

## Living Pain Free 2/24/24

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: Well, hi there Dr. Darrow.

Dr. Darrow: Nita Vallens, what's happening today, you beautiful woman?

Nita: Why, thank you, you handsome guy. How are you?

Dr. Darrow: I'm living it up, of course.

Nita: Okay. Excellent. So how are we going to help our listeners live it up? What's the plan?

Dr. Darrow: Well, I'm looking through my book right this second it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's got 250 some studies on why surgery may be not a good option for you with orthopedic issues, and why regenerative medicine may be a very excellent option. I'm actually looking right this second I'm flashing through page 67 shows – I'm showing it to the camera right now. It shows a spinal fusion with metal and the first time I was in one of these surgeries, I really couldn't believe it. It was during medical school, that such big appliances were put into people's backs.

And then I did a study on back fusions and the failure rates and it's pretty astounding. Back then I didn't know about regenerative medicine. And I loved orthopedic surgery, that was my path at the time, until I had a shoulder surgery in my fourth year of medical school. And it literally ruined my shoulder.

My shoulder hurt before the surgery, but all that was done was called a decompression. My boss, just cut some ligaments and shaved down the acromion, which is the top bone on the shoulder

and I woke up with a fever and – God, these pictures in this book are amazing.

By the way, anyone who calls in now – I'm going to give the phone number to the studio, it's 866-870-5752. Write that down and give us a call right now, 866-870-5752. And we'll talk to you live about your issues with orthopedics. You know your pain and your body and anything from the head to the toes. Meniscus tears in the knees, rotator cuff tears in the shoulders. Herniated disks in the back and everything else you can think of. But, anyway, getting back to my story, I had my shoulder operated on and I was very excited. I woke up and my shoulder was much worse, it was all swollen and I couldn't move it, and I had a fever and I didn't know how to fix it.

I didn't know what to do after that surgery, and my surgeon didn't know what to do. He apologized, it wasn't his fault. It's just what happens sometimes in surgery. And fortunately, while I was at UCLA in my residency, a doctor came in to discuss Prolotherapy P-R-O-L-O therapy, which is proliferative therapy. And that therapy was something that saved my shoulder because I learned how to do it to my own body and injected my wrist and healed it.

I also had a wrist injury from golf and the shoulder injuries from weightlifting, doing deep bench presses to thicken up my lateral pectoralis muscles. And anyway, I learned about this from this gentleman, this doctor, and he took me to a conference, and they injected my wrist and it was about 50% better the day after, and then I injected it myself a couple more times, 100 percent better. I don't remember when the last time was, I injected my wrist. It's got to be 20 or 25 years ago.

And my shoulder, I've had three injuries to it. The first one healed overnight with one injection and well actually it was more injections, but one treatment. And I injured it again, I think it was 12 years later and it took two treatments. And then I injured again several years after.

My right shoulder is my action joint because I'm right-handed. And I do tons of sports, I was a gymnast when I was young, and I hit hard. Even though I'm not a giant guy. I'm only like 6 feet 170 pounds. I really enjoy speed and that shoulder has taken the brunt of most of it.

I have injected from time to time my knees. And my elbows, I did years ago, I haven't had to do that again. The wrist was years and years ago. The shoulder years ago, neck and back many years ago.

So my most recent injury was my knees. Sprinting up the mountains where I live with my two Huskies pulling me. And they're fine now. I'm active again and I'm very fortunate to have learned about regenerative medicine, which has morphed from the old days of Prolotherapy, which is injection basically with Dextrose and Lidocaine or sodium morrhuate or zinc sulfate.

Some guys still do a bunch of it. There's a guy in Florida named Ross Houser, who's the old master of it. He was trained by the ancient masters, you might say from the 1900s. Gus Hemwall and George Hackett in Chicago, where he went to medical school. And Ross is a great guy, a good friend of mine.

Anyway, he likes Prolotherapy. I like platelets and stem cells. I think they're much more effective when I hurt my knees, I used Prolotherapy because it's a little bit easier. I just grab a bottle of Dextrose and a bottle of Lidocaine and inject it. I don't need any help from my staff. And I did my – I'm trying to remember which knee it was – I think now I don't remember, it's so long ago.

I did my knee about 10 times with Dextrose and it would work each time. But then when I'd go sprinting again, the knee would loosen up again. And I know it was my left knee, the patella was loose. I was hit by my dog, Dakota, my Husky. That's right when that happened and the patella came loose, so my leg would get stuck, my knee, trying to bend it would get stuck.

So I injected it all the way around the patella and it would tighten up with Prolotherapy. And then a short while after, while running, it would loosen up again.

So I then did one PRP treatment, platelet-rich-plasma, which is a blood draw, spinning the blood in a centrifuge and then taking the platelets and injecting them. And not really tighten it up and then to perfect it, I added some stem cells to it, myself.

