

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: Nita Vallens, you look gorgeous today as usual.

Nita: Why thank you. I appreciate that. And what are we going to talk about today to help people get out of orthopedic pain.

Dr. Darrow: Well musculoskeletal pain, orthopedic pain, it could be anywhere on the body involving necks, and backs, and knees, and all the joints, toes, fingers, ankles, elbows, shoulders, labral tear, meniscal tears, all those things that people are getting surgery for, that in my humble opinion, they don't need, and it sure is a radical way to try to heal, but cutting your -- going under anesthesia, cutting your body open, and then hoping it's going to come out. And if that were the way that I thought was good, I'd be doing it.

I did a lot of training in orthopedic surgery, and I jumped ship, and moved into what's regenerative medicine. Which is exactly the opposite. I know, it's a brain twister. Because what we do is we actually inject the body with proliferants. Those are things that stimulate new tissue to grow. And the ones that are most prevalent today, are cells that come from your own body.

We can use your blood and spin it, take the platelets out of it, and inject those, they have a lot of healing factors. Or we can take your stem cells and inject that. It's very simple to do. And it's what we do all day long. Dr. Thomas Grove is my new injector. And he is amazing. You will love him.

He's a big football player, not anymore. But he played for the Corn Huskers, and he's got great hands. He uses ultrasound to guide the

needle, and he's just a wonderful guy. All my patients love him very, very much.

So we're doing regenerative medicine, injections of platelets or stem cells, and healing the body instead of cutting it open under anesthesia. And in my humble opinion, that causes problems when you're cutting the body open.

There are some great surgeries. There's great surgeons. I don't put surgeons down, but I do put down a lot of these surgeries that are being done. The VA, the Veterans Administration has an edict now, no knee surgeries for meniscal tears. Now, I know that's not really followed 100 percent. But they've done studies. And there's been many studies done over the years that show that with or without a knee surgery, you end up about the same down the road. So why get the surgery.

Why not do a few injections? You walk into the office, get injected, and walk out. That's pretty simple. It's very conservative. And it stimulates an inflammatory response. That's a mind-bender. Why do I want inflammation? It already hurts.

Because the pain that you're having from inflammation is not a high enough level of inflammation to do the healing. If you have a chronic injury, something that's lasting over like three months or so, then the inflammation stays, but it's not high enough to create the inflammatory cycle that the body needs to bring fibroblasts to the area of the injury.

And when we inject, we're actually creating a little minor injury. People get a little bit stiff afterwards. But not enough to really cause any problems. And for you listeners and patients who know me, I've injected both my knees, my elbows, my shoulders, what else, my right wrist, that was my first thing that was injected. And I do these injections myself.

If it's my neck or back, I find one of my friends that does this work, and they do that for me. So oftentimes, when we go to national meetings on regenerative medicine, we will just inject each other. Many of us who in this field are crazy athletes. And that drew us into the field, because we have so many injuries.

So I'm going to give out the phone number, Nita. Are you ready?

Nita:

Ready.

Dr. Darrow:

And for anybody who calls in, and wants to talk to me live, I will mail out for free, I pay the postage, Stem Cell and Platelet Therapy,

Regenerate Don't Operate. It's a book that I wrote a few years ago. It's got a couple hundred pages, and about 250 studies on regenerative medicine, platelets and stem cells and how it works. These studies are amazing.

These are peer-reviewed, real studies. This isn't stuff I'm making up. And one of the reasons -- well, let me give out the phone number, I keep forgetting.

Nita: That's an idea.

Dr. Darrow: Call me now, because I get -- my voice gets tired. The phone number to talk to me is 866-870-5752. That's 866-870-5752. I hope you're not too shy, if you are shy, you can always just go to the website, which is www.jointrehab.com. Every page on that website has a spot to email me personally. I answer every email every single day. And we get emails from all over the world every day, and we answer all of them.

Also, you can call my office, if you want to get more specific information, and a free phone consult by my staff, free is always good. The phone number to the office, you can call there now is 800-300-9300, that's 800-300-9300. And again, the phone number to the studio to talk to me live is 866-870-5752.

This book is amazing, it took me about five years to get all this research together. It's got a lot of diagrams with anatomy in it. And I think after reading this book, which I'm going to send you out, and mail it out for free if you call in, you will be very convinced that you would rather get some injections with your own platelets or stem cells, rather than opening up your body with a scalpel.

