

## Living Pain Free 2/17/24

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, Nita Vallens. Why are you s gorgeous today?

Nita: It's my natures.

Dr. Darrow: You were born natural.

Nita: Well, I ate a lot of chocolate, I do a lot of dancing -- I live well.

Dr. Darrow: I think that's the answer. So what are we going to do today, Nita?

Nita: We're going to teach people how to make better choices for their degenerative joint issues, that is orthopedics, musculoskeletal issues, and if you're having any kind of pain, we call chronic pain, 90 days or more, then you want to stay tuned, because Dr. Darrow has miraculous things to tell you.

Dr. Darrow: I don't know about miraculous, but that's nice of you. At any rate, my entire medical career has been in the field of regenerative medicine, which involves today injecting stem cells of platelets, PRP, which is platelet-rich-plasma. Very simple procedures where patients walk into the office -- who's tapping their teeth, Nita.

They walk into the office, they get an injection of these cells, and they can walk out, they don't need anyone to drive them. They don't need anesthesia, very, very simple. And what it does is, it stimulates new tissue to grow.

So if you have any kind of a symptom with pain in the musculoskeletal system, that means your tendons, your ligaments,

your joints, muscles, you name it. These are the things that generally we can help heal.

And the really cool thing about it is, we don't use knives to do it. We stay away from surgery, I can't remember the last time I referred someone to a surgeon, who has come in, however, many, many, many people come in ready for a surgery, and then a friend of theirs will say please don't do that come in to see Dr. Grove, that's Thomas Grove, who is associates, or myself, Marc Darrow.

And see if they can help you heal the area without a surgery. We'd like to stay away from surgery, if possible. Because surgery is very invasive and we see way too many people who come in after a, what we call a failed surgery. That means they had a surgery, it was supposed to make them better. What happened, they either didn't get better, or they got worse.

And if you look at, not that you folks will do that, but those of you that have had failed back surgeries, you know the answer to that, because there's an actual diagnostic code in the insurance companies, which means that's there's lots of it going on. That means if you have a failed back syndrome, that means the insurance companies are already prepared, because there's so many people that have had failed back surgeries, meaning they had a back surgery that came out worse.

So that's everywhere in the body. It's not just the back. We know that back surgeries, and all you folks know people who have had back surgeries, and neck surgeries that didn't work out. I mean, it's just that common.

Now I have to mention here, I am not blaming surgeons for this. I love surgeons. And the reason I love surgeons, is because I was on a surgical track in medical school, and I wanted to be a surgeon, and then internship also, I was thinking about it. And I loved doing the surgeries. Orthopedic surgery to me, is a lot of fun.

And I don't mean fun in a way that's ha-ha, it's just a highly technical field. It's very sports oriented. And we get a lot of sports figures that have it. So it was a lot of fun for me doing it. I was never the lead surgeon, I was always back-up in my training, but after a shoulder surgery on my right shoulder, because I didn't know any better at the time, from a weightlifting injury, I had a surgery and it came out bad, it failed, I had a failed shoulder surgery.

So I love my surgeon. He was my boss. He was my professor. And I never blamed him for it. It's kind of what happens sometimes.

And the kind of sometimes is very, very prevalent. My office is filled with failed surgeries.

So what we do instead, are very conservative procedures, which are injections. It's percutaneous, that means through the skin with a needle. And all we do is inject your platelets or your stem cells into the area. The platelets, we'll use for lesser type injuries or syndromes.

If you have something like an advanced arthritis, PRP can be helpful, but you'd want to use that with stem cells. We get better bang for your buck you might say using stem cells. It's more powerful. There's better tissue growth. There's studies that we've seen on that.

So if you would like to come into the office, I'm going to give out the phone number to the office, and you get a free consult with my staff. Now, a woman called up a few days ago, very angry, saying that I say on the radio that people get a free consult with me. I have never said that. It is not true. I wish I had the time to give free consults to everybody. I just don't. And Dr. Thomas Grove, who is the injector today, does not.

