

## Living Pain Free 1/13/24

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: Nita Vallens, you look like you're living it up today.

Nita: I am. How about you?

Dr. Darrow: Always. You know, it's a statement my father used to say when he was having issues. He goes I'm just living it up. And I've always done it too. I think it's funny, and everybody responds to it very well, and they get it. You know, it's a choice.

Nita: It's absolutely a mood changer, I think.

Dr. Darrow: It is. So let's get some callers in here at 866-870-5752, that's the studio phone number, I'm going to give it out again. And for those of you that do call in, we're going to send you a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate.

That shows you how to avoid orthopedic surgery in most cases, and how you can heal your body from musculoskeletal pain and injuries, and arthritis and things of that nature, with very simple injections of PRP and stem cells. PRP is platelet-rich-plasma, platelets are cells in the blood that help us clot our blood. And they are also very good for stimulating new tissue to grow, and then of course are even more amazing, and very easy procedures.

You walk in the office; you don't need anybody to drive you. And you get injected and walk out. There's very, very little in the way of side effects, except a little stiffness after injections, which is not a big deal. So the phone again, get your pencil and paper. If you're driving, see if you can get off your Bluetooth, and pull off to the side

of the road, so you're safe. And call me, the phone number here is 866-870-5752.

I'm going to give out another phone number in case you don't call in, I hope you do call in, because it makes the show a lot more fun, but the phone number to my office, where you can get a free consult on the phone with my staff, and that's 800-300-9300. My office number is 800-300-9300.

And if you're interested in watching videos of me doing these injections or Dr. Grove, Dr. Thomas Grove is my new associate, who is doing all my injections for me now. And I'm still there, don't worry. I'm still managing, marketing and say hi to everybody is [www.jointrehab.com](http://www.jointrehab.com), that's [www.jointrehab.com](http://www.jointrehab.com). That's the website. There's endless information, endless science on there, just like there in my book.

And you can actually watch videos, and see if this is a procedure that you might want to do. Also, on every page on my website, there is a spot where you can email me personally. And I answer ever email every single day, from all over the world.

- Nita: So, would you like to talk to Penny?
- Dr. Darrow: Why not? Penny, Dr. Marc Darrow. Your pastor's wife's vertebrae. That's your question. What's up with that?
- Penny: Yes. This young lady is my pastor's wife. And they had to airlift her, she was in a bad car accident.
- Dr. Darrow: Okay.
- Penny: And her C1 vertebra was fractured in two places, missing her spinal cord by a couple of millimeters.
- Dr. Darrow: Thank God, huh.
- Penny: She had five staples in her head, sustained damage to her left hip. And they wanted to put a metal plate in her head. But that didn't work out, so she just kind of went through everything. And just -- I told her about you. And I told her that she needs to get your book on stem cells.
- Dr. Darrow: Well, we'll send you a couple of them, and you can give one to her.
- Penny: Oh, I think that would be great. She's such a dynamic lady. She fought this like a trouper.
- Dr. Darrow: How long ago, Penny, was her injury, her accident?

Penny: This was about a year and a half ago.

Dr. Darrow: Okay. And is she walking around okay, and doing pretty good?

Penny: Yeah, they didn't think she would walk because of the fracture. The doctor came in and said, I want to see a miracle, a real miracle, and he told her that the fracture went around her spine, and all of a sudden it stopped, like somebody thumb print on it and stopped it.

Dr. Darrow: Thank goodness, yeah, yeah. So is she having pain still?

Penny: She has pain in her hips, in her neck.

Dr. Darrow: Okay.

Penny: Because her neck was broken in several places.

Dr. Darrow: Yeah, got you. So listen just because someone has a fracture doesn't mean -- and it heals doesn't mean they're out of the woods. Because when there is a fracture, the bones are broken or something like that, right?

Penny: Yes.

Dr. Darrow: And that's painful, but then the bones usually heal up pretty quick, you know, six to eight weeks. And then after that, the soft tissue around the area, the ligaments, the tendons, often remain sprained, okay. And that's something we could probably help her with. We could inject the neck under ultrasound guidance, we use an ultrasound to look inside. Dr. Grove does that, he can watch the needle go exactly where it 's supposed to go and keep it safe.

