Living Pain Free 02/03/24

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, aren't you beautiful today.

Nita: Oh, thank you.

Dr. Darrow: Every day, right?

Nita: Well, I do my best -- I do my best.

Dr. Darrow: Is it all attitude?

Nita: It's all attitude. It really is.

Dr. Darrow: Good.

Nita: Attitude of gratitude, I knew you'd like that. So how are we going to help our listeners today, because we want our listeners to feel as good as we do?

Dr. Darrow: Well, we've done this radio show, my gosh, for about 20 years or so. And --

Nita: 25, I believe.

Dr. Darrow: Well, I've been doing this over 25 years.

Nita: Yeah.

Dr. Darrow: Using regenerative medicine, which has morphed throughout the ages from the old Prolotherapy days to now we use PRP, platelet-rich-plasma, it's platelets from the blood. And stem cells we can

take also. And they're healing agents, and they stimulate tissue to regrow.

So wherever you have musculoskeletal pain, that's orthopedic pain, instead of having a surgery, we implore you to consider doing something natural and conservative, which is the work that I have always done, since my residency at UCLA.

Some patients come and they go, I went to USC, I don't like you. People are very funny about their schools. And I tell them I went to USC also. Believe it or not, I was a lawyer, way, way back. And about 10 years into law, I did a masters of taxation at USC.

So you know to me, schools are schools. I love them all. I've been to lots of schools. I had college level and post-grad level for 22 years. So I have a lot of degrees, it doesn't make me any better than anybody else. I don't think the degrees make the person.

But I've just also been curious. I always study, I'm always learning new things. And the thing that has always worked for me, because I was trained in orthopedic surgery, during my med school days and internship, and I was going to be an orthopedic surgeon, until I had one on my right shoulder.

Nita: Oops.

Dr. Darrow: And it didn't work out well, and I then learned about four years later how to heal it. And that was back in the Prolotherapy days, I injected my own shoulder with concentrated dextrose, that's sugar water, and a local anesthetic. And it healed overnight after a surgery botched it up.

So that was the real wake-up for me. I did my wrist also, that healed very quickly. And since then, more recently, I've done platelets and stem cells on both my knees, both my shoulders. I've done, let's see, what else, also done regenerative medicine on my elbows, and my wrist, my neck, and back were done by other doctors, because I can't reach back there or see that.

But in our practice, that's me and Dr. Grove, Dr. Thomas Grove, and you can look at us on the website, at www.jointrehab.com. Dr. Grove is a newer associate who is really, in a sense, better trained than I am.

My training came intuitively. I did it on my own, just experimenting on my own body. Whereas Dr. Grove is fellowship trained. He's one of the best experts, probably in the country on

regenerative medicine and using ultrasound to guide the needle, to see where it's going.

And if you're going to doctors who are injecting you with PRP or stem cells and they're not using an ultrasound. They don't know where that needle is going, I am sorry. So there's some areas you don't need to use an ultrasound, but Dr. Grove uses it all over the place. And he is one of the best injectors I've ever seen.

He is an ex-football player with the Nebraska Cornhuskers. He was captain of his team. So he's a big dud, handsome guy. A lot of fun, great personality, all the patients love him and he's doing all the injections now, I'm just managing the practice, and I -- he was very well trained. I also trained him in my methodology, so patients could cross over and not be getting different types of techniques.

So I love the guy, you'll love him too. And you can go to www.jointrehab.com and you can read his story, as well as my story. And there is endless scientific studies on that website that will introduce you to regenerative medicine and what works, what doesn't work.

And there's also, if you happen to call in right now, and you want to talk to me live, the phone number to the studio is 866-870-5752. I'm going to repeat it while you grab your pencil, it's 866-870-5752. If you call in, I'm going to send you postage-free, a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate.

The Foreword was done by Suzanne Somers, God bless her, rest in peace. And she was a big loss to the medical field as far as I'm concerned. She taught people all over the world how to heal naturally.

And she had a long struggle herself, medically, and finally succumbed. She was a couple years older than me, and we were very, very close friends. I've injected her and her son, Bruce, who was an avid biker back in the day, and had lots of injuries. And her granddaughters I've taken care of and their family and friends, and we just had a great relationship.