So you call up, you get a free consult with my staff, just to clarify that. And the phone number to the office, if you want to call right now, there are people there is 800-300-9300, that's 800-300-9300.

You can day or night, and we'll get right back to you if the phones are busy, or someone's not there. And if you want to talk to me live right now, I will give you a phone consult.

Nita:

That's right.

Dr. Darrow:

But only on the radio. And the phone number to the radio right now in the studio is 866-870-5752, that's ; 866-870-5752. And for those of you that don't have time to listen right now, and you want to hear this show, and all and probably a few years worth of shows, which is cool, because we talk to a lot of different people, it's a call-in show at 866-870-5752, you can watch these videos, because I take all the videos, they're on camera right now. And I'm on camera.

And I put them onto our website, which is [www.jointrehab.com](http://www.jointrehab.com). So you can go to the website, that's [www.jointrehab.com](http://www.jointrehab.com), and you can actually watch my live radio shows there. And you can also watch videos of me doing these procedures of PRP, platelet-rich-plasma,

or stem cells. So you can watch and see if you think it's something you'd rather do than surgery.

I can't tell you the number of thousands of people who have come in a day or days or weeks before a scheduled surgery, who have cancelled their surgery to do our procedures, and we've gotten better without surgery.

Now, as much as I loved doing surgeries, back in the day in my training, I have to just say, I don't think it's a great idea anymore. Since I learned about regenerative medicine, platelets and stem cells, I've seen people heal. Nita said the work miraculously. I don't like to use that in medicine.

But to some people it's a miracle, because if you have pain, and you get a simple injection, and you heal, it seems very miraculous -- to me it seems miraculous, but I'm not going to say it's a miracle, because it isn't. It just makes sense.

All we're using are cells that stimulate the body to repair itself. Okay? It's not a miracle, it feels like a miracle if you get better.

Nita: It does, because they come out of pain. That's why I say that.

Dr. Darrow: And you say "they", but you know, it's you and me too, Nita.

Nita: Yes.

Dr. Darrow: We've both had the procedures done and gotten better.

Nita: Well, yes. But I mean, you know, I'm focusing on our listeners, because I want them to feel included. I mean, you have done this show 25 years, I've done with you 14 years. And by now, I think the audience knows that you care about every single person listening. And we want them to be out of their chronic pain.

Dr. Darrow: Well, that's true and as far as the caring goes, Dr. Grove who is doing the injections now, and I both have our cell numbers available to every patient. Any time someone walks in the office, we have our cards sitting there, and we tell them please call us if you have an issue, you know, if you have an issue, you're nervous, whatever it is, call us.

You can call me at 3:00 in the morning. I'll be asleep. I'm not going to pick up the phone. I turn my phone off. But as soon as I wake up, I check for messages, I check for texts. That's the first thing I do when I wake up. And I respond immediately. And during the day we pick up, and whenever it's possible we pick up.

We do care about our patients, Dr. Grove is very similar to me, very, very similar in all way. He's been working in the field for about a dozen years. I've been doing this for over 25 years. And I think the show has been about 22 years, because that's when my twins are born, and I started doing it around them.

But needless to say, it's amazing.

Nita: That's pretty exciting.

Dr. Darrow: It is. So, Nita, I'm going to give out the phone number right now to call us and talk to us live. And the phone number to the studio is 866-870-5752, that's 866-870-5752. And if you want to call the office, and get a free phone consult with my staff, because it won't be with me, that's 800-300-9300, but if you call now to the radio, you'll get, you know, a free consult with me.

I'm not sure what it's going to be worth, because I need to do an examination to really -- or Dr. Grove is the same way or use the ultrasound. We use an ultrasound to look inside the body. And it's also a great way to guide needles.

If you're getting injections with regenerative medicine of platelets and stem cells without an ultrasound, that doctor has not been trained well. So both Dr. Grove and I have been trained for years and years on ultrasound and it's an amazing procedure. It's simple, you just have -- we have three ultrasounds in the office, they're on little wheelable carts, and we rush them from room to room. And you just turn it on, put the probe on the body, look inside, and see what's going on.