Because my experience on my body and having done a lot of orthopedic surgery, too many failures with surgery. We get new failures come in all the time to my office, people that were told by their surgeon they're going to get better, and they got worse.

So it makes me very sad to see these people come in. I've had many, many patients crying, saying why did they do the surgery on me. I wasn't that bad before, and now I'm terrible. And I know a lot of your folks listening have had this happen.

I had it happen to me. I was a definite proponent of surgery. While I was in medical school, I did a lot of orthopedic surgery research and I did a huge study on back surgery with fusions and I was gung ho until I had a shoulder surgery by my boss, and it came out bad. And that taught me a big lesson.

And the lesson was surgery may not be the answer for you. I'm not putting it down, it's just that most of the surgeries that are done in orthopedics should not be done, in my humble opinion. I know I can argue with surgeons about that all day long. If you go to a surgeon, make sure you go to someone else for a second opinion, who doesn't do surgery, like me, or like someone else who does regenerative medicine.

If you go to several surgeons for second opinions, or third or fourth opinions, you're probably going to get the same response. What we do is examine the body, physically. We touch it. We find out where the pain is being generated from. It doesn't matter very much to me what your MRI says. What your x-ray says. Not very important to me. Why?

Because a lot of these images are going to show things that are not the pain generator. It may show that you have arthritis. It may show that you have a meniscal tear and a knee, a labral tear in a shoulder or a hip. It may show tons of things, a rotator cuff tear, and it may not be where the pain is coming from.

Personally, I have a subscapularis, rotator cuff tear in my right shoulder, and I have a supraspinatus tear in my right shoulder. I have a labral tear in my right shoulder. And guess what? I do not have pain in my right shoulder. So be very careful. Don't get a surgery to have something fixed that's not broken.

Now, my mom, who was a very wise woman, would always say. If it ain't broken, don't fix it.

Nita: Sounds good to me.

Dr. Darrow: Nita, why aren't you laughing.

Nita: Well, because she was right.

Dr. Darrow: I got -- I know how to make you laugh. Are you ready?

Nita: Uh-oh.

Dr. Darrow: I'm going to give out the phone number one more time, and if people call in, I won't ask you these questions about these jokes, that you're not very good at lately. You used to be. So I want you to put on your thinking cap, Nita, and everybody else.

Nita: Okay.

Dr. Darrow: So, number one --

Nita: First, can I beg for phone calls?

Dr. Darrow: Yeah.

Nita: The number is 866-870-5752 right here in the studio, we're waiting for your calls.

Dr. Darrow: So Nita, why are frogs happy?

Nita: Frogs are happy because they're leaping up and down all the time.

Dr. Darrow: That's true. But because they eat what bugs them.

Nita: Oh, I never would have figured that one out.

Dr. Darrow: I know. That's kind of hard. It's kind of kilter there. All right. Why do birds fly south, Nita?

Nita: Because the food is better below the equator.

Dr. Darrow: That's probably true, but they don't have to go below the equator to fly south. Because it's too far to walk.

Nita: Okay. That's a good one.

Dr. Darrow: I have one that really is very funny, are you ready?

Nita: Sure.

Dr. Darrow: What do you call a bear with no teeth?

Nita: A toothless bear.

Dr. Darrow: Close, a gummy bear.

Nita: Oh, that's a good one. I like that one.

Dr. Darrow: I'm going to give you have points for a lot of these, Nita, you're doing pretty good.

Nita: Okay, okay, that's good.

Dr. Darrow: You ready? I'm going to give you one more, Nita. And then we're going to move onto some questions.

Nita: Okay.

Dr. Darrow: What do you call a rabbit with fleas?

Nita: A rabbit with what?

Dr. Darrow: Fleas.

Nita: What do you call a rabbit with fleas?

Dr. Darrow: Bugs Bunny.

Nita: Oh my God. Oh my God, that is -- I never would have thought of that.

Dr. Darrow: Until you laugh, and I hear you lilting laughter, I keep asking. Why didn't the skeleton cross the street?

Nita: Because he wanted to get to the other side.

Dr. Darrow: He didn't have the guts.

Nita: Oh, why didn't he -- oh, I see. I thought you said why did --

Dr. Darrow: All right.