And she wrote many books. I don't know if you guys know this. But Suzanne Somers wrote probably about 18 books on medicine. And in a couple of them at least, she's written chapters about my work in regenerative medicine. And God bless you, Suzanne Somers.

So what else, if you want to call the office, you can get a free consult with my staff there. And the phone number to the office is 800-300-9300. That's a free phone consult. That's not to come in the

office, we'd love to see you also, but if you want to just call the office and get a free phone consult with the staff the phone number to the office is 800-300-9300.

So, Nita, anything you want to say --

Nita: Yes.

Dr. Darrow: -- before we move on here and I want to talk about the Vampire Facelift and restorative hair, regenerative medicine on the head, also.

Nita: Yes, I'd love for people to call at 866-870-5752. Because you get a free book today.

Dr. Darrow: And Nita knows that I'm going to needle her.

Nita: Yes, that's true.

Dr. Darrow: With terrible Dad jokes, if you don't call in.

Nita: Well, you didn't let me say what the book is.

Dr. Darrow: Well, tell them -- tell them -- tell them.

Nita: Okay. The book -- this is Dr. Darrow's latest, because he's written others, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. And it has 264 scientific studies, and as mentioned earlier, Suzanne Somers did write the Foreword to the book.

And in her last book, A New Way to Age, she did a chapter on you.

Dr. Darrow: Yeah. Great, and it's about 19 pages about regenerative medicine. And how it's worked with her and her family and her friends.

So I'm going to go to a question, if you don't mind, Nita. I'm going to talk first about actually -- we can also regenerate the collagen in the face, and that's called the Vampire Facelift. Very simple, we just numb up the face, so the same type of injections as I do on the musculoskeletal system, all the joints, tendons, ligaments, really from head to toe.

But it can also be done on your face to make you young again, make you look really young. And a very simple procedure, we also can do this on the top of the head to stimulate the follicles to regrow hair. It's not going to work very well on Dr. Phil, for Dr. Phil.

But if you're losing your hair, we also can check out the hormones to see if you're having an imbalance in the hormones, or problems

with low iron, or maybe low thyroid, things like that can also affect hair growth, we can check all that out for you.

So this question that came in is called, "failed treatment foot pain". So people email me all day long through the website, if you go to www.jointrehab.com every single page has a spot to email me, and I answer every single email that comes in, we have emails all over the world every day.

So this person wrote hi. I have had long lasting pain in my foot for over a year. Haven't had any relief, despite resting it, trying the shockwave, that's ultrasound, new shoes, custom orthotics, et cetera.

I am a runner and am desperate to find a solution. I'm interested in learning more about whether my specific injury could be treated by PRP or stem cells or both. The answer is I don't know. And the reason is this person hasn't told me really what the diagnostics are about. Typically with someone who is having orthotics made, it could be a plantar fasciitis, that's the ligament on the bottom of the foot that attaches to the calcaneus bone. And people often will get a little spur there, and then they think it's the spur that's causing the pain, but it's not.

The spur is a result of tension between the ligament and the bone. So we call that an enthesopathy. And with constant running which this person does, I'm a runner also, I've had a bit. But a lot of times it won't go away.

And what we do for that, is we use the ultrasound, and we can see where that attachment is, see if it's torn, or see if there is calcification, which can become a spur over time. And we can inject right on that spot. So it's a real simple injection to do. We do these all the time.

It could also be, you know, I don't know where the pain is coming from with this person, because they we haven't told me other than their foot. It could be an Achilles tendonitis. It could be where the Achilles tendon attaches to the back bottom of the foot. And those things we heal all the time also.

It could be a bunion, that's arthritis in the first metatarsal phalangeal joint in the foot. And we work with those all the time. Ir could be a metatarsalgia which is pounding on the bottom of the foot, and we heal those all the time.