And then for injections, you can watch where the needle is going to. There are studies that show that if someone is injecting, if a doctor's injecting let's say your knee, blindly, we call it blind, if they don't have an ultrasound to look, they are going to miss the area they are looking for, one-third of the time.

So be careful. Be smart, get a doctor who uses ultrasound. Also, if you're going to do these procedures, get a doctor that does this all day long, every day of his life. Don't go to a chiropractor who -- and by the way, I like chiropractors. If I have some kind of injury, I might try a chiropractor before I inject myself.

Yes. I have injected both my shoulders, my knees, my elbows, my wrist, I've had other people inject my neck and back, and all my ribs, because I can't reach back there, I tried in the mirror, it's dangerous. But all the parts of my body on the front of me, I can inject. It's very, very simple for me, because I -- I could do it

blindfolded with one hand behind my back, I've done so many of these.

Nita: You could do it in your sleep.

Dr. Darrow: And Dr. Grove has -- wow, that's an idea. Now, I'll probably dream about that.

Nita: We should try that.

Dr. Darrow: Yeah, yeah, absolutely. So anyway, give us a call at the studio, live right now, ask me any questions about musculoskeletal, orthopedic medicine. I'd be happy to answer anything about your issues, and the phone number here right now is 866-870-5752.

So, if Nita, if it doesn't bother you, I'm going to go -- actually, I think I'll do this. I'm just going to hit you with one joke, Nita, you ready?

Nita: Sure.

Dr. Darrow: Okay. This is so funny. Why are peppers the best at archery?

Nita: Because they leave the salt at home.

Dr. Darrow: Well, that may be true, but they may have salt. So why are peppers the best at archery? Because they're habanero.

Nita: Oh, I never would have got that.

Dr. Darrow: No, that's kind of a hard one.

Nita: That's okay.

Dr. Darrow: How do you tell the difference between a bull and a cow, Nita?

Nita: Okay. I didn't hear that whole question, a bull what?

Dr. Darrow: How do you tell the difference between a bull and a cow?

Nita: A bowl and a -- oh, a bull and a cow?

Dr. Darrow: There you go.

Nita: Okay. Oh, I thought you meant bowl -- like a cereal bowl, I couldn't get that.

Dr. Darrow: Now, you're making me hungry. It's either one or the other.

Nita: Oh, okay, well if you're hungry, you know, just like -- I have a lot of snacks here today for the team.

Dr. Darrow: That's all right.

Nita: I wouldn't say they're all so healthy but --

Dr. Darrow: Well, you've got to live it up.

Nita: I got gluten free muffins, that's pretty good, right?

Dr. Darrow: It is good. But you know what, gluten free does not mean carbohydrate free.

Nita: That's true.

Dr. Darrow: Which is funny. A lot of people go I'm on a diet, I'm on gluten free. I'm trying to lose weight. Well, that doesn't help you lose weight.

Nita: No, it just helps the digestive system, if you have that sensitivity.

Dr. Darrow: That's true.

Nita: But speaking of sensitivity, it's very tough to be in chronic musculoskeletal or orthopedic pain, chronic pain, as we said earlier is pain you've had 90 days or more. And you know a lot of our people call in, and they've have pain 10, 20, 30 years, Dr. Darrow.

Dr. Darrow: I know.

Nita: It's very upsetting to me.

Dr. Darrow: It doesn't make sense while they're not trying something new. And when I say new, it's not new to me. I've been doing it over 25 years, regenerative medicine. And it's been around since the last 1800s. So why isn't it done more? I'm going to get into medical industrial complex. Because I don't want to talk politically. But if you call me up, or email me about it, I'll talk to you about it.

I'm going to go to a question here. It's says fourth lumbar surgery.

Nita: Okay, ouch.

Dr. Darrow: That's pretty crazy. You know, it amazes me, people come in with not one, not two, not three, and sometimes not four, but they have surgeries on the same area. And I'm like when are you going to get it.