Nita: All right, we'll check my hearing next week.

Dr. Darrow: I'm going to go to a question, Nita. I'm going to go to a question and take you off the hot seat there.

Nita: Okey dokey, then.

Dr. Darrow: Let's see what we've got here. Oh, this is terrible. Four surgeries on my right knee. Let's see what this poor person asks.

I'm looking for a stem cell and orthopedic specialist. I was a former pro snowboarder and have had four surgeries on my right knee, including an ACL replacement with my patellar tendon. I've been experiencing increased instability and joint pain for the past two years. I would like to get evaluated by Dr. Darrow, or Dr. Grove.

Well, to do that call the office right now, that's 800-300-9300. And if you want to talk to me live about this, 866-870-5752.

So let me go over a lot of these issues. Number one, snowboarding is a sport where people get hurt very often. I was a skier, I never snowboarded. And I didn't like the snowboarders, because they kept sliding all over and falling and hitting me. So that was one of the reasons I quit skiing was because of snowboarders. I'm not putting you guys down, I'm just saying you don't have the control of the edges on two skis with the poles, all right.

This person had four surgeries on their right knee. I get people like that all the time that have had multiple surgeries, and I say to them,

didn't you learn after the first one that it didn't work. Why are you going for the second one; we can regenerate the tissue.

So this person had an ACL replacement, that's the anterior cruciate ligament. Look that up on Google right now, if you're in front of computer, then you'll see what that looks like. The anterior cruciate ligament is a ligament in the front that's anterior. Cruciate means cross, and there's two ligaments that cross, the anterior and posterior cruciates. And their anterior cruciate ligament which was apparently torn was patellar tendon. The patellar tendon is in the front of the knee right below the patellar, that attaches to the tibial tuberosity there.

And a very common surgery. I get way too many people that have had them done, where they re-tear during the first nine months to 12 months, the tissue is still soft. And even though the knee can feel better, because it started healing up, that ligament takes a good nine months a year to actually thicken up and be safe. And people who get these ACL tears typically are athletes, and they don't want to rest. They don't want to heal. And they go back and do their sport again and re-tear it.

Now, from my experience, most ACL tears do not need to have a surgery. There's a new study that came out, I just read, in the Journal of -- I think it's Bone and Joint, it's in orthopedic surgery. And it shows that many ACLs can be repaired without surgery.

So the first thing I do when I see an ACL issue, the person comes in. They say their surgeon says they need a surgery to replace the ACL. I look with my ultrasound inside the knee. What do I typically see? A lot of fluid. I aspirate the fluid, that means I numb it up, I numb up the side, where I put the needle in. This is all under ultrasound guidance, so I can watch that needle. I can see every drop of that fluid, and I aspirate it, or take it out.

If it's red fluid, that means what, Nita? What's red?

Nita: If the fluid is red?

Dr. Darrow: Yeah, what is that? What's that stuff, that red stuff?

Nita: Well, it's blood.

Dr. Darrow: Yeah, it's blood. And that means there is either an ACL tear, it could be a minor tear, or it could be a meniscal tear. Now, oftentimes when someone has an ACL tear, their knee will swell up immediately. And if they have a meniscal tear, if they're swelling, it

takes a long time. The meniscus doesn't have a lot of blood and a lot of parts of the meniscus don't have any blood supply at all.

If it's a yellow fluid, that's hyaluronic acid. And that may just be from the stress of a knee injury, without any tears. It could be from arthritis. So just by aspirating the fluid, number one, we can tell what's going on, and number two, we give the person a lot of comfort.

Now, most orthopedic surgeons do not know how to use an ultrasound. So I don't know what's going on with these guys, but you know, it costs a few bucks to buy one. It costs about three, four, five grand. And I have three of them in my office, on wheels, so we rush them around from room to room. But you need an ultrasound to do injections.

I don't even care if it's a steroid injection, or a cortisone, which I don't like, but the studies show if you do a cortisone injection in a knee, which never should be done, because it kills the cartilage, but if you do it, do it under ultrasound guidance. The studies show you miss at least a third of the time, if you're just doing it blind. Get with it guys.

Doctors need to learn ultrasound. Blind injections don't work. A lot of the times when patients are getting hyaluronic acid injections into the knee, that is a lubricant. I don't like it at all. When we do platelets or stem cells, that naturally produces hyaluronic acid.