So when I say we heal those, I'm not promising you anything. A doctor cannot promise anything to any patient and be confident

that they -- what they do is going to work. As I said, I learned about orthopedic surgery, I did tons of surgery, during med school, during my internship, and during my residency at UCLA. And you know I didn't find that anybody could promise anything and get away with it.

So I never promise anything. I have a consent form that says there are no guarantees. Please don't come to us, if you want a guarantee. We have had patients come in and say, well, I don't want to be treated, unless you can guarantee the results. And I said good luck. You know, there's no doctor that should ever guarantee anything. We never know. And there are many cases that we think we can help and we can't.

With the patients that we chose for the syndromes, we usually can heal them, I'd say there's an 80, 90 percent chance. But there are people that fail the treatments. The failures for the regenerative medicine treatments of platelets and stem cells, are typically not the doctor's fault in our clinic. They can be with other clinics, if you get a doctor who doesn't know what he's doing or doesn't use ultrasound.

But most of the failures come from the patient not listening to what we want them to do after injections. And number one on the list is over activity. That means, let's say this person comes in who is a runner. We inject the foot, and they go out and run the next day. Well, what do you think is going to happen? They're not going to let the healing take place. They're not going to let the tissue growth take place.

Another reason could be taking anti-inflammatory medicines, like ibuprofen. Those block healing. They block the regeneration. They block the sequestering or the gathering of fibroblasts that are cells that actually create new collagen growth. And collagen is the number one constituent of cartilage.

So let's say you've got. Let's say this person had osteoarthritis in the foot. And most orthopedic surgeons don't think there's anything you can do about osteoarthritis, except cut it out. Oftentimes, replace the joint. Well, I don't find that necessary. I find that when we inject the area, we can regenerate the cartilage.

And I was talking about this back in medical school. And I was threatened by the professors to be thrown out of medical school, because they were not up on what's going on. And they said, I'd better shut up, because what I said wasn't true. Well, now we know it's true. It's been studied over and over. And my book, Stem Cell

and Platelet Therapy, Regenerate Don't Operate has 264 studies about regenerating tissue. So we know it's real.

And you know, the reason I wrote this book was because I used to lecture all over, and when I talk about regenerating tissue, and the healing that would take place by simple injections, there would always be a couple of orthopedic surgeons, who would create a real havoc during my lectures, and say, well you can't -- you can't regenerate tissue.

And I'd say, yes, you can. We do it all day. And now I went out, I did the research, I put it in a book, and there's probably more research being done on regeneration of tissue than anything else on the planet.

I know that's a bold statement, but everybody is learning more and more about how stem cells work. In my humble opinion, stem cells are the answer and will be the answer to healing just about everything in the body. We're not there yet, with disease things, but with arthritis and enthesopathies, which is most pain in orthopedics, it's where muscles, tissue of any sort, tendons and ligaments attach to bone. That's typically very easy to heal.

So let me see what else is going on here. I'm going to give out the phone number. If you call me I'm going to mail you out for free, I'll pay the postage, a copy of my hefty book here, Stem Cell and Platelet Therapy, Regenerate Don't Operate. And if you want to talk to me live, right now, the phone number to the studio, write this down -- if you're driving, please pull off the side of the road, and get off your Bluetooth, if you can, so we can hear you. The phone number to the studio is 866-870-5752.

And if you want to call the office and get a free phone consult with my staff, the phone number you can call right now, there are people there is 800-300-9300. And if you're shy and you just want to email me, go to the website, www.jointrehab.com, www.jointrehab.com, there's a spot to email me on every page.

Nita, do you have anything to say, or should I go to another question?

Nita: Go to another question, and then let's just give the phone number out again.

Dr. Darrow: Oh my goodness, you don't want those jokes, do you?

Nita: I think what you're saying is all very interesting, and people are listening, but we are now ready for callers at 866-870-5752. So that Dr. Darrow can --

Dr. Darrow: All right. Here's a question.

Nita: Oh, okay.

Dr. Darrow: This says failed spondylolisthesis, avoiding fusion. Let's see what they say, I'm 68. I'm not going to say which doctor they saw, has diagnosed me with level one spondylolisthesis, big deal to me, that doesn't mean a thing. That means a little bit -- listhesis is a slipping. And spondylo is the spine.