So I love these treatments. It's worked on my body and it's worked literally every time I've done it. Most of the time I heal overnight, but most patients I can't say that happens for them. Sometimes it takes a few treatments, so give me a call.

The phone number to the studio right now is 866-870-5752. If you call, I'm going to send you a free copy of my book. About 200 pages on the medicine of Stem Cell and Platelet Therapy, Regenerate Don't Operate, it's called because we regenerate the body. We don't cut things out and it's very simple. You walk in the office, you get your injections and you walk out. You don't need someone to drive you. You don't need anesthesia. And some doctors do this in a

surgical center in the hospital. I think that's kind of overkill, it's very expensive to do that, and there's no reason to do it.

We do these all day long, Dr. Grove is my injector now and he is extremely proficient. He uses an ultrasound for almost every injection he does, and he is very, very well trained. I think he's probably one of the most well-trained injectors on the planet. And he's a buff athlete himself. He was Captain of the Cornhuskers football team when he was back in college and spent many, many years training athletes and then. Went to Med school and then fellowship in sports medicine. He is very, very well qualified and my patients love him. And he's just a doll. He's a great guy.

So Nita, I forgot to mention that we do the Vampire Facelift in the office, which is really cool. It can make people look better and it's very simple. It's just injecting the platelets of the person into their face or using stem cells. And it regrows the collagen in the face. Really all we're doing is regrowing collagen. Collagen is the structural protein of the body. And these treatments sequester fibroblasts, which are cells that grow tissue. And also when you get into the platelets and the stem cells, it's more advanced than just that. But you get that effect also. Nita: And may I just suggest that we talk to Joe?

Dr. Darrow: Yeah, we don't want to keep Joe waiting too long. Joe, Dr. Marc Darrow, you're in Rancho Cucamonga. It's hard to say. So your shoulder bothers you.

Dr. Darrow: It says you have a rotator cuff tear going on here, my call Screener wrote that down. How long has your shoulder bothered you, and which shoulder is it?

Joe: It's left shoulder.

Dr. Darrow: Okay, are you right-handed or left-handed?

Joe: I'm right-handed.

Dr. Darrow: Okay, and how long has it bothered you for?

Joe: It had a slight tear over a few years I used to lift really heavy weights and you know, shoulder presses and all that played baseball and all that over the years.

Dr. Darrow: Okay, yeah.

Joe: It took its toll and so now it has a full tear and it's – it bothered me. I mean it took a turn for the worst, so about – about a year ago, a year and a half ago so now it's about – I worked on it and, you know, my doctor's recommending surgery, but I really don't want to do that, you know.

Dr. Darrow: Sure. Okay. Do you have any range of motion? Can you lift your arm up?

Joe: Yeah, I thought –

Dr. Darrow: I still – I'm sorry.

Joe: I've been through with exercise and supplements and stuff like that.

Dr. Darrow: Good, good, good, good, good, good, good. So you have range of motion, you have some pain. And now to me, you know, in my world, which is a different world than the surgeon's world. I'm just putting that out there, we think differently, pretty much.

They think that a tear means you're going to need surgery because you have some pain and I think you can heal the pain by doing some regenerative medicine injections with either platelets or stem cells, depending what we want to do. And that's a choice of the patient, not me. And the reason I say that is because my right shoulder three tears in it. I have a subscapularis tendon tear, I have a supraspinatus tendon tear, and a labral tear.

And none of those bother me. They did bother me, but I self injected and healed up whatever the problem was. Now you're thinking and people listening are thinking well you have a tear, so how could it be – how could you be fine? I can play golf. I can throw a ball, you know, I can do whatever I want to do. I can lift weights.

What's the issue? We confuse the pathology, which is what you see on an image with the reality. So that's pathology versus reality. I just made that up the second, so I'm happy to be writing that down.

I mean, I've been talking about the concept for over 25 years of doing this work, but I just really thought I like these terms and the pathology is what you see on an image of what a doctor thinks it is in his diagnosis. And I'm just going to say it the way I see it. Doctors are usually wrong. I'm not putting them down.

Joe: I'm thinking – yeah, exactly. I mean not, you know, everybody looks at most people look at doctors as Gods, but you know they make mistakes just like everybody else. And they have a, you know, they have an agenda with the hospital or whatever, you know.

Dr. Darrow: Well, you know it's -- it's the culture that we grew up in that we often follow. And I grew up in the culture of surgery, and I loved – I loved it. I just absolutely loved it.

It was the most fun of any kind of medicine I had ever done. But when I had my shoulder surgery, I learned it's not the best way to do things for everybody. I'm not saying not to do it, and I'm not saying I don't like surgeons. I love surgeons, they have the brunt of all of this on their shoulders and it can be very dangerous. People die in surgery.