And when it's done without an ultrasound, just putting these injections into a knee, they can explode that knee, and you may have to get an incision and drainage. You may have to actually go into the surgical suite, go under anesthesia, and have that knee opened up, and take the junk out, because it went into the soft tissue.

Now, a few years ago, as an experiment, I injected my left knee with something called Durolane, which is a synthetic hyaluronic acid. And just an experiment, I had injured my knee, I had a little fluid in it. And my knee, within a few hours blew up like a balloon. My thigh was swollen, my calf was swollen. I was freaked out. I -- it didn't go into the soft tissue, it went into the actual joint space, because I saw it. I saw where the needle went under ultrasound. I was just allergic to it.

It took, from what I remember, about five months of me doing aspirations, that putting saline in and pulling it out, and using platelets and stem and cells to re-heal my knee. It took a long time.

I was for a period of time on crutches, hobbling around my office, injecting other knees, it was kind of hysterical.

So I don't like these gel injections. I know a lot of doctors do it. Most people if they have a knee injury, they already have enough hyaluronic acid in their knee. Why would you put more in? It makes no sense. It could be a dangerous injection for people.

I know it's what a lot of doctors do all day long. I am not proponent of it. A lot of them put it into the shoulders or hip joints. I'm not a proponent of that. And I am proponent of using ultrasound guidance, if you're going to inject these joints, or whatever it is. I don't care if it's a hamstring tear. I don't care if it's arthritis anywhere. Whatever it is, tendons, ligaments, make sure you use an ultrasound to see where that needle is going.

All right. I'm going to give out the phone number to talk to me live again, the phone number to the studio -- you ready -- write it down. If you're driving pull off to the side of the road, get off your Bluetooth, so we can hear you. The phone number right now to get a hold of me is 866-870-5752. And if you want to call the office, and talk to my staff, get a free phone consult with my staff, the phone number there is 800-300-9300. You'll get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. If you call in and we will mail it out for free to you.

This book, I think has everything you need to learn about, in order to save yourself from getting a needless surgery that you don't need. I had one on my shoulder. I know what it's like. I had needless surgery that made me miserable for four years. And it wasn't the surgeon's fault. It's just what happens. I loved the surgeon.

He was my professor in medical school. And we did a lot of surgeries together. And mine just didn't work out. I think what had happened is a lymphatic vessel was cut by mistake, and my arm swelled up like a balloon. And it got stiff, and I couldn't do sports, and I was miserable until a doctor came to UCLA, where I was in my residency. And he started talking about regenerative medicine. Back in the old days, it was called Prolotherapy.

And I went to his office, learned about it, and someone injected my wrist, that healed about 50 percent overnight. And then I thought I'm going to try this on my shoulder, and I went home one night, with a syringe, and my wife was watching TV in the bed. And I hopped in bed, and I pulled my syringe, and she started swearing at me, what the, you know, are you doing? And I said well, this worked on my wrist, I want to see if it works on my shoulder. And I

inject myself right there. And I woke up the next morning 100 percent pain free.

Nita: Amazing.

Dr. Darrow: Full range of motion. It doesn't happen like that all the time.

Nita: But it could.

Dr. Darrow: I'm not going to say -- it can. I know it worked on you, Nita, on your neck very quickly. It worked on my shoulder very quickly. It worked on my knees, wrist, neck, back. I've had other people inject my neck and back. I was a gymnast when I was young. So I've had tons of joint pain and neck, and back pain.

And I probably have had more of these injections done on me, than anybody else. And whenever I get an injury, I self inject, or I find a buddy who can do my neck or back where I can't reach. So it's great therapy. It often takes more than one treatment, so don't get disturbed, or upset if your first treatment didn't heal you. There's been parts of me, that I've had to inject several times before I felt great, ready to go back to my sport.

But I've had many times where just one injection has done the job. So let's see what else here, I've got tons of questions. Okay. This is about a knee again. Meniscal tear and MCL sprain. Let's see what this person says.

Whoops, we're going to break.

Nita: We are indeed.

Dr. Darrow: So for those of you that want to call the second half of the show, we would love it. The phone number to the studio is 866-870-5752, and you can call my office also at 800-300-9300, or go to my website, www.jointrehab.com, where you can email me.