All right. So this one says I'm a 53-year-old male. I've had a fusion -- oh, by the way, if you go to my website, [www.jointrehab.com](http://www.jointrehab.com) that's [www.jointrehab.com](http://www.jointrehab.com), there's a spot on every page to email me, and that's where these questions are coming from.

So this patient -- or not this patient, but this looker, wrote this question through my website. It says, I'm a 53-year-old male, I've had a fusion at L5-S1 in 2001, another at L4-5 in 2005 or so. I found it failed about 16 months later and had it redone. That one took. Took means the fusion looks good.

And by the way, I did a study on back fusions when I was in medical school and guess what I found.

Nita: What?

Dr. Darrow: Most of the fusions failed at some point.

Nita: Oh, dear, that's not good.

Dr. Darrow: Even fusions that were done with metal, okay. So that one took. Well, we'll see how long it takes for, right. I don't know why, but I started walking noticeably stooped forward at the waist and it got more pronounced as time passed. Now, this is a guy who's 53, so that's a real problem.

Last month, -- that's last month in January, had my old hardware removed, and new rods installed and it realigned my spine from L3 to S1. And I now no longer have an advanced stoop. I stand up straight now.

When I woke up from surgery, I was screaming, because it felt as if my hips and ribs were being ripped out of my frame.

Nita: Ouch.

Dr. Darrow: Ouch. I take two buprenorphine naloxone twice a day for pain at the Veteran's Administration. My surgeon has cut me back to 1.5 oxycodone every three to four hours, and cyclobenzaprine -- wow, this is a lot of medicine. I had 32 staples removed day two -- no, sorry, this is a month later. And my hip groin left me pain -- has me in tears daily, and at post-op was informed will begin aggressive physical therapy soon.

Will stem cell or PRP be an option being this is my fourth lumbar surgery. My neck is scheduled for the same procedure soon.



So I worked at the Veteran's Administration on and off for three years during my residency at UCLA. That's one of the hospitals that we worked at. And I'm not going to put down the VA, because it's a place, you know, where veterans can go who don't have insurance, right. So it's a great thing.

But it's a teaching hospital. And most of the surgeries being done there, are being done by doctors in training, okay. Now, these are major surgeries that this poor man had, he's had four major surgeries, done by a doctor in training. Is that something that anyone out there would want to do?

Not me. I've had some surgeries, but when I do, like I had a cardiac ablation back in October, I went to the best guy in the city. I spent a few weeks, you know, inquisiting different doctors, and finding out who does the most.

And for those of you who need a cardiac ablation, if you have atrial fibrillation, you know, there's good guys at Cedars, at UCLA, at St. John's guys, who do these all day long. And those are the kind of guys that I go to. I don't go to the VA to get a procedure done like this.

Hopefully, I'll never have this kind of procedure. But the big question here that the person has, I hope you're listening to the show is that it is possible for PRP and/or stem cells to help get rid of the pain you have, even after four surgeries.

How can that possibly be -- why would they want to do another surgery, if they could do injections? Because they don't use their hands to do an examination to find out where the pain is coming from.

This person may not have needed that first fusion. I hope this is setting into you folks. If you're not being examined, and the doctor is not finding where the pain is coming from, and you're having a surgery, you're having a problem, because you can't -- well, you can. You can so a surgery based on an MRI or an x-ray. But does that mean that that x-ray or MRI is showing where your pain is coming from? Absolutely not.

There are endless studies, and by the way for those of you that call in right now at 866-870-5752 to call me, you get a free copy of my book, which is Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's a 200-page book. There is -- what is it 250 studies, scientific studies showing how platelets and stem cells work. And how surgeries fail. And how MRIs or x-rays do not show you where the pain is coming from.

So that's a real problem in medicine today. Hang with us. We're going to a break. And we'll be right back. And I'd love to get your calls, call us at 866-870-5752, or call my office at 800-300-9300, where you can get a free consult from my staff, not me.

Nita: Perfect. 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 are taking your calls at 866-870-5752.