So it's the slipping of one vertebra over the other. A level one is nothing at all. You'd have to be up at a high level like maybe a three plus or a four to have that cause a problem, which would be a stretching of nerves. So in 2022, my doctor did a laminectomy which failed. Laminectomy is cutting out of the lamina which is a piece of the bone in the back of the vertebra that covers the nerves, which failed to reduce the pain of spondylolisthesis.

So here's the problem. This person was told spondylolisthesis is causing the pain. I'm saying it's not causing the pain, it never did. So would the surgery help? It wouldn't. He now recommended TLIF surgery to fix the pain. That's a replacement of a disk. That's a bad surgery in my book. I know a lot of people do them, when patients come into the office, what I find is most of these surgeries are failed.

Let me actually look up, because I don't do surgery actually stands for. I'm in front of my computer, and I'm going to do something you guys should do too. If you go to Google, which I'm doing right now, and I'm going to put in TLIF surgery, okay.

So it's a transforaminal lumbar interbody fusion. So if you put in TLIF that's what comes up. Now, if you look on the upper left corner on the Google page, you'll see a little menus button that says "images". I'm going to click on it. And it shows images of what this looks like.

So if you look at this, see most people who get surgery don't know what they're getting into, if you look at this TLIF surgery, you're probably going to not ever want to do this surgery. And what I find in my practice, that had had it; it's failed most of the time. I rarely have someone say, yeah that was a great surgery.

It must be a great surgery for some people or they wouldn't keep doing it. But my Bible of medicine is do no harm, okay. Do no harm means do conservative medicine first. If everything else fails, then you can go up the ladder and get more and more invasive if you have to. But I'm guessing, and it's a guess, because I haven't touched this person's spondylolisthesis is not the cause of the pain, and if I do an examination, I can tell the person in about 10 seconds what's going on, because I'm going to touch the body.

Most patients that come in with a failed surgery, I ask did the doctor touch you to find out where the pain is being generated from. And the answer has almost always been no, they didn't touch me. They didn't examine me, they did an MRI or an x-ray and they showed me where the problem was.

So the problem here, you know the person got an MRI, it showed spondylolisthesis or they got an x-ray, they didn't say that here, but I know that, because you can't touch a spondylolisthesis, it's not going to show up in your exam. Who cares? It's not an issue.

So within a couple of seconds, really of touching and examining you, I can tell you hopefully where the pain is coming from. And in most cases like this, the pain is an enthesopathy, that's where the ligaments attach to the pelvis, or to the vertebrae and we can find that immediately and then inject it immediately and get rid of it, very simple procedure, doing platelets and/or stem cells. We do it all day long.

All right. So this person goes on to say however, in 2023, which is a year after the laminectomy, the back surgery, I got PRP on both my arthritic shoulder and knee with great pain relief. Oh, see? There you go. I want to try either Prolotherapy, or PRP for the pain of my spondylolisthesis. There they go, they keep going spondylolisthesis. It's hammered in their brain by their doctor, that that's their problem. And it isn't okay. It just isn't.

We find spondylolisthesis all the time in people that don't have back pain, when we're doing MRIs of the pelvis. It's -- it's sort of an adjunct find. And we go by the way, do you have any back pain, you've got spondylolisthesis. And they go, no, I don't have any back pain.

So, careful, careful, careful, careful, when you get an MRI and you get a diagnosis from it, and the doctor doesn't examine you, you're going down the rosy path to surgery that you most likely do not need. Am I fan of surgeons. I am. They do the hardest work in medicine.

Stick with me, we're going to a short break. I'd love to talk to you. If you call in, you'll get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate and you can go to the website right now, which is www.jointrehab.com and watch videos of me doing these procedures.

Nita: And we'll be right back after this.

Dr. Darrow: Thank you.

[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 are taking your calls at 866-870-5752. You get a free book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. And it has 264 scientific studies.

What do you think?

Dr. Darrow: I love it. It's also got a chapter beside all the musculoskeletal stuff on platelets and stem cells, how to heal your body without surgery. It's got a chapter on hair regeneration, using the same process. And the Vampire Facelift, which is a process of making your face look young again, regrowing the collagen.