Joe: Yeah.

Dr. Darrow: And yeah, I think you think well, how could you die in a simple surgery on a shoulder? I've seen. I've seen it happen a couple times and it's very shocking. It can be from the anesthesia. It can just be from fluid overload whatever it is that happens during surgery. It could be a lot of things, allergies to medicines. So it's not common. But if you're the one that happens to or you have a bad outcome and you're the one that's 100 percent for you. So I'm hoping never to get a surgery again. After that failed shoulder surgery of mine, I've never had an orthopedic surgery.

I've had others for medical issues. I had a pheochromocytoma, a tumor on my adrenal gland and it got very large, it was 4 centimeters. And I had that taken out because I had high catecholamines. I was jacked up all the time and people die from that tumor. So I had that taken.

I'm trying to think whatever – I mean I had tonsillectomy. I had an accident. A car. I had surgery on my face four times to put it back together. So those kind of surgeries I'm all for. I'm not for orthopedic surgeries.

Joe: Those are necessary. I mean absolutely necessary.

Dr. Darrow: Yeah. And listen, a lot of orthopedic surgeries are necessary if you have a broken bone you need a surgery most likely.

But the surgeries that are done, all these meniscus tears all day long, wow, not needed and the studies show that. There's study after study showing that the surgeries can make you come out worse. And that regenerative medicine using platelets or stem cells can help you heal up.

Joe: Yeah, that's what I've heard.

Dr. Darrow: So why do something invasive when you can do something conservative, like get a couple of injections to help you heal up.

Joe: Exactly.

Dr. Darrow: Now I've had people with – I've had people many, many people with full rotator cuff tears who we've healed up. So did the tears heal up? No.

Joe: Mine is like a full rotator cuff tear.

Dr. Darrow: Yeah, but full or partial doesn't mean anything to me.

Joe: Okay.

Dr. Darrow: And I've had people that couldn't even lift up their arms because their – their tear was so complete that have completely healed up. I'm not saying this is going to –

Joe: I just want what – I don't mean to interrupt you, but I do have – I've improved the range of motion. But I do want, you know, I want – I don't want to be – I'm an active person and I don't want limitations, you know, and it's like, you know, so that's. I've been listening to your show and over the last few months and you were – you were referred by a friend and I just, you know, decided to call in today.

Dr. Darrow: Well, I appreciate. And we're going to send you a free copy of Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's got the foreword to the book by Suzanne Somers. Do you know Suzanne Somers, the actress?

Joe: Yes.

Dr. Darrow: Yeah, she passed away recently.

Joe: Yes, she recently passed away, yeah.

Dr. Darrow: Yeah, what a testament to life, she was, what an amazing friend and person.

Joe: Yeah, she was.

Dr. Darrow: And I was fortunate enough to have treated her and her family, her son Bruce, and her grandkids and their friends.

Joe: Oh wow. She aged well too. I have to say.

Dr. Darrow: Well, she's written so many books. One of them was called Ageless.

Joe: Well. She. She stayed pretty attractive throughout the years. Yep.

Dr. Darrow: She was attractive to the last second. She also wrote a book called a New Way to Age, and I'm looking at it right now. On page 302, there's a 19-page chapter about me in it. And about my work and yeah, how it worked for her.

Joe: Oh really?

Dr. Darrow: So she was a great advocate for all medicine, traditional and what's called alternative. But obviously she liked conservative things like we all do. Well, I can't say like we all do because I have a lot of patients who come in who just want surgery.

Joe: Yeah, it's an easy fix.

Dr. Darrow: And who come to see me for a second opinion.

Joe: It's an easy fix, you know, and it's – but like you said, it doesn't always turn out well.

Dr. Darrow: I'm going tell you this, Joe, if it was an easy fix, I would be doing it. Because I loved it. But I found that it was not an easy fix. It was a hard fix and it was just sometimes the beginning of people's miseries.

I can't tell you, probably the thousands of people over the last 25 plus years I've been doing this that have come in after a failed surgery, crying sitting there, going why didn't the surgeon tell me this could happen to me? Yeah, yeah.

Joe: Made it worse, right? Yeah, yeah, that's what I've heard, and it's not 100 percent. And the doctor that recommended surgery, informed me of the same. He said, you know, nothing guaranteed.

Dr. Darrow: Well, that's good. He's an honest guy. A lot of surgeons do not tell people that. They'll have them sign a consent that the patient never reads because the consent forms have small fonts in it's long. And I'll be honest, when I go see a doctor, I don't read the consent form. I just sign it. It's like I know I have to sign it to get treatment or see the guy, so I'm just going to sign it.

Joe: You'll scan over it, but you won't really like it, sit down and take the time to read that. Who has the time like then and there?