And there's a very, very high probability, I mean I haven't examined her, so I can tell you one way or another, but from what you're telling me, if she's just having neck pain, it's probably just the result of the, what I'm going to call a whiplash, and there was sprain that happened during her accident.

The hip same thing, we can probably help her with that. And any other parts of the body. So, yeah, I'd love to see her, Penny.

Penny: Oh, that would be great. I've been talking to her. Let me get you -- I don't want to force you. I want you to make up your own mind. But I want to get you this book, because I think you will -- you can it's 200 pages, and you can look through it, and then decide.

Dr. Darrow: Yeah, I think that's a great idea. You know what she can do right now until the book shows up, is go to the website, [www.jointrehab.com](http://www.jointrehab.com), [www.jointrehab.com](http://www.jointrehab.com). And she can watch

videos of injections all over the body, including the neck, and the hip. So she can see if it's something she wants to do.

Penny: Great.

Dr. Darrow: But she sounds like a real great candidate for PRP, platelet-rich-plasma and/or stem cells to help her heal up.

Penny: Yes, that's what I was telling her. And so she went on a run, you know, and I don't know how long of a -- how many miles she went, or if she went a mile at all. But her husband went with her, so just to -- just to go with her, and I don't know if that's good for her or not. But --

Dr. Darrow: Well, it sounds like -- if her accident was a year and a half, she's probably in pretty good shape, just with --

Penny: Very good shape.

Dr. Darrow: And some of these things that happen after fractures, like I say the bones heal up, but then the soft tissue around the bones stay irritable. And those are the kinds of things we can help with. I can't fix fractures, but if there is a fracture that's non-healing, then we can put some platelets or stem cells around that, and actually help the healing of the bone too. But I don't think that's her problem.

Penny: Do you recommend anything for the bones? Do you know of anything?

Dr. Darrow: I don't think the bones are the problem. I mean, I haven't examined her but if she's out and about, you know, and her doctor is allowing her to run, the bone -- the C1 fracture is probably already healed.

Penny: Okay. Okay.

Dr. Darrow: So she's probably in pretty good shape.

Penny: I told her that I would call you this morning, and --

Dr. Darrow: Well, thank you, thank you.

Penny: Well, she's getting in better shape, and she doesn't believe in operating that's for sure. So I said, stem cells, that's your answer.

Dr. Darrow: Well, you know, in my humble opinion, 99 percent of the orthopedic surgeries shouldn't be done.

Penny: I told her that.

Dr. Darrow: And that's not a statement again, orthopedic surgeons.

Penny: I don't think they operated on her.

Dr. Darrow: No, it doesn't sound like she needed it. Yeah. I love surgeons, but I don't like a lot of the surgeries that are being done, I think it's overdone. And I think it doesn't need to be done anymore, now that we have regenerative medicine of regrowing the tissues.

Penny: Yes.

Dr. Darrow: Now there are plenty of surgeries that don't -- that do need to be done. So don't get me wrong on that. I'm not saying never do surgery, but most of them in orthopedics, in my humble opinion, should not be done; and never needed to be done, and can cause more problems than the person had before they had it done.

Penny: I told her that you get a lot of people that have been operated on, and it's so sad it wasn't necessary, because they could have gone through the stem cells, and the platelets.

Dr. Darrow: You know, yeah, yeah, to me the orthopedic surgical routine is an old paradigm. That's what we grew up with. And we certainly respect surgeons; it's the hardest medicine in work -- you know in medicine.

Penny: Yeah.

Dr. Darrow: It's really tough work, and I did a lot of surgical training, because I wanted to be an orthopedic surgeon back in the day, until I had an orthopedic procedure on my right shoulder, where they shaved down the acromion, that's the bone on top of the shoulder, and cut some ligaments. And my arm swelled up like a balloon, I had a fever, and it didn't heal for four years, until I self injected it -- you know, it was a crazy story.

I had my wrist injected, and that healed up after I had my ligaments sprained in my wrist. And with regenerative medicine. And so I came home one night with a syringe, and my wife was watching TV laying in bed, and I hopped in bed, and I pulled out my syringe, and she started swearing at me.

And she said, what do you think you're doing? I said well it worked on my wrist; I'm going to inject my shoulder right now. And I did. The next morning I woke up and my shoulder had full range of motion, and no pain. And that -- you know, after the wrist healing and the shoulder healing, I was convinced that I never needed that surgery to begin with. It made it worse.