As we age, the collagen in our body starts to dry out, and this happens in our joints, but collagen is the major constituent not only of cartilage in our joints, but it's also the major constituent, the major protein of everything in our body, our blood, our hair, you name it, eyes. So it's -- it's very plentiful. But it start to deteriorate as we age.

And I love telling the story about my father, who was about six-one, when I was young, and then he shrunk up when he got to be 90 years old, and what happens is the disks, the intervertebral disks are a collagenous kind of material, fibrocartilage. And they often will dry out, and shrink down, that's called degenerative disk disease. It doesn't cause pain. So be careful if your doctor wants to do a surgery on your neck because you have degenerative disk

disease, that is not a good surgery. That shouldn't be done, in my humble opinion.

And by the way I love to say this on every show. I love surgeons, they do the hardest work in medicine, but the orthopedic surgeons, I think, in my humble opinion, I have to say my opinion, because I'm not the God of medicine. I'm just me, doing my work of stem cells and platelets of regenerating tissue in the body, instead of cutting it out.

I love the surgeons. I used to love doing the surgeries when I was in my training. But after a shoulder surgery on my body, that failed miserably, I jumped ship, and I learned about regenerative medicine, healed my own shoulder, injected it in the evening, as an experiment, woke up the next morning, full range of motion, and pain free.

My wrist took more injections, I had it done at a regenerative medicine conference, many, many, many years ago. And I got about 50 percent better overnight. I then self injected it a few more times, that was a little bit harder to heal. And that's one of things about using platelets and stem cells. We never know if a body part is going to heal, or how many treatments it will take to have it heal.

Nita, you're so squeaky today. I'm going to have to hit you with a joke.

Nita: Oh, a joke. I would just love to have a joke.

Dr. Darrow: I know you're not telling the truth there, but --

Nita: No, I really would.

Dr. Darrow: You really would?

Nita: Yeah, because I like to challenge my brain.

Dr. Darrow: Okay. Then why did the strawberry cry?

Nita: Lost its seeds.

Dr. Darrow: Well, that's not bad. But he found himself in a jam.

Nita: Well, that could happen.

Dr. Darrow: Okay. Here's another one, are you ready?

Nita: Yes.

Dr. Darrow: How did the barber win the race?

Nita: By cutting corners.

Dr. Darrow: I like that. He knew a short cut. I'm going to give you a half a point for that one.

Nita: Okay. Oh, half a point, yeah!

Dr. Darrow: I'm reading this one, I don't understand it, let's see. Okay, I got it. What did 50 cent do when he was hungry?

Nita: Oh, gosh, I have no idea.

Dr. Darrow: This is a hard one -- 58.

Nita: I never would have gotten it.

Dr. Darrow: No, no one would. These are hard ones today.

Nita: Who's sending you all these hard ones? We have to get them off your email.

Dr. Darrow: I know, well our patients send them in, they think they're funny.

Nita: I know.

Dr. Darrow: Okay, here's another hard one. You ready?

Nita: Yes.

Dr. Darrow: This is funny. Why did an old man fall in a well?

Nita: Because he wasn't paying attention.

Dr. Darrow: Close, I'm going to give you half a point. Because he couldn't see that well.

Nita: That's a good one.

Dr. Darrow: Okay. This is a good one too. But you're not going to get it. Maybe you will. I'm going to give you a hint.

Nita: Okay.

Dr. Darrow: The hint is -- first I'm going to say the joke.

Nita: Okay.

Dr. Darrow: Why is Peter Pan always flying?

Nita: To get away from Wendy.

Dr. Darrow: Well, that's true probably, but we can't say that today, someone will be offended.

Nita: Okay. Okay.

Dr. Darrow: Think of where he lives.

Nita: Think of what?

Dr. Darrow: Where he lives, why is Peter Pan always flying? Because he never lands.

Nita: Oh.

Dr. Darrow: Remember Neverland?

Nita: Yes, yes, yes. I forgot. Okay.