Dr. Darrow: No. Yeah, and I'm a lawyer, typically with a contract. I read every word. But when it comes to medicine, I know that there's nothing I can do.

My consent form is a big font, and I make people not only read it, but they have to write in their own handwriting certain things like there are no guarantees and it may take more than one treatment. Things like that, that people get confused.

Joe: What's your success rate on this?

Dr. Darrow: You know, it's hard to say because after a person comes in, they don't always come back. Sometimes they're healed, so we don't get to follow up on every single person. I would say off the top of my head it's probably about 80, 90 percent.

Joe: Okay.

Dr. Darrow: Well, that's if people follow directions.

Joe: 80, 90 percent, wow.

Dr. Darrow: That's if people – well, we have to choose the right people. We don't do stem cells and platelets on everybody that walks in the door. There are some people that it's – I don't think it's a good treatment for so it's a select population.

Joe: How many treatments does it usually take?

Dr. Darrow: Anywhere from one to three, typically, but it could be more. And a lot of this depends on the patient. A lot of patients don't listen to me. You know, they're going to be active after we inject. You can't be active in that area, because we're growing tissue. We're stimulating tissue to grow.

So if you go beat it up, right after treatment, you know, we like people to chill for a couple weeks and let the tissue grow in. There's something called granulation tissue, which if you look under a microscope you can see it growing and there's been studies on regenerative medicine years ago. In my first book, Prolotherapy, Living Pain Free, which was a long time ago, I actually have photomicrographs of the tissue going in. So yeah, that's the biggest – the biggest issue is patients being too active.

Joe: Yeah.

Dr. Darrow: I just had a patient come in who is a TV reality star came in yesterday and she was going to go to a show she was going to fly and she didn't get treatment. And there was another one that came in, I'm trying to think – oh they drove down, a couple drove down from Fresno. And she had – she had, I think, three different areas to take care of and she was going to be traveling to Texas to see, I think her grandson or something in college and was going to be doing a lot of walking. And I said, you know, you better wait till you get back, because even though the treatment would help, it's going to stimulate tissue growth. You're not going to feel better and then you're going to think it's not working.

Joe: Where was her issue at in her body?

Dr. Darrow: She had meniscal tears and arthritis in her knees, and I forget what the other issue was in her shoulder.

Joe: You know, another question I have is that, you know, insurance doesn't like I brought these alternative, you know, treatments to my doctor and you know insurance doesn't even cover these. Why is that?

Dr. Darrow: Some insurance does – some insurance does. Yeah.

Joe: Really? Okay.

Dr. Darrow: Yeah, if it's, let's say it's, let's say it's a, let's say it's an accident, like a personal injury accident. Oftentimes your Med payments policy will cover that. Sometimes Workers Comp insurance will cover it. A lot of companies have medical savings plans that patients can use for that. General health insurance typically does not cover it. So that's what you're referring to, yes.

Joe: Yeah. Okay.

Dr. Darrow: But you know the question patients – that patients have is well, why should I do your work when I can get a surgery for free?

Joe: Right.

Dr. Darrow: There's no free surgery.

Joe: You just stated that earlier. You just stated why, because it's not 100 percent –

Dr. Darrow: Well, no, it's not just that, but sometimes –

Joe: It could be worse. It could go worse, you know.

Dr. Darrow: And it can cost you a lot of money. You can lose your job, I know you're not supposed to, but these things happen. You can lose your profession. You can have to hire people to take care of you for a certain period of time or for life. I mean, I've seen the worst things happen and that's all I'm going to tell you. I'm not putting down surgeons. I love surgeons.

Joe: No. Yeah, they – they serve a purpose. Yeah, of course.

Dr. Darrow: I love them. Well, yeah, it takes a lot of guts to do surgery. It takes a lot of guts to take that responsibility on your shoulder.

Joe: Yes, a good surgeon, yes. Yeah, for sure. Yeah. Yeah. Thank you for taking the time to speak with me today. Yeah, I'd love to –

Dr. Darrow: Well, Joe. I'd love to – you know the thing is, I was just going to say I'd love to touch your shoulder because in less than a minute by just touch, is how I find out where the pain is being generated from.

So people say, why don't you want my MRI or my x-ray or my CT scan? I go, well I do want it, but it's not really how I diagnose.

Joe: Okay.

Dr. Darrow: And I'm going to be honest. There have been some images I've gotten for musculoskeletal things where I found cancer or bleb in the lung or something like that.

Joe, if you want to hang with us, we want to. To a short break and the phone, the phone number to call into the studio is 866-870-

5752. And if you want to call my office and get more information from my staff the number to the office is 800-300-9300. The website [www.jointrehab.com](http://www.jointrehab.com) you can watch me doing videos of these procedures.