Dr. Darrow: Nita, are you with us? We can't hear you.

Nita: Yes, yes.

Dr. Darrow: Do you have something to tell us?

Nita: Yes. Our phone number is 866-870-5752. And you can call that right now and get a consultation over the radio with Dr. Darrow, and it's really going to be exciting if you do that. Because you could be out of pain today.

Dr. Darrow: You could?

Nita: You could.

Dr. Darrow: That's possible.

Nita: It's possible.

Dr. Darrow: It's possible, but generally what happens with the musculoskeletal cases, which I take care of, the orthopedic cases, by the way they're non-surgical. They're done with injections of PRP, platelet-rich-plasma and/or stem cells.

And they're done in a conservative way. Conservative versus invasive. Invasive means opening the body up, cutting things out, and then putting it back together, which has a very high failure rate. And it has a high rate of making people worse.

I don't like to say that, and it's not a statement against the surgeons. I adore surgeons. I think that's the hardest work there is in medicine. I did a lot of it in my training. I actually did some before surgery. I used to beg surgeons to allow me -- my friends to allow me into surgery. I couldn't touch anything at that time.

But as soon as I got to medical school, I would call all the surgeons in town that did orthopedics, who would let me come in. And I would actually be able to do little minor things at the time. And then during my internship, I did as many surgical rotations as I could, and you know, to be honest, I love surgery. I just don't think it's a great idea to do surgeries in orthopedics when things are not really broken.

So if you have a broken bone, that's sticking out of your skin, you'd better get right to the surgeon. But if you have things like meniscal tears, rotator cuff tears, labral tears, so often even muscle tears, those are things that we can help you heal by just simple conservative injections. Very little wrong can happen. You have to know what that needle is going.

And Dr. Grove, who is doing all my injections now uses ultrasound guidance, so he can actually see where that needle is going. We've both trained extensively in ultrasound and if you have a doctor who is injecting you without ultrasound, he doesn't know where that needle is going. So be careful, there's a high failure rate in that case.

So I'm going to give out the phone number, because I want to talk to some people. The number here, right now as Dr. Gene used to say, who was my previous radio host, live and local.

Nita: Live and local. I'll say it now, live and local.

Dr. Darrow: Yeah, take over for Dr. Gene. Dr. Gene, we love you.

Nita: I know. Well, see that's how come I know that you've been on the radio almost 25 years. Because he was with you for 10, this is our 14th year together, so it's just simple math, which by the way, I flunked.

Dr. Darrow: You and Einstein.

Nita: Yeah.

Decided: That's funny. Now, I don't know if it's true. I mean the story is that Einstein flunked high school math three times. He was probably smarter than the teacher, and the teacher didn't like that.

Nita: Right.

Dr. Darrow: Anyway, the phone number to talk to me live and local, right now in the studio is 866-870-5752. If you have questions about your neck, your back, your shoulders, your arms, your elbows, your wrist, your fingers, your arthritis anywhere, hips, knees, toes, hamstrings.

I take care of and Dr. Grove takes care of, who is my new injector, takes care of every part of the body in the musculoskeletal system. Okay. So if you have pain from different diseases, we don't do that. We're not doing IV injections of stem cells. A lot of guy will advertise that that helps. I don't know if it does or not. I haven't heard that it does, other than from people that I think are working with, what do you call it, not a full deck.

Nita: Okay.

Dr. Darrow: And they're charging fortunes to do it. A lot of guys will take you down to Tijuana, because it's illegal to do it here. So just be careful. Be careful who you go to see, if you're getting regenerative medicine, because there's a lot of hoopla that's not real about it. So go to somebody who does the most. And I think that may be us.

I think we do the most of anybody that I know of. There may be someone who does more. But I haven't heard of them. And it's something we do all day, every day. And we love it. We absolutely love it.

Dr. Grove and I talk at the end of each day about all the patients who came in healed. And it's -- we laugh, we laugh and we just go why doesn't "modern medicine incorporate this as the mainstay of musculoskeletal medicine? Why are medications and surgery still number one?