And from then on, my life has been dedicated to doing regenerative medicine. That was a long time ago.

Penny: It made you a believer.

Dr. Darrow: Well, yeah. I mean, when something works on you like that, it's very miraculous. I mean, it's -- I don't know if you've heard -- heard me on the radio before --

Penny: I have.

Dr. Darrow: -- or listened to me speak or whatever. But I've done injections on both my knees, both my shoulders, both my elbows, my right wrist, and I've had other people inject my neck and back and every rib, hundreds of injections at a time, because I was in pretty shape.

I had been a gymnast when I was younger, so falling off the horizontal bar was something that happened several times a day. And so I was in pretty bad shape. So I've had tons of regenerative medicine. Maybe more than anybody on the planet. And it's always worked for me. I'm in pretty good shape. I can run in the mountains with my Husky dog, Bella.

Penny: Oh, I have a Husky by the name of Bella.

Dr. Darrow: Oh, that's so weird.

Penny: And I thought, gee, I didn't know she -- she always pulls me, I say I'm not a sled. I'm not a sled, Bella. But she needs the exercise, she needs to run.

Dr. Darrow: Oh, yeah, yeah, yeah. I take Bella out in the mountains almost every single day. And --o

Penny: You don't want another one, do you. She's just two years old.

Dr. Darrow: Yours is two years?

Penny: Yeah, I got her from the SPCA, but she is a Husky.

Dr. Darrow: Yeah, yeah, wonderful. Wonderful. Well, at two years old, she's very spunky. My Bella has started to quiet down a little bit, thank goodness. And she's 12 years old. And we had Dakota, who was -- he was her partner, for 14 years, and he just passed away in August. But I used to put their collars together and hook a leash on there, and they would pull me up and down the mountains, and I'd be yelling, mush, mush. Like Sergeant Preston in the Yukon, a TV show from when I was kid.

Penny: Oh, yeah. I remember that.

Dr. Darrow: All right, we have Marian waiting. She's got knee issues. So Penny, God bless you and tell your pastor's wife to give me a buzz.

Penny: Okay.

Dr. Darrow: And she can email me at [www.jointrehab.com](http://www.jointrehab.com) and I will call her right back, okay?

Penny: Okay, I'll let her know that.

Dr. Darrow: Just have her say, she's the pastor's wife, and I'll know who it is and that Penny referred her from the radio.

Penny: Yeah, she is a sweetheart, I'm telling you. Everybody loves her.

Dr. Darrow: Wonderful. Wonderful.

Nita: Thank you, Penny.

Dr. Darrow: Well, God bless you, Penny. Marian, Dr. Marc Darrow.

Marian: Yes.

Dr. Darrow: I'm going to give out the phone number, then we're going to talk to you. We want to get as many callers as we can --

Marian: Hello?

Dr. Darrow: Hello. Can you hear me, Marian, come on in.

Marian: Yes, I can. Yes, I can.

Dr. Darrow: All right. Hang -- hang tight for a minute, I'm going to give out the phone number, because we like to get callers like --

Marian: Should I turn off the radio?

Nita: Yes.

Dr. Darrow: Yeah, please.

Marian: Okay. It's off.

Dr. Darrow: Okay. So the phone number to call me live, right now is 866-870-5752, that's 866-870-5752. I'd love to talk to you, if you don't call the show right now and talk to me live, you can call the office and

get a free phone consult with my staff. And that number is 800-300-9300, that's 800-300-9300.

And for those of you who want to watch me doing videos or Dr. Grove doing videos, you know injections on videos, the website is [www.jointrehab.com](http://www.jointrehab.com), [www.jointrehab.com](http://www.jointrehab.com).

So Marian, are you the woman that's called us before?

Marian: You know, for some reason it's hard for me --

Nita: Marian, are you there?

Marian: I'm on my cell phone.

Dr. Darrow: I remember Marian, don't you remember Marian. She's called us --

Marian: Now, I can hear you.

Dr. Darrow: All right. Good. Good.

Nita: Okay. So speak into the phone so we can hear you better.

Dr. Darrow: Yeah, we can't hear you quite. Your knees are bothering you. What did your doctor say is wrong with your knees.