[Break]

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

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens. And we're taking your calls right here, right now 866-870-5752, right here in the studio. You can speak directly with Dr. Darrow about your orthopedic issues. And when you call in today, you get the free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy, Regenerate Don't Operate. And it actually has 264 scientific studies.

Dr. Darrow: So, excellent. Joe, Dr. Marc Darrow here, and I'm going to give out the phone number to get some caller, 866-870-5752, that's 866-870-5752. If we miss something on the show today, and you would like to call the office, and get a free consult with my staff, that's not me or Dr. Grove. That's with my staff. That's 800-300-9300. They know tons of information about this. We do this all day long. Again, the number to the office is 800-300-9300.

And my website has tons and tons of videos of us discussing, me and Dr. Grove discussing regenerative medicine. And videos of the injections, so you can see if it's something you'd like to do.

Joe, I appreciate all the information you've given us about your rotator cuff tears. I'd love to get you in the office and touch the area, to show that the pathology you have is probably not the reality of what's going on. Because when we touch the body, we find out where is the problem.

And a lot of times the pathology is so far off. Dr. Grove and I just had a patient come in a couple of days ago, who came in saying that she had hip problems, and hip arthritis. And we moved her around and looked with the ultrasound, there was a little arthritis. But she had good range of motion. It wasn't even the issue. It wasn't in the

same universe. It was the gluteus medius muscle on the back of her pelvis.

So he is someone that could have gone down the rosy trail to a hip replacement, all right, when it wasn't even the area. And it gets very complex in the hip area, because there's so many connections there. There's 14 muscle attachments to the greater trochanter, which is on the side of the -- of the, what we call the proximal femur, the upper portion. And we just have to be very careful.

Dr. Grove and I do not treat based on the pathology that we're told, which is the diagnosis by other doctors, which is often wrong, usually is wrong, and by images. We like to hear all the information from other doctors, because they could be right and they could key us off to something very important.

And like I said, I always get images, because I found some terrible pathology like cancers that were unrelated to the musculoskeletal problem and have been able to save a few lives like that. So I do like the images, but it's not that I rely on them to treat.

So guess what, we have Dr. Thomas Grove on the line. And can you hear us, Dr. Grove?

Dr. Grove: I can hear you loud and clear, good morning.

Dr. Darrow: All right. God bless you, man. You're the greatest guy on the planet as far as I'm concerned. And I love you very much, and you know, I've been watching you the last few months doing the injections with me. And I don't think there is a finer doctor on the planet, and I mean that from the bottom of my heart.

And I know your patients love you. And we're just so excited to have you on staff. And this is the first time you've been on the radio show, so I hope you don't get nervous from it.

Dr. Grove: Not at all. I appreciate your words, doc, hey as always I stand on the shoulders -- or I'm a giant, but I appreciate all the groundwork that you laid, and you know it's a real easy situation.

People are in pain, and they want to heal, and we can provide some solutions for people.

Dr. Darrow: Tell everybody listening who you are, and what your training has been, so they get to know you. So when they come in, they're not like I only want to see Dr. Darrow, which is so silly. Because I think you're better trained than I am. I learned on my own, by

experimenting mostly on my own body, and then with patients back in the early days.

And you've actually had specific training in regenerative medicine that wasn't out there when I was learning. And I've watched, you know, for months, and am very excited about the work you do, and the success rates you get.

So tell people who you are. What was your training in medicine. And what did you do before. I know I just texted you a couple of minutes ago, you said you were just finishing up at the gym.

Dr. Grove                    Yeah.

Dr. Darrow:                How much time do you spend at the gym every day?

Dr. Grove:                    Oh, not that much, maybe 30 minutes or so, just something to keep myself active. But I know you have a really good point is I've had the benefit of you know of [indiscernible] has been around not a whole lot of time, and so I get the benefit of being a little bit younger and having the opportunity to train [indiscernible] amazing, amazing.

So I grew up in Nebraska, and then going to college and playing football at the University of Nebraska. And they made me Captain of the linebacker there. I had a lot of fun there. That's really how I started to learn about, you know, the high end sports world, and what's available to the top athletes. That's when I really got involved in regenerative medicine. And then again really fun job, a strength and conditional coach, a nutritional specialist, living with pro athletes doing all their training and all their cooking, and see what those guys are using to you know, stay on the field, stay on the ice, stay on the track, stay on the gym.

I ended up going to medical school in Pennsylvania. From there it took me to Dallas, Texas, and then did my fellowship in sports medicine with a lot of musculoskeletal ultrasound training at Virginia Tech. So I got to travel a bunch, I've been around the world a couple of times, working with athletes at the highest level. And I have convinced myself, this is the best stuff on the planet to heal musculoskeletal injuries.

Dr. Darrow:                Yeah, I mean the other thing that we talk about, we actually laugh. We get together in between patients. And at the end of the day we laugh about how great this work is, and why -- why all doctors aren't doing it. Why are they going to do invasive things, when they can do conservative things that don't hurt people. And how people get better so fast with what we're doing.