Nita: 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 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 today at 866-870-5752, right here in the studio.

When you phone the program today, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. And you can also check out the website at www.jointrehab.com, and see Dr. Darrow performing treatments on videos. And you can email him off of every page on the site. That's jointrehab.com.

And we have a caller for you.

Dr. Darrow: I know it. So this is interesting. I love these kind of calls. Thank you so much, Ronnie, for calling in. So what is my opinion on a Tommy John surgery? Do you want to tell us --

Ronnie: Well, as you probably know Shohei Ohtani of the Los Angeles Angels and winner of the most valuable player award, two of the last three years is about to undergo Tommy John surgery. And I'm wondering would stem cells injections offer any kind of an alternative for the surgery?

Dr. Darrow: That's what we do all the time, so my answer is hopefully. There's never a promise with the surgery, or with regenerative medicine. Medicine should not have promises attached to it. But in my personal experience, we treat these frequently and people get better. Pitchers get better.

And Tommy John surgery was back in -- was it 1974 or something like that, he had that reconstruction. Do you remember the details.

Ronnie: Right, the Tommy John, the pitcher that was the first one.

Dr. Darrow: Yeah. What happened to him after his surgery. He went back to pitching, and he did pretty good I guess, right? So anyway, the ulnar collateral ligament is on the inside of the elbow, and it helps keep your elbow joint in place. It connects the bones of the upper arm to the lower arm. And pitchers frequently by snapping their wrist and arms to get speed, will irritate that ligament.

And it's something that we can inject with platelets and/or stem cells, and regrow any kind of a tear. If it's a complete tear, it may be more of a problem, but it may not be the issue at all either. And this is one of the most difficult things that I have to impart to patients, and people who are wanting to get information is that it may not be that ligament that is this person's issue. Okay?

Ronnie: Oh, I see.

Dr. Darrow: Just because you get an MRI and it shows a tear, I don't know if you were listening to the show, right before the break, I mentioned my right shoulder has three tears. A labral tear, a supraspinatus tear, and a subscapularis tear. But I have no pain. All right? I'm going to play golf later today. I can throw a ball. I can do anything I want. I can lift weights. And I do all that stuff.

So how can I do that if I have tears, do you understand what I'm trying to tell you, Ronnie?

Ronnie: Yes, sir.

Dr. Darrow: One doesn't compute to the other.

Ronnie: Yeah, that makes a lot of sense actually.

Dr. Darrow: And I'm going to tell you this. This is just like my own theory. I've never even mentioned, I don't think, to anyone before, but it just popped into my head.

When we do a surgery, we're creating a lot of blood flow in an area, right, when you cut open a body, it bleeds, right. Yes?

Ronnie: Yes. That's right.

Dr. Darrow: Okay. That just makes sense. What I'm doing is I'm injecting blood, right, the platelets from the blood, or stem cells. And by the way, the bone marrow where we can take stem cells from also has, you know the bone marrow makes blood and it makes stem cells, right? And a lot of other things.

Ronnie: Um-hmm.

Dr. Darrow: So what if doing a surgery was just a very crude way of doing regenerative medicine. Do you get where I'm going on this?

Ronnie: Ah, yes, yes. I see what you mean.

Dr. Darrow: So why cut the body open to make it bleed, when we can use a teeny little needle and inject with blood, the platelets, PRP, or stem cells and heal it that way. It just doesn't make any sense to me. And certainly, if I have an injury, I don't jump to the surgeon or the surgery, I jump to getting injections. Injecting myself on the front of my body, or having a friend do it, if it's my neck or back. And then see what happens.

Because too many of these surgeries fail. Way too many fail. I'd say probably 50 percent of the surgeries that I see, fail.

Ronnie: Well, with the Tommy John surgery, there's a recovery time of at least a year.

Dr. Darrow: That's the other thing. There's no real recovery time with regenerative medicine. We want people to stop what they're doing for at least a couple weeks. That's the recovery, and see how they do. And then they may need another injection.

Now, when I do pro athletes, or lead athletes, or someone who flies in from another country, or from across the country, I may actually inject them every day for four or five days.

Ronnie: Um-hmm.

