and he got better with that. And he came back, and he said, that was pretty amazing, my knee is so much better. Would you please, please, please put some stem cells in my hip.

And I said I don't want to waste your money and do something that I don't think is going to work. And he literally begged me to do it. He said it's been such a miracle on my knee, I just want to try it on my hip. He says I don't need to get it 100 percent, I just to get it enough, so I can bend over to pick up weights, because my life is all about bodybuilding. He was really in great shape too. So I acquiesced, we did it, and he came back a couple weeks later, and he said it did the job.

George: Wow.

Dr. Darrow: He said I don't have great range of motion, but it gave me enough so I can bend over to pick up the weights.

George: Yeah, yeah, right. All my joints, none of my joints hurt. My fingers, my wrist everything, my knees don't even hurt, you know. It's just that range of motion on my hips, and I spread my legs or something you know.

Dr. Darrow: Sure. So I generally tell people when they ask me, will it increase my range of motion? And the answer is typically not, unless you do a lot of the treatments. Because one treatment typically is not going to grow enough cartilage that you'll know the difference. But in this particular Italian weightlifter, I think it was that the inflammation that the injections cause, and the white blood cells that come to the area, digested away some of the debris in that joint, so that it gave him more range of motion. It wasn't necessarily the tissue growth.

George: All I need is about an inch, that's all I want. Just more range of motion, and I would be happy with it.

Dr. Darrow: Why don't you come in and let me examine you, and the phone number to the office is 800-300-9300 and you can call there right now, or after the show, and there's people there waiting for your call. And we're going to send you out a free copy of my book Stem Cell and Platelet Therapy, Regenerate Don't Operate, I'll pay the postage, and you can read all about this. And you can also read

about this and watch me doing stem cell injections in the hip right on my website, there's videos of me doing that. And that's --

George: What is your website?

Dr. Darrow: [Www.jointrehab.com](http://www.jointrehab.com).

George: Jointrehab.com okay. Okay, I'll definitely look at that.

Dr. Darrow: So there's hope for you, but I'm not going to know anything for sure, unless I examine you. You sound like you're not too bad off, and to get you another range of motion, another inch of range of motion, that's very, very feasible if that's all you need.

George: Oh, yeah. That would be -- that would be perfect. Like I said I can walk. I can walk all day, I mean just nothing bothers me, it's just this range of motion in my hip.

Dr. Darrow: Okay. I hear you.

George: Oh, I forgot to tell you, I did have a motorcycle accident in 2011, and it took me about eight months to recover. I had no broken bones or anything, but --

Dr. Darrow: Okay. Well, good for you, man. You sound like you're in great shape. I always think that people that are active have a better life, and I think my life is amazing, because of my ability to exercise. I mean I have a lot of great things in my life, but I'm blessed to have a body that works. I often injure myself, but I'm lucky to be in the profession I am, because I inject myself. I inject myself and fix it.

All right, George, we're going to go to Mark in Simi Valley. And God bless you, George, I appreciate you calling in.

So Mark, my name is Marc too. This is Dr. Marc Darrow. And I understand that you're having --

Mark: Hello.

Dr. Darrow: Yes, can you hear me.

Mark: Yes, sir.

Dr. Darrow: So I understand you're having knee issues. What's going on?

Mark: So I've never called into a show like this. I've listened to you for a long time, but I never thought it applied to me. And I had a construction accident a couple years ago, injured my left knee. And I had an MRI, x-rays, et cetera, et cetera. The doctor said my left

knee is full of arthritis and I have 80 percent -- 85 percent reduction in my joint space.

Dr. Darrow: Okay.

Mark: So I've been in a lot of pain, a lot of pain, I mean just like and even just resting like a knife stabbing in my knee. So Christmas Day my son gives me some turmeric, I took this and it was overnight, amazing a reduction swelling.

Dr. Darrow: Oh my God, that's so great.

Mark: I want to know what my next step is.

Dr. Darrow: Well, the next step is to take as many steps as you can. It sounds like you're good.

Mark: Yeah, I'm very active. I'm in the gym six days a week. I hike, surf, I mean what I can't do is run, I want to play basketball again.

Dr. Darrow: Okay.

Mark: And that's what I want to do. So I mean should I try stem cell therapy?

Dr. Darrow: Well, I haven't examined you yet, so I can't tell you what's going on.

Mark: Of course.

Dr. Darrow: So you are the prime example of a mistake in medicine.

Mark: Cool.

Dr. Darrow: And the reason is because your surgeon was telling you how bad your knee is, implying you need a joint replacement. I don't know if he ever told you that. Did he ever tell you?

Mark: Yes. Yes, he did say that, absolutely.

Dr. Darrow: Okay, but here you are, you took some turmeric and you're fine.

Mark: Well, I'm not going to say I'm fine.

Dr. Darrow: Well, you're fine compared to getting a knee replacement.

Mark: Right, right.

Dr. Darrow: You know, you're not 100 percent, but did you need a knee replacement.

Mark: Right, he said I would need one. And I was just trying to reduce the swelling and the stiffness. I could barely walk, Doctor. And I could barely walk.

Dr. Darrow: No, you could barely walk before. Can you walk now?

Mark: Yes, sir. Quite well.

Dr. Darrow: Okay.

Mark: I mean after one week of this.

Dr. Darrow: So that shows you that the arthritis is not a big problem for you. And that's what I preach on this show. I preach it every show. Having arthritis does not equal having pain or limitation. It can, but it might not. I see patients every day who have what is called advanced arthritis, or bone-on-bone, and they don't have a problem anymore.

So don't get lost in the images, or someone who tells you, you need a surgery, when all you did is took turmeric. And it got you what percent better are you with it? Make it up.

Mark: I am sure it's --

Dr. Darrow: 50 percent.

Mark: I am sure it's 60 percent better, and overnight. In 24 hours.

Dr. Darrow: Yeah. And that's not uncommon. And we find that all the time, with people who try supplements like that. There's a lot of different anti-inflammatory supplements that are natural. I wouldn't go to things like ibuprofen, they're not good for your kidney or your liver. And they actually block, they block the regeneration of tissue. Because the body with inflammation is trying to heal itself, believe it or not.

Mark: Right. How can I restore some cartilage?

Dr. Darrow: Call the office, 800-300-9300, I can't wait to see you and get you all better.

Nita: Thank you for your call, Mark.

Dr. Darrow: Thank you, Mark. God bless you. God bless you, Nita, Suzette, Alex and the rest of the crew. It's been a great day, and a great show and we love you all.

Nita:

We do, and listen to The Pet Show with our pal Warren Eckstein,
11:00 to 1:00 every Saturday, and we'll see you next time.