It's really kind of a silly, sad joke, when you think about it. Because --

Dr. Grove: Oh, it is.

Dr. Darrow: -- what I find and I -- listen I have tons of friends, really great friends who are doctors. And I don't like to say anything negative about anybody, but I call them dinosaurs, and we fight with each other. They're dinosaurs, you know they're raised a certain way, and it's old school, and they're just not going to change.

And they're very stiff about it. And they're not open to new things. And listen everybody wants to be healthy. Everybody wants to be, who isn't healthy or has pain, wants to heal without surgery. So why are these surgeries happening? I don't get it. Uh-oh.

Dr. Grove: Yeah, thoroughly in proportion to reality that you know, just I think a lot of physicians just don't have either the exposure to it, or the training in it. I mean, I didn't learn about this until I actually saw it on athletes, being injured and having injections instead of surgery and getting back to the field.

Dr. Darrow: Yeah, well, that's kind of how it happened with me. Wow, Thomas. I hope it's not the police coming after you there.

Nita: We'll bail you out, Thomas, don't worry.

Dr. Darrow: Anyway, I'm glad you joined us on the radio here. If you have some more time, I'd love to just ask you a few questions.

Nita: Me too.

Dr. Darrow: So you can help educate people about what this work is.

Dr. Grove: Yeah, absolutely.

Dr. Darrow: Yeah, people -- we just had Joe on the phone. He said how many treatments. And in your experience how many treatments is it with platelets or stem cells to have people and do stem cells work better than platelets?

Dr. Grove: Yes, a really common question that we get. Unfortunately, I had magic vision and I could look at a patient and look imaging, and say you know, you're a one injection patient, you're a two-injection patient. My answer to patients is, you know, it's one at a time. I don't want to guarantee that you're going to need multiple injections, because you heal after one, and you're back to your functionality level that you're happy with, your pain is controlled.

No need to continue to do treatment on you. So I try to use the smallest tool to fix somebody's problem.

In general, though, so let's talk platelets versus the stem cell world. The platelets, in general, you're going to typically need more treatments over a longer period of time, compared to stem cell treatment. Now, that is stem cell treatment is more of an investment, on the front end, but you heal much faster. Both are really good options for healing musculoskeletal injuries.

Dr. Darrow: What do you think about what patients tell you when they come in about what their injuries are, or what's bothering them?

Dr. Grove: Yeah, so a lot of patients say -- you talked about the previous caller, they a kind of preconceived notion of what their injury is, but you've got to figure out what pathology is, versus what someone's reality is, right?

You have an injury that is actually causing your symptoms, or are you just having something you're finding on imaging? And that's where it's really, really important that you're putting a physical exam planning together with the imaging. And again, we have the benefit of using very high definition musculoskeletal ultrasound, which is an amazing tool, where I can actually look at the tissue in real time. I can put stress on tissue to see if there's a tear there. I can move the patient around and maneuver them, to figure out exactly what's going on.

But a lot of people don't realize, you know, you can find a pathology a lot of other places, but it's not actually causing any symptoms whatsoever. So we don't want to go chasing a problem that's not actually causing somebody symptoms.

Dr. Darrow: Well spoken, man, very well spoken. Nita, do you have any questions of Thomas?

Nita: I do. I do. Hi, Dr. Thomas.

Dr. Grove: Good morning.

Nita: A few seconds ago, you had talked about when you started learning what high end athletes, the kinds of treatments and diets and things that -- that they were doing. Can you suggest to us, a couple of hints maybe about you observe like just a regular sort of non-athletic person?

Dr. Darrow: First of all, I'm going to give out our phone number again, and get some more callers before the end of show, even though this is

amazing Dr. Grove, Dr. Thomas Grove. The phone number to the studio is 866-870-5752, 866-870-5752. If you decide you want to call the office now or after the show, the phone number and there's people there that can answer more questions, it's 800-300-9300. That's 800-300-9300.

And if you want to watch videos of Dr. Grove and I on our website, it's [www.jointrehab.com](http://www.jointrehab.com) there's videos of many, many different types of treatments. You can see if this if the type of treatment that you think you would want to get.

So go for it, Dr. Grove.

Dr. Grove: Yeah, certainly, you know, optimizing someone's treatment, optimizing somebody's health, I think in general just having some body awareness. If you've got something that's bothering you, it's painful, that affecting your life, get it checked out. I can tell you it's a little easier to catch something that's earlier and treated with fewer treatments, than if you've have chronic for 56 years, typically, you know, if you've got a knee problem, that could end up going to the hip, or the ankle, or the back or the neck, you know, after 10, 20, 30 years.