Dr. Darrow: Just to put as many cells as I can into that area, because they're leaving. But if it's someone local, the typical process is we ask people to come back in two weeks for a re-examination and see how they're doing. At that point, we might re-inject them again, if they don't have the healing that they want.

So your question about will this work on -- instead of a Tommy John surgery? It has many, many, many, many times. And we get a lot of high school pitchers, college pitchers, that are coming in for that issue. Where they're ready for a surgery, and they never have to get it.

Ronnie: Wow, [inaudible] stem cell, and the other good thing about it is, if the stem cells don't seem to help, there still time to do the surgery. I mean, because you'll be able tell them after a few injections whether it's working, right?

Dr. Darrow: Typically, yes. There are some very resilient cases that don't heal for a while.

Ronnie: Um-hmm.

Dr. Darrow: You know if you've got advanced arthritis in a joint, but typically areas around the ulnar collateral ligament are not that long -- don't take that long to heal. And again, it may not be the ulnar collateral ligament that's a problem. There's a lot of other anatomy in the neighborhood.

So like I tell everybody, people send me their MRI, and they go, can you help me? I go, not with -- I can't look at an MRI to tell you if I can help you. I've got to touch the area, and see where the pain is

coming from. Because it may not be coming from the area that the MRI or x-ray shows.

Ronnie: Um-hmm.

Dr. Darrow: The other thing we know, there are studies, tons of studies that are done, and my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate has these studies in it, that show if we take people that don't have any pain at all. And we do MRIs or x-rays, we're going to find things that look bad. Things that look like they need surgery. Is this clicking in your brain how this works.

Ronnie: Yeah, I'm just serious with the Tommy John surgery, so you're saying it doesn't typically -- it's not typically one certain kind of surgery that repairs a specific tear, it can be a number of things in the shoulder.

Dr. Darrow: It may not that tear that's causing the problem. And the other thing and this is really crazy. MRIs are overly sensitive. That means they're going to show things that aren't really there. So, for instance, I've had many people have an MRI with an ACL rupture in the knee, a rotator cuff tear in the shoulder, and then the surgeon goes in, and they go I can't understand this, it's not torn. The MRI shows things that aren't there. They're overly sensitive.

Ronnie: Wow, I understand. That's not good either, you don't have to cut, you shouldn't do it.

Dr. Darrow: No, you don't want to cut unless you have to. There's too many side effects, there's too many what we call sequelae. There's injections. A lot of areas that are operated on, have immediate arthritis after a surgery, because they do clean ups.

Ronnie: Wow.

Dr. Darrow: They take out tissue that shouldn't be taken out.

Ronnie: Well, if I can get a hold of Shohei Ohtani, maybe I can send him an email or something, because he's about to sign a \$500 million contract, I think he can afford whatever is necessary.

Dr. Darrow: 500 million, that's it. That's pretty cool.

Ronnie: Yeah, yeah.

Dr. Darrow: You know, it's kind of tough, because the pro teams have their own on-board orthopedic surgeons. So it's pretty tough to get them to

do regenerative medicine. The guys that I get, sneak in. They say you can't tell my trainer that I'm doing this.

Ronnie: Well, hopefully, you're helping to make end roads in that regard, and maybe in the future it will be something that's more common.

Dr. Darrow: Well, it's becoming more and more common every day. Take a look at the internet. Take a look at all the athletes that are getting PRP, platelet-rich-plasma or stem cells. It's becoming endless. Nobody wants surgery.

Ronnie: No, of course not.

Dr. Darrow: Why would you want a surgery if you don't need one?

Ronnie: Well, I think some people, because they think they should do it, and then they're going to feel better about having done something.

Dr. Darrow: I agree. And I'm going to be honest with you. There was a time I was -- when I was a resident at UCLA, I was working at Rancho Los Amigos Hospital doing spinal cord injury and brain trauma. And I had a flair of sciatica down my left leg. I could barely walk.

I had back pain and pain down the leg. Now, it wasn't really sciatica, I thought it was. It was a referral pattern from the ligaments in my back. And I had a friend of mine inject my low back, and the leg pain went away. But I honestly was so miserable, I was thinking of getting a surgery.

Ronnie: Well, did you find that out?

Dr. Darrow: Well, because you inject the ligaments which can refer anywhere, and actually that ulnar collateral ligament you're talking about, the Tommy John surgery, if you press on another ligament nearby, the annular ligament, and you can look this stuff up on Google. It can refer down the arm, like a carpal tunnel syndrome.