Marian: I have torn meniscus in both knees.

Dr. Darrow: Okay, so do I.

Marian: Many years ago, I would say about 12 or 15 years I had PRP.

Dr. Darrow: Okay.

Marian: Not once, not twice, but three times.

Dr. Darrow: Okay.

Marian: And I had no result.

Dr. Darrow: Okay.

Marian: Okay, then I waited a couple years, kept doing therapy, I had it again. And nothing.

Dr. Darrow: Okay.

Marian: Then my knee got so bad that my doctor said you need surgery.

Dr. Darrow: Okay.



Marian: So I had surgery on my left knee and when I was on the operating table, just before they put me under, he said, you'd really get the best result with stem cells.

Dr. Darrow: Okay.

Marian: Which would be \$10,000.

Dr. Darrow: All right.

Marian: And so I was scared that without them, I wouldn't have a good result. So I did the stem cells with the surgery.

Dr. Darrow: Okay.

Marian: And after the surgery, he said well there's a lot more arthritis than I thought.

Dr. Darrow: Okay.

Marian: My knee that was operated on is worse than the other knee.

Dr. Darrow: Okay.

Marian: So I still have two bad knees.

Dr. Darrow: Okay.

Marian: I try to move through the pain. I've getting injections of Zilretta every three months, because I have too much pain to exercise properly.

Dr. Darrow: Sure, sure.

Marian: Is there anything more I can do.

Dr. Darrow: Well, if you speak, I will give you quite a bit of information, okay.

Marian: Great.

Dr. Darrow: Zilretta, Z-I-L-R-E-T-T-A, correct?

Marian: Yes.

Dr. Darrow: That is a steroid shot, okay, it's triamcinolone acetonide. It's an extended-release steroid. It's the worse thing you can do for arthritis in a knee. All right.

Now, that's -- you've got to understand, and let me speak please. I know you have a lot to say, but I've heard your story, and I have a story too.

Marian: No, I've said everything.

Dr. Darrow: Okay. Good. So you have to understand I'm just one guy, I'm just one doctor, and when I tell you something, I'm not the God of medicine, it's just my opinion.

Marian: Yes.

Dr. Darrow: And my opinion, you don't put steroids anywhere in the body, okay. Because what they do --

Marian: Yes.

Dr. Darrow: -- let me speak, please, okay?

Marian: Yes.

Dr. Darrow: Because what they do is they damage that cartilage, it's already got arthritis, it's already worn down. Why do you want to ruin it? Now if it's pain relieving, I get that. But in the long run, you're going to head toward a knee replacement, which I don't recommend for anybody, unless they really have to do it. There's been a few cases, where I've recommended people get knee replacements, where they've had an accident, where there's just nothing left in the joint.

But not for arthritis, generally, okay. So we get people that come in all the time that say they are bone-on-bone, which they're not. And they say that have no cartilage left, and they do have cartilage left. And they say their surgeon needs to give them a knee replacement, and then we can fix them.

Now you didn't have a positive result so far with PRP or stem cells during your surgery. Now, I don't know why anybody in the world would inject stem cells, while they're doing a surgery. I get the idea, you want the healing to be as good as possible. But do the stem cells percutaneously, without a surgery. Percutaneous means through the skin, okay. That's the way to do it.

I shouldn't ask who did the PRP, it wasn't me, correct?

Marian: Some very, very good people.

Dr. Darrow: Okay, good people. I don't know what good people means, number one to inject the body, you need an ultrasound to watch where the needle goes. The meniscus is a little, teeny, weeny structure, you

barely don't even hit it, if you don't use an ultrasound. You may hit it, you may not.

Studies show when you do blind injections, that means without an ultrasound, you're going to miss the joint and other areas at least one-third of the time, okay. So I don't know who did your stuff. And I don't know how many shots it takes to get you better. It's different for everybody.

The fact that you had three PRPs doesn't tell me one thing at all. Usually, that's enough, some people need more. Sometimes it's that fourth treatment that could have done it. Okay. I don't know.

Marian: Yep.

Dr. Darrow: Most of my body that I've injected, both my knees, both my elbows, both my shoulders, my neck and my back, my wrist have all healed from doing this regenerative medicine, stem cells, platelets or whatever, okay. I've had good results, but I know that I'm doing.