It makes no sense to us, none at all. Why would you want a surgery? Why would anybody want a surgery when you can get a simple injection. Walk in the office, get injected and walk out. You don't need anesthesia. You don't need someone to drive you. You just come on in. It's easy.

So I'm going to a question that came in from the website, and the website is [www.jointrehab.com](http://www.jointrehab.com).

Nita: Okay. Do you want to talk to Ronnie, first?

Dr. Darrow: Why not? We don't want Ronnie to be waiting. He's talking about a thing about his son's back. How old is your son, Ronnie? This is Dr. Marc Darrow.

Ronnie: Well, Dr. Darrow, my son is about 36. And he actually came for the initial examination with you about two years ago.

Dr. Darrow: Okay.

Ronnie: And his own doctor had told him that surgery only have a 50 percent chance of success.

Dr. Darrow: Okay.

Ronnie: But since that time he's been prescribed opioids, that he doesn't like to take. And unfortunately the Workman's Comp wouldn't pay for stem cells, and he's just been living off the money, and the Medi-Cal won't pay either. And he's in tremendous pain. And last week, he attempted suicide from the pain.

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

Ronnie: And so -- pardon me?

Dr. Darrow: That's horrific, I'm so sorry.

Ronnie: Oh yeah, he's been threatening to do it, but I didn't know the pain was that bad. And one reason I'm calling, I'm wondering do you know of any medical foundation, or whether there's any medical grants to get help subsidize the stem cells procedures.

Dr. Darrow: Well, typically -- this is my experience. I can't promise anything. Generally, Worker's Compensation will pay regenerative medicine of platelets and stem cells, okay.

Ronnie: But his guy refused to do it, and I'm not sure why, and frankly I'm very disappointed in our insurance companies, because I've seen more success with stem cells, and it's cheaper compared to surgery.

Dr. Darrow: Oh my God, there's no comparison.

Ronnie: So I'm so mystified.

Dr. Darrow: Yeah. What is the main thing that's bothering your son right now. His low back?

Ronnie: Yes. It's his lower back, and I can't remember the number of the disk. He -- but you looked at him and you said that you could help him.

Dr. Darrow: Okay. So this is the typical, typical scenario that I see. A patient comes in, they have been to a doctor, they've gotten an MRI or x-ray. The doctor says you need surgery, they never touch the body to

find out where the pain is coming from. If I told you son, that I can probably help him, that's because I examined his back, and I touched it, and I found the spot the pain is coming from.

Ronnie: Right.

Dr. Darrow: So I would answer the question which is pending in the area, you haven't asked it. Can you help him? The answer is probably yes. There's no guarantees in medicine. There's no guarantees in stem cells or platelets. There's certainly no guarantees in surgery.

Ronnie: Oh, yeah, I agree.

Dr. Darrow: Now, has he not had a surgery, or has he had a surgery?

Ronnie: No. He's saying; now, I want to get surgery, I want to get surgery, because they pay for it, you know. But he hasn't done it yet. And I'm trying to encourage him, you know, maybe work out a payment plan or something to get it going. Because I'm convinced that that's the only way to go is with --

Dr. Darrow: Well, I don't know if anything is the only way to go. There's probably 50 different forms of medicine that could theoretically help your son. I'm not saying that what I do is the only thing that works. You know, there's so many different forms of medicine.

And I'll tell you the best one is a doctor's touch.

Ronnie: Yeah.

Dr. Darrow: Yeah, and that happened to me, when I was -- I think it was when I was in pre med, I was in Hawaii, and I had high blood pressure at the time, very high. I wasn't sleeping, you know I was getting straight As because I had to get into med school. And that's very competitive.

So I went to the student union, and a big Hawaiian man came in, and he took my blood pressure, and he put his hand on my left shoulder, I remember this, and his hand was very warm, and he said there is nothing to worry about. You are fine. And guess what happened to my blood pressure. It went down.

Ronnie: Wow.