Dr. Darrow: I love these jokes.

Nita: Really.

Dr. Darrow: My family hates it when we have parties, because guess what I do the whole time?

Nita: Oh, that's funny.

Dr. Darrow: I crack these terrible jokes, and everybody's rolling their eyes. Because I love this one, are you ready?

Nita: Yes.

Dr. Darrow: What do you call a hippy's wife?

Nita: You call a hippy's wife --

Dr. Darrow: Mississippi.

Nita: Oh, I never would have got that. That's a good one. That's a good one.

Dr. Darrow: I could do this the rest of the show, they're so funny.

Nita: I know, they're really funny.

Dr. Darrow: People are probably not liking me right now.

Nita: Okay. We could talk about --

Dr. Darrow: I'm going to actually ask a question here.

Nita: Okay.

Dr. Darrow: Not to you. But it's actually a question that was asked of me. So, number one, if you want to call in and talk to me, and save Nita from getting tortured by terrible jokes, the phone number to the studio is 866-870-5752. And if you want to call my office, you can talk to someone there live right there, and they will give you a free phone consult. And the phone number to the office is 800-300-9300.

If you'd like to email me, if you're shy, I hope you're not shy, just pretend when you call in it's your mother or something. But if you want to have your questions answered by email, go to www.jointrehab.com and that's my website. There's a spot on every page to email me, and there is also endless numbers of videos of me doing these procedures, of platelets and stem cells.

And some Prolotherapy, I think from the old days. And you can actually watch and see if these procedures are something you'd rather do than have a surgery.

All right. So this is instability after knee replacement, uh-oh. So this person says, they have knee joint instability, after a knee replacement two years ago. Thank you. I appreciate listening to your show, and all the great work you do.

Well, thank you. So the instability after a knee replacement, very common. I have seen many people come in the office for something other than a joint replacement, let's say they had a knee replacement and they came for their shoulder, and during the history and physical, I find out that a knee replacement that came out good.

So I'm not against surgery. I'm against doing it when you don't need it. Did this person have a surgery that they needed? I don't know, there's not enough information. I haven't met this person. It's just a question that came in from my website.

Most people that come in, ready for a knee replacement, that means they've been to an orthopedic surgeon, they've been told they need a knee replacement, a should replacement, a finger joint replacement, something of that nature, a hip replacement. We work on them, and they don't need to get the surgery done. And they get better.

How can that be? The culture of medicine today is still to me, in the dinosaur age of doing the surgery, when you don't need it. If I

thought surgery was a good thing, I would be doing it today. All right. I was on track, in line to get a spot in an orthopedic residency program, and then I had my own shoulder operated on by my boss, it came out bad, and I decided to go into physical medicine and rehabilitation instead. And that's where I learned about regenerative medicine. And I am so grateful, you know for my career of doing regenerative medicine rather than surgery.

I see way too many people come in, after a failed surgery. I'm not saying it's a botched surgery. I'm saying it's a failed surgery. That's different. It' not blaming the surgeon, it's just something that can happen when you do a surgery. Things come out bad sometimes. And I'm a witness. I can testify to that with my shoulder.

I had the surgery; I was very excited to get the surgery. It was just a weightlifting injury. Really it was a sprain, that was basically it, of the supraspinatus tendon. And so I had the surgery. I had part of my acromion, which is the bone on top of the shoulder cut off, and I had ligaments around the shoulder joint cut. It was called a decompression, a shoulder decompression.

It came out bad, my arm was swollen with fluid. I had a fever. And I really couldn't do much with that arm for about four years, until my senior year of residency, that shoulder surgery took place in my fourth year of medical school. And I experimented on myself and I injected myself.

The funny part as a lot of your listeners know, and a lot of my friends who are listening know, I came home with some syringes, and I got in bed with my wife, who was watching TV. And I pulled out the syringe and she knows I'm a little bit kooky. And I started to inject myself and she started using expletives on me. And it was like what do you think you're doing? And I said I'm going to heal my shoulder, just like I healed my wrist.