So that's the general piece of advice I give to people, keeping yourself physically active is incredibly important, and if pain is one of those things that limits you from doing that, you know, get it checked out, and see if maybe you're missing something for you to be successful.

Dr. Darrow: Also, I'd just like to put in, that we do get people who have pain for 50 or 60 years. And regenerative medicine using platelets or stem cells can still help.

Dr. Grove: Oh, yah.

Dr. Darrow: You know, that doesn't cut out -- people come in all the time, and they go well, I've had this for so many years, this couldn't possibly help. And then they get helped. So the age of the injury is not really that relevant. And we actually sometimes what we call acute injuries, which are new injuries they can also help.

For instance, if someone has an ACL rupture in the knee, the first thing we do is we put the ultrasound on the knee and we see where the fluid is, and we take every drop -- we numb it up, take every drop out. And if it comes out red, we know it's blood which means it actually might be an ACL rupture. But a lot of times the surgeons think it's an ACL rupture, because an MRI shows that, and the MRI

is actually wrong, because MRIs are overly sensitive. They may show things that aren't even t here.

So the first thing we do with an ACL, is we take the blood out, and then let it start healing, so you don't end up with a big blood clot there. And I don't know why surgeons are not doing this. It makes no sense to me, because if you end up a big hematoma inside a knee, you're going to have a problem healing up.

So most of the time with the ACL ruptures, even if it's real, we can still heal them. And what I like to do is get right in there and put some stem cells in there, get the blood out, put some stem cells in there and get the healing started. And I have some very high level elite athletes that have had ACL ruptures ready for surgery, that have never had to get that surgery done. And they're back on things like high wave -- you know, big waves, things that are very ballistic for the knee.

So I -- you know, you can tell, I'm excited. I love this work.

Dr. Grove:

Oh, it's amazing. I mean, you know, you just said, Doc, you've got people with an ACL tear, that they think they have a tear, that you don't have to have surgery for, and you get them back to their sport. I mean, that's such a huge difference from what the standard treatment is today, where you're, you know, months and months and months of rehab and being -- laying off of things. And here you know a couple of weeks, and you're back.

Dr. Darrow:

Sometimes a couple weeks. Sometimes a lot longer. We can't prophesize and like I said before the biggest failures are people being too active after a treatment, it doesn't give the tissue time to grow. Some people take anti-inflammatories like ibuprofen for headaches, that's going to blunt a little bit of the treatment. It's not going to kill, it but it's going to block some of the inflammation we need to sequester fibroblasts to the area, which are cells that grow tissue.

And then some people come back after -- we usually have people come back after two weeks to check them out. And they go it didn't work. Well, sometimes it takes more than one treatment. Sometimes it takes a few. And then a lot of doctors, the reason it doesn't work for people -- we had somebody come in, Dr. Grove, I don't remember who it was, just a couple of days ag who had several treatments, I wonder if it was the woman from Fresno with her husband, who, you know, had the knee issues. And she several treatments, but the doctor didn't use an ultrasound, wasn't that her? I think it was.

Dr. Grove: Yeah, it was a patient. I think it was somebody's hip, yeah. Which just brings up a really, really good point is you know you have deliver these cells, these healing cells to the area that needs to be healed. So using the benefit of ultrasound is, you know, you can see those cells going exactly where you want to heal that tissue. So if you're not getting that done, unfortunately, it's really tough to say, hey I'm even getting these cells to that area that wants to be healed.

Dr. Darrow: I don't know how much of a rush you are, Dr. Grove, but we have Chris on the phone, waiting, you can stay on if you'd like to, because we have a lot more to talk to you about, or you can take off and get on your way, whatever you'd like to do. But I would like -- and thank you so much --

Dr. Grove: Absolutely, I'm going to hang out.

Dr. Darrow: You'll hang out, okay good.

Nita: Whoops.

Dr. Darrow: Whoops, they got rid of him.

Nita: Yeah, I didn't know that -- I thought I could bring him on together. Please call back in Dr. Grove.

Dr. Darrow: Yeah. We're going to go to Chris first here, and Chris, Dr. Marc Darrow. And you're from Silmar. What's going on with you.

Chris: Hello, Doc. I was one of your patients, a little bit of history, I came to you oh, it must have been about a year and a half ago, and showed you my MRI and you did your evaluation on me. A [inaudible] got in the way, and it was about a year after that, I finally got tired of the pain, and three weeks ago, I came in for the injection. And Dr. Grove, he's a great guy, fantastic.

Dr. Darrow: Thank you.

Chris: And he went through the procedures, I got the stem cell injections in my shoulder. And he's very knowledgeable about everything, showed me exactly what was going on, on the ultrasound, and when we got done with the injections, naturally it was -- it was an experience, I'm not going to say it wasn't.