Dr. Darrow: He checked it again later, it was down. So you know there's a lot to medicine that has to do with love and trust of the doctor. And you know when you hear about surgeries, usually there's not a lot of and trust in that. Most surgeons that I know, don't touch the body. The

first thing we do is touch. We find out where that pain is coming from. So that's a real important thing.

Before your son decides if he wants to, to get a surgery, you should make sure you go with him, and make sure that surgeon touches him to find out what is going on. Because -- and this is another problem. Generally, surgeons are not trained to find the pain generator. They're trained to find something on an MRI or an x-ray, or a CT scan, an image, and then operate on that.

But that, most of the time is not where the pain is coming from. I was trained to use my hands to find out the problem.

Ronnie: And I guess Dr. Grove is pretty good at that too, then, huh?

Dr. Darrow: Dr. Grove, I'm going to be honest. I don't like to say this. He's better than I am.

Nita: Aw.

Dr. Darrow: Because he's been trained by the beginning. I wasn't really trained. I had to learn things intuitively, because there wasn't really training back in my day. I'm 75 years old. Back in my day when I was learning this stuff, I experimented on myself.

Nita: And you're still here.

Dr. Darrow: Yeah, I'm here, better than I was then. Are you kidding me?

Nita: Absolutely.

Dr. Darrow: I was miserable. I was absolutely miserable. I was a gymnast when I was young. I did every sport like a gymnast would, very hard. I was hard on my body. I had accident, after accident, after accident in my sports life, and when I was in my 40s, I was a wreck. And then I learned about this stuff. And I started self-injecting and healing my own body. So I've been very, very fortunate.

Anyway, back to your son --

Ronnie: Do you recommend starting out with the PRP injections first?

Dr. Darrow: Not necessarily, it depends what -- what the problem is. You're going to get more bang for your buck doing stem cells. It's a better treatment. PRP is a good treatment, but for your son, he may just have a ligament sprain, where PRP is fine. Now he may have -- I heard you say the word "disk". He may have a desiccated disk where it's dried out or collapsed. And that might not be causing any pain at all. You're going to get a copy of my book, because you

called in. It's Stem Cell and Platelet Therapy, Regenerate Don't Operate. In that book, and by the way I'm going to pay the postage to send it to you.

Ronnie: Okay.

Dr. Darrow: In that book there's study after study showing that these images don't show you where the problem is. So I have no idea without touching your son again, if it's same area when he came in the first time and didn't treat. But if it's the same area, and I told him, I can help him, I'm not BS'ing. That means I think I can help him.

Ronnie: Okay.

Dr. Darrow: I'm not going to inject somebody that I think I can't help.

Ronnie: Well, I think I'll call your office to make -- if I can set something up for this week, this coming week, to come back in.

Dr. Darrow: All right. And the phone number to the office, for those people that don't have it is 800-300-9300, 800-300-9300.

Ronnie: Okay.

Dr. Darrow: Now, I don't know if you've been there yet, Ronnie or not, but the website [www.jointrehab.com](http://www.jointrehab.com) has endless studies in it, on these same topics that you and I are talking about right now.

Ronnie: Okay.

Dr. Darrow: And it's got tons of videos to watch these procedures to see if you want to do it or not.

Nita: Plus, you're going to get the free book which has over 264 scientific studies.

Ronnie: All right. That sounds good.

Dr. Darrow: Well, I don't want your son to be in pain. And I'm so sorry he attempted suicide. I'm glad he's still alive. I've been around that before. I've been around people committing suicide. To be honest with you, my brother committed suicide about a year and a half ago.

Ronnie: Oh, I'm so sorry.

Dr. Darrow: And it's torture. It was torture for him being alive, and I fought with him, and I screamed at him to stay, and he wouldn't do it. And you it took me a while to get through it. And God bless him, wherever he's at these days. And we have best friends whose son



committed suicide about the same exact time, and it is devastating and for someone with back pain, there's no reason to do it.

Ronnie: It just shows like you were talking about earlier today, how -- or Nita was saying how bad the pain can be.