And so I injected my shoulder, and I woke up the next morning, 100 percent pain free with full range of motion with a shoulder that I could go back to doing sports with. And I want to let you know, this may not be the way you heal. A lot of people heal quickly, and a lot of people heal slowly with many treatments.

I then injured my shoulder about 12 years later, the same shoulder, a different injury, and that one took two treatments of regenerative medicine. Then I don't remember how many years after it was, I can't remember, sorry, I injured my shoulder even worse, different injury. And that took several injections, it took a few months to heal.

So a lot of people come in who have been to see me years ago, and I tell them it might take several treatments, even though they healed fast before. They go, why would that be? And I go because you're 20 years older now maybe.

Nita: Maybe.

Dr. Darrow: You know, it's not the same injury. The tissue is more worn down than it was. Who knows. Healing is a strange thing. So there's no guarantees. I do know it's safer to do conservative things in medicine, than to do invasive things.

So I'm going to go to -- unless you have something to tell us, Nita, I'm going to go to another question.

Nita: No. Go right ahead.

Dr. Darrow: All right. Let's see what we got here. And by the way, you know back to that question on -- you need some oil on your chair, Nita.

Back to that question, about the knee replacement. There are a lot of people that I can help even after a joint replacement. But I can't do anything inside that joint, for several reasons. One is it's not biological material anymore. We're not going to get tissue inside. And two, we rarely want to put a needle into a nonbiological area, like a fake joint. Because if you're introducing bacteria with the needle, which can happen, you can create a terrible infection.

Now this doesn't frequently happen when you're injecting in live tissue. Because live tissue has a blood supply, and it cleans itself out. But to go into a joint replacement, very rarely will I do that. Maybe if it's filled with fluid, I might consider it, and use very, very sterile technique, but it's not something doctors like to go near, but even with a joint replacement, sometimes on a knee or a shoulder, a hip, we'll find areas outside the joint that are actually the pain generator. And we can inject that and help that heal.

So that just depends. Usually, though, if it's a joint replacement, I'm going to stay away from it.

So here's a cute little question. Can a 72-year-old get PRP? So, hi, Dr. Darrow. I'm 72 years young. Am I young enough to generate therapeutic PRP -- to generate therapeutic PRP. Thank you for your time. They give their name; I won't say it.

Well, everybody has PRP in their body, they've got platelets in their body, but when we take the blood, and we spin it, we're concentrating it. That's why we call it platelet-rich-plasma.

So if a person normally has X number of platelets in a certain amount of fluid we can by spinning it, concentrate it to maybe five times or eight times what's in the blood. And what the platelets do is they stimulate a healing response. And the platelets are the first cells during an injury to go the area and create a healing milieu.

So what we can do, is we can take an area -- this person doesn't say where they are injured, or where they are having pain, but the crux of this particular question, that I'm reading it, is because they said they're 72 years young.

Well, I'm 75 years young, and it works on me. I've treated people 100 years old, and it's worked on them. So we get patients who are in their early teens. And we get patients who are 100 years old and everything in between. Does this work on everybody?

Well, it's not going to work on everybody, but it could work on everybody. The age, to me, is not a limitation. The same thing with stem cells. A lot of people come in, and they go I don't want to use my bone marrow, because I'm old, I want to use something else that has young stem cells.

To me it's a lot of malarkey. We've done it all. It all seems to work, and everybody's -- there's a lot of pundits in every field, and there's pundits in the field of regenerative medicine. I typically don't listen to them. I get my own results. I know what that is. We do our own research in the office. We have college students -- actually we've had some high school students that will shadow me, or Dr. Grove and it means follow us around.

And then they will often do research studies. We have one that's actually sitting on my disk right here, right now, and let me see what the title is. The long-term outcomes and treatment of knee osteoarthritis with bone marrow concentrate. That's stem cells from the bone marrow. And it's a long-term study. This goes up to, in think over four years, after the treatment showing the success long term.

We have other studies, if you go to the website, www.jointrehab.com, there's a page that has other research studies that we've done. So we continue to do research. And I love having our students follow us and learn about medicine.