Dr. Darrow: Well, shoulder injections can often be a lot of injections. Because it's such a mobile joint that we have to cover all the possible bases, and sometimes, to be honest with you, Chris, we don't know the exact pain generator. So we want to cover the areas that it could be. We'll cover the obvious things if we see a tear, we're going to put

some cells in there, but then we cover the areas that are not quite as obvious to make sure.

Chris: Right.

Dr. Darrow: Because the obvious areas don't necessarily mean that's where the pain is coming from.

Chris: No, exactly.

Dr. Darrow: If someone comes in for a knee procedure, you know of injections of platelets or stem cells, that often can just be one injection, one simple injection. And if we have to aspirate fluid, which we can see with the ultrasound, we numb up the area first so you don't even feel it.

So your shoulder can be more problematic for the patient, because there's more injections, but you know, I've done this to myself, I've injected my shoulder, and it's not a big deal. And actually, I was -- any time I go to a national meeting, when they ask for a volunteer, I raise my hand, and I let them inject me all over the place, so I've laid there for over an hour getting injections. And it's not really a big deal. Nobody likes getting an injection for anything, but it's not a big deal. I mean patients don't have problems with it.

Chris: No. I didn't have problems with it, it just -- like I say because he did my shoulder, and I had a small tear in the muscle going down from my shoulder into my arm, just when you hit nerves, you know you can feel it.

Dr. Darrow: Well, we don't really hit nerves. When you talk about nerves, you've talking about big body of a nerve.

Chris: By anyway, mine went well, I'm doing great. I slept through good that night, I didn't have hardly any pain in my shoulder at all.

Dr. Darrow: God, that's great, man, thank you.

Chris: The next morning I woke, I came back two weeks later and we checked out and I've got good -- normal mobility in my arms, naturally I'm still healing, I know that, you know the little exercises that the gentleman gave me that paper to do.

Dr. Darrow: Yeah.

Chris: But I just wanted to thank you and him for helping me out. And I'm doing good and --

Dr. Darrow: Well, Dr. Grove is listening to you right now. He's on the radio too.

Dr. Grove: And that's awesome to hear, I love it.

Chris: Yeah, he knows his work, I guarantee you that.

Dr. Darrow: Yeah.

Chris: He knows what he's doing.

Dr. Darrow: You know, again, I'm going to say this. I think Dr. Grove is probably the number one guy in regenerative medicine. And I'm so grateful to have -- to work with him now.

Chris: Yes. You got a good one there. I just wanted to thank you all. You did great --

Dr. Darrow: Thank you, Chris, God bless you.

Chris: And everything.

Dr. Darrow: Thank you so much.

Chris: If this comes up again I'm sure I'll be back in your office.

Dr. Darrow: All right. Thank you. I'm going to give out the phone number to the studio again, in case we get some stragglers in here. It's 866-870-5752. That's 866-870-5752.

And if you want to talk to the staff, you can get a free consult with the staff, not a free consult with Dr. Grove and I, that's the staff, that's 800-300-9300. You can call them right now. They know what this stuff is all about. They can give you tons of information. And if you want to watch videos of these procedures, go to [www.jointrehab.com](http://www.jointrehab.com) that's our website, [www.jointrehab.com](http://www.jointrehab.com).

And there's video of Dr. Grove and I discussing many of these matters. And get to know Dr. Grove. He is one of the most amazing people I've ever met in my life, not just for his amazing qualities as a doctor, he's an amazing doctor, and a great technician, a great injector. He uses ultrasound for most of his injections. But just a great soul, a great, great person, someone that's fun to hang out with and it's nice to be around a guy who is so positive. I'm just so grateful for you, Dr. Grove.

Dr. Grove: I appreciate you, Doc.

Dr. Darrow: Yeah, I know. We have a good thing going on. Let me think of other questions or if there's anything you can think of Dr. Grove about this area of medicine that you think is important for people to learn, we've got about three or four more minutes left.

Dr. Grove: Yeah, I think we can talk a little bit more about what you're just mentioning there with, you know, number of injections. So it's really important to understand that if someone has an injury, a lot of times, it's more than one area that's injured. And the shoulder is a really good example of that, as you know, hopefully it's just only thing, maybe you just have arthritis and it's one shot and you're okay. But you know a lot of patients you also have ligaments and tendons, and maybe muscles that are also damaged.

Dr. Darrow: Dr. Grove, I'll see you at the office, we've got to run.

Dr. Grove: Oh, you do, okay. We'll see you there.

Dr. Darrow: There goes that banjo. So God bless you, Dr. Grove, Nita, Alex, Suzette, and the rest of the staff. If you want to get to my office, call 800-300-9300 there's people there that can answer your questions right now. If you want to watch videos, go to the website, [www.jointrehab.com](http://www.jointrehab.com).

We love you.

Nita: See you next time.