So a lot of times people come with carpal tunnel. I check the elbow, and we find it's annular ligament problem. We inject that, and then the carpal tunnel syndrome feelings go away, because it wasn't carpal tunnel.

Medicine is complex. And one of the biggest problems we know about has become so highly technical that doctors are losing their skills in examination. Most people that come in with a failed surgery, when I ask if the surgeon touched them, they go no. They just put an MRI on the board, or an x-ray and showed me what had to be cut.

Now, to me, personally, in my humble opinion, that's not a good way to practice medicine.

Ronnie: No, no, you wouldn't think so.

Dr. Darrow: You've got to touch the body, take the time. Move the person around, and a lot of times people come in, and they go I've got pain right here. And I can't find it. Or they'll say I've got arthritis in my hip. And what I'll do, if I think it's something else besides that that's causing the pain, is I'll inject the area with lidocaine. If the pain goes away, you know, lidocaine is a local anesthetic. If the pain goes away, I know that's the pain generator.

Do you understand? I've got to be Sherlock Holmes.

Ronnie: Yeah, I can see that.

Dr. Darrow: No, I'm serious. And then there's some people that come in and they go, I have terrible pain in my whatever, knee, and I go good. I'm sorry you have that. Where is it? And they go, well, I don't have it right now. And then I have to be super Sherlock Holmes, and what I'll do is I'll send them out to the foyer in our building, and I'll have them run up and down the stairs, and they come back, and go now I can show you where it is.

So you've got to be smart. You've got to take time and there are times when I've had -- and then you've got to be off of pain medicines. People come in sometimes and they're on narcotics, and they don't even know what day is, let alone where their pain is.

You know, the first thing I want to do with patient who is on narcotics is wean them off, if they'll do it. And believe it not, most patients on narcotics, if you very slowly wean them off, their pain goes away.

Ronnie: Really.

Dr. Darrow: Narcotics up regulate the pain receptors.

Ronnie: I'll be darned.

Dr. Darrow: So medicine's confusing, it's complex, and there's so many elements to it, that most doctors today don't even get into it. And they're in too much of a rush. They're not making a good living, the way insurance has cut them down. And they've got to see so many patients.

I've been -- in my training at UCLA, I would do a lot of orthopedic surgeries, because I wanted to learn, you know, about surgery. I wanted to be a surgeon at the time. And some guys would see 60 people a day, can you imagine that?

Ronnie: Wow.

Dr. Darrow: Do you think they're doing examinations? Do you think they have time?

Ronnie: No, of course not.

Dr. Darrow: No. No, they're just kind of weeding out which ones are surgical cases and sending the rest to physical therapy. And I'm not putting surgeons down, believe me, they do the hardest work there is in medicine. It's very physical, and mentally it's grueling, because you know I don't care what they tell you, a lot of people are getting hurt. That's a hard thing to have on your conscious when you hurt somebody.

Ronnie: Yeah, because in surgery, that's a lot of stress on your body, I guess.

Dr. Darrow: It is. And in the days when I was doing surgery, we'd be on feet sometimes for 20 hours straight.

Ronnie: Wow.

Dr. Darrow: Cranking them out. It's exhausting. So my hat goes off to the surgeons. I love them. I just don't like all of the surgeries they are doing. If you break a bone, please rush to the surgeon. Do you understand what I mean?

And there's a lot of surgeries, that I actually send people out to. Sometimes if people get a biceps tendon rupture at the elbow, they need a surgery, you know, if it's a big rupture. And if it's little tear, they don't typically. We can help with that.

So it just all depends, I don't honestly remember the last time I referred someone to surgery, I know I get a lot of people who come in who have been to a surgeon and are ready to get a surgery.

I just had an email this morning, actually, a guy emailed in saying I'm scheduled for a surgery in 10 days on my hip for arthritis. Can you help me? And I got a hold of my staff, and I said get him in in the morning. I want to see him right away, because if they need a surgery, I'll tell them. If they don't, I'll tell them they don't. But if they do, I'm going to tell them. And I'll tell them which surgeons to

go to. I'll tell them the best guys in town, that I think have the best success.