A lot of the students that come in are in college, and they're trying to get a slot in a med school, which is really tough today. The research, getting their name on papers helps them get in. We have medical students. We actually have residents. I've had tons of residents from all over the country, actually from other countries

even come in. And I've had a lot of doctors from other countries come in and study with me.

So we're very active with research, with learning the newest methodologies, and be careful what you read on the internet, about regenerative medicine. A lot of it is just fluff, from guys who aren't really doing much of it. Guys who are using it for advertising. I'm not going to mention any names, but there are people who poo-poo everybody else, and only they are the ones who should be doing it. And that's ridiculous. This is not a hard procedure to do. You just have to go -- if you're a patient, go to the guy who does the most.

Don't go to a chiropractor who hires a doctor for a day. And by the way, I have nothing against chiropractors. I go to chiropractors. My favorite one at the moment is Dr. Randy Weinzoff in Santa Monica, California. And I send him all of my radiculopathy patients that I can't heal, that are having arm, or leg pain from a pinched nerve.

Most of the time we can heal them, but when we get to a dead end, we'll send them to him. He does the same thing for us, when he gets to a dead-end patient and he thinks regenerative medicine of platelets or stem cells can work, he will send them to us.

So you know medicine to me should be everybody gets together in one pot and helps each other, because I can't help everybody, and the other doctors can't help everybody. And it's a shame that the surgeons are not getting into regenerative medicine. A lot of them will do it as a side gig, and it helps them get patients in the office, but my friends who are orthopedic surgeons don't believe in it. They do it, and then they say it doesn't work.

And I go, well, why are you doing it? And they say, well, I wanted to try it. Well, it's not something you try, it's something you do. And if you're not doing it much, you don't know how to do it.

So, Nita, anything before I go to another question?

Nita: Yeah, you can call us, 866-870-5752.

Dr. Darrow: So here is a question about our book. Would you send me a copy -- a free copy of your book Regenerate Don't Operate, so I can familiarize myself with what you folks do, and whether it might be appropriate for me, and they give their home mailing address?

Yeah, we will send this person a book. I actually probably have already. So to me it's a terrific book. If you don't want to get a surgery, I would read this book. And even if you do want a surgery,

I would read this book, because surgery may be the avenue that is not good for you. And regenerative medicine to me is a very simple procedure.

This book has all the reasons why not to get surgery, so you have to be careful and understand. I don't like it when people get surgery. I'm just saying it the way it is. I'm transparent.

Why is that? I had a bad shoulder surgery, suffered from that for years, and I see too many people suffer from having surgeries they did not need.

After injecting myself, it healed overnight, my shoulder. My wrist was 50 percent better overnight. And then I injected it myself a few more times. My wrist and shoulder have not bothered me for many, many, many years. So I'm very fortunate.

This is a great book. I will send it to you for free. I think you'll like that. It's a $25 book. It's got, here I'm looking at page 67, which is a photograph of pedicle screws in the spine.

If you see this, like the first time I saw this during a surgery rotation, I could believe how big these screws were that went into the spine, and the doctor, who I studied with, was the head of orthopedics. And, I wanted to get an orthopedic residency.

So I studied with him, I did research with him. And he had his failures, you know, I mean it happens --

Nita: Should we catch Cheryl real quick before we run out of time?

Dr. Darrow: Thank you, for the reminder here. Let me go to Cheryl. Does your treatment help trigger fingers?

Good question.

Cheryl: Hi, guys. I have a trigger finger, middle, right hand, treated once with the steroids, he wanted to do surgery, but all of the surgery prep with my other health problems made me too nervous.

Dr. Darrow: Okay.

Cheryl: And I wondered if these kinds of treatments help a trigger finger.

Dr. Darrow: Well, let me ask you a couple questions. Oh, you know, it's too late, go to my website, and you can ask me a question there, and I'll give you a call. Actually, the phone number is on the website, but you can go to www.jointrehab.com and email me your question, and I will personally call you back, okay.

Nita: Thank you, Cheryl.

Dr. Darrow: If you want to get a hold of the office, ask to get a free consult with my staff, the phone number is 800-300-9300. God bless you all.