Dr. Darrow: Well, the pain can be bad, but most of the time it can be healed.

Ronnie: Okay.

Dr. Darrow: I'm not saying that injections with platelets and stem cells are going to heal everybody. There's a lot of reasons for failure of healing. One is the doctor not knowing what he's doing. I call it the bad doc syndrome, you get somebody who does this a little bit, but is not doing it all day long.

It's like if you get a surgery, are you going to go to a guy who does it once in a while? No.

Ronnie: No.

Dr. Darrow: And then another reason is people are too active afterwards, and after they get a treatment, they don't let it heal. We're growing or we're stimulating tissue to grow. It's like if you throw grass seed on dirt, you're not going to step on it before the grass is nice and healthy, right?

Ronnie: You're going to give it a chance to grow. It's the same thing in the body. And then a lot of people will take anti-inflammatories like ibuprofen after their treatment. And that blocks healing. We need the inflammation from the injections. It's not a terrible inflammation.

But it last for -- you know, you get a little bit stiff afterwards, for sometimes a day or so. And then another failure can be from not enough treatment. People think this is a miracle. It's not a miracle. Sometimes a person may need to be treated a few times. I can't hypothesize in advance how many treatments it will take.

I've injected myself; both shoulders, both knees, both elbows, right wrist, someone else did my neck and back, and sometimes I literally heal overnight. That's happened to me a few times. And other areas have taken me several treatments to heal.

Ronnie: Um-hmm.

Dr. Darrow: Anyway, God bless you, God bless your son. And boy, I sure hope he takes good care of himself and you help him do that, I'm sure you are.

Ronnie: Oh, thank you.

Dr. Darrow: You know, another thing that I should mention to you is opioids actually cause more pain.

Ronnie: Yeah, okay.

Dr. Darrow: Because what they do is they upregulate the pain receptors in the body, and then you need more opioids, and more -- and when patients come into me that are on opioids, the first thing I tell them is we're going to wean you off of that.

And they go you can't. I'll be in more pain. And I go no, I've been doing this for over 25 years. In the old days, we used to put people in the hospital and we would make, we would put their opioids into a liquid form in a little bottle, so they didn't know how much they were getting, and then we would dilute it over a period of a week or before you knew it, there was no opioid in the liquid, and they thought they were getting opioids, and guess what? Their pain would go away.

Ronnie: Oh, wow.

Dr. Darrow: Now insurance doesn't pay for that anymore. So it's tougher to do this. You know, we used to actually put people in the hospital, so we could watch them, and make sure we give them the proper dosing. I had a man at the Veteran's Administration hospital in West LA, where I worked, among other hospitals like Cedars and Rancho Los Amigos. We rotated to different hospitals.

And there was a man who was taking I think it was 18 Percocet a day.

Nita: Wow.

Dr. Darrow: We did the system of putting it into a liquid form, and I don't remember the exact number of days, but it was about one week to two weeks, where he was not taking any Percocet. And he was pain free. I'll never forget this guy.

Ronnie: So it's kind of like the placebo effect in a way.

Dr. Darrow: Well, it's kind of like that, but there's something else involved with it, which is it's not that hard to wean off of medicine, if it's done properly.

Ronnie: Um-hmm.

Dr. Darrow: I personally have weaned endless numbers of patients off their medications. Now today a person needs, as a matter of fact, there's another guy I'm thinking of now, who was more recent, who was taking oxycodone and I said I'm not going to treat you, unless you wean off. Unless you agree to wean off.

He goes I will do it. He said, I hate being on narcotics. I feel like a criminal. You know, his life was based around narcotics. He put himself on schedule of weaning with his pain doctor, and he was off of it in a very short time.

Anyway, God bless you all, it's the end of the show. Give the office a call, 800-300-9300. Go the website, [www.jointrehab.com](http://www.jointrehab.com), you can email me from there, and God bless you all. Thank you.

Nita: Thank you, Dr. Darrow. We'll see you next time.