And that's another thing, if you're going to get a surgery, go to the guy who does the most of them. The same thing with regenerative medicine that I do with platelets and stem cells. If you're going to get it done, don't go to a chiropractor. Don't go to some lecture where they feed you, and then tell you that they're going to take care of you. Go to the guy who does the most.

Ronnie: Right.

Dr. Darrow: Ask your doctor, how many of these did you do today? When I go to national meetings, everybody comes up to me, and goes, you know, you're pretty famous, you know, you do so much of this. How do you do so much? A lot of guys say you do more in a day than I do in a month. Don't go to that guy.

Ronnie: Wow.

Dr. Darrow: Don't go to that guy, you know. Go to the guy who does it all day long, whatever it is in medicine. I don't care. You know, I mention this on the show many times.

About six weeks ago or so, I had a cardiac ablation, where they put a catheter up through the groin up into the atrium of the heart, and they actually burn some of the tissue where the pulmonary vein from the -- from the lung goes into the atrium. And it gets rid of ectopic beat, arrhythmia in the heart.

And after that procedure, I woke up without any arrhythmia of atrial fibrillation. How did I find the doctor? I checked out freaking doctor in town. I want to go to the guy who did the most. I went to a guy named Eric Buch, at UCLA, fell in love with him. There were other good guys in town. He's not the only one. But he's a guy that a lot of heart, and for cardiac ablation, I think he's amazing.

I actually had an amazing day at UCLA. I got there at 8:30 in the morning, they did the procedure, and I was -- I was pretty blissed out the whole day, because I love -- you know, these guys are electro physiologists for cardiac ablations. They're cardiologists that train specifically. And Eric Buch is one of the top guys in the world, and I absolutely love him, and came out of there without A-fib.

So I'm a happy man. I'm back to doing all my sports, and things are going well. So yeah, be careful choosing a doctor, it's very important to get the guy who does the most. And I don't care what kind of medicine that is, you know always check. Ask the doctor,

how many of these did you do today, yesterday, last week, last month, last year.

Don't be afraid of doctors, you know the day of the doctor being God, is over. When I grew up, we had a friend, I forget what his name was, his last name was Lichtenstein and he was a surgeon. And surgeons back in those days were the head of the hospitals. They may still be today in some cases. But my family kind of prayed to this guy. And he was a great guy, a great surgeon, but you know, today we don't look at it like that. You know, we look it like or whatever kind of doctors there are, are human beings, and they can make mistakes too. And don't listen to them. Get second opinions, get third opinions, find the person you resonate with.

You know, it's important, if you're going to get some kind of procedure done, especially surgery, find somebody who talks to you. There was actually a guy in town, that I called, he was supposed to be one of the best for my cardiac ablation.

He wouldn't talk to me. His nurse talked to me, and I said do a telemedicine conference with him, I don't want to drive to Beverly Hills and end up not liking him; and spending half my day waiting and all that. And she said, no, you have to come in to see this guy. So well, he's not the guy for me. You know, you've got to find what works for you.

Ronnie: Right, yeah.

Dr. Darrow: So anyway, God bless you, I appreciate this call. I think it helped a lot of people learn an awful lot about medicine, and about Tommy John surgeries, the ulnar collateral ligament, and how very often a surgery is not the right thing for what we think is a certain type of injury. It may not even be that that's causing the problem.

Ronnie: Well, thank you for you extended explanation. I do appreciate that.

Dr. Darrow: Yeah. And for anybody who thinks they want a surgery, please make sure before you get one, a couple things. Make sure that the surgeon touches your body to find out what's going on, and doesn't just decide based on a diagnosis or an MRI, or a CT scan or an x-ray. That's bad medicine to me. But that's just me. I'm just one guy. You know, I can be wrong.

And the other thing is always find a guy, if you're going to do surgery, especially that does the most. But you know, I'm going to tell you this, sometimes the number one reason -- not number one, the number three reason for death in our country is iatrogenic

cause, that means things that doctors give you going into a hospital, the wrong medicine, or something like that.

So be careful. God bless you all. I appreciate you all, if you want to call the office, the phone number, my staff there, they can give you a free phone consult is 800-300-9300, the website where you can email is www.jointrehab.com.

God bless you, Nita, and Alex, and the staff, Suzette and everybody. I love you all.

Nita:

Thank you. We'll see you next time.