Most doctors that do this, do not know what they are doing. I've been doing -- and I'm not saying to come see me, but I've been saying I've been doing this since 1998, all right. During my residency at UCLA. That's when I started doing it. And we do it all day long, Dr. Grove is doing all the injections now, Dr. Thomas Grove, he's trained in ultrasound, he's been around regenerative medicine for a dozen years. He's an ex-football player. He was the co-captain of the Cornhuskers, do you know who they are? They are one of the best football teams in the country. And he was a linebacker. He's really into sports.

He trained top athletes for years and years all over the world. He's probably one of the best injectors on the planet. I'd say I'm second to him. He's that good.

Anyway, what I'm trying to get at is if you're going to see a doc to get PRP or stem cells, regenerative medicine, go to the guy who does the most. Too many guys do a little bit of it. Many surgeons do a teeny bit of it. They're not the guys to go to for regenerative medicine. It's like coming to me, and saying, Marc do a surgery on my shoulder. I'm not going to do that. Could I? Yeah, I know how to do it, I've been trained in it. I'm not going to, because I don't do that all day long.

So be careful who you go to, when you're doing anything in medicine, and stay away from steroid shots, okay. And if you're going to you know get PRP, or stem cells from a doctor, make sure

that they use an ultrasound to guide the needle. Make sure it's someone who does this all day long, every day. Okay.

There's too many people doing this that don't know what they're doing. They do a little bit of it. Anyway, that's my end of the story. So God bless you, Marian, there's still hope for your knees. And I hope you don't end up getting knee replacements, because they're -- they're rough to get through.

I have patients who for years after those surgeries have gotten worse. Some get better, some get worse. I'm not a gambling man. Okay, if you're a gambler, go get the surgery. But there's a good chance you won't do well.

All right. Well, thank you, Marian, it's been a pleasure talking to you. We're going to our break right now, and for those of you that want to call in after the break, the phone number to the studio is 866-870-5752, that's 866-870-5752. And we're going to mail you out a free book called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's an amazing book, and we'll see you soon.

[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 at 866-870-5752. You get a free book today when you call the program. It's Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, and it's Dr. Darrow's latest book.

Check out the website at [www.jointrehab.com](http://www.jointrehab.com) that's [www.jointrehab.com](http://www.jointrehab.com).

Dr. Darrow: And on every page of the website, you can email me, so it's very available on very close contact with you, I'd like to be. All of my patients and all of Dr. Grove's patients get our cell numbers. You can call us day or night. And don't worry, when we sleep, we turn our phones off, so you never bother us. We call you when we wake up. So yeah, I still you know, occasionally I'll get a call at 3:00 in the morning, it doesn't bother me. As soon as I get up, I make the call. I keep in close contact. Dr. Grove is the main guy there now,

in terms of communication and doing the injections, but I am still around, you can still ask for me, if you want to. I may be there, I may not be there, and a lot of people come in, they go I just want to see Dr. Darrow. I don't want to see Dr. Grove.

Well, that's the way it goes. He's trained really better than I am, and it's hard for people to believe, because I've been doing this forever. But his actual training in school in his fellowship was in regenerative medicine. We didn't have that back in the day. I learned on my own by intuition.

And his teachers were some of the best in the world. So I would trust him. I'm passing the mantle of the injections to him, and he is an amazing guy.

He was a linebacker for the Cornhuskers in Nebraska, big dude, handsome dude, lots of fun, great personality. And he's got -- I always -- I always laugh when I come in the room with patients, and I say Dr. Grove has the hands of God.

We used to have a medical assistant, Meagan who would always go into the room, and say Dr. Darrow has the hands of God. And everybody would laugh. It was cool. But at any rate, this guy is very, very good. And I have no second thoughts about seeing him.

So, I'm going to go some questions, now, Nita, if you don't mind.

Nita:

Great idea.

Dr. Darrow:

Anything else you want to tell us. Okay. So let's see, I'm going to take this one, because it's so interesting.

It's called piriformis syndrome, P-I-R-I-F-O-R-M-I-S. And for your folks listening, if you don't know what I'm talking about, put it into Google on the internet, look it up, and on the upper left-hand corner, after you get that page, you can click on images, and the images will show you exactly what I'm talking about anatomically. There will be photographs or drawings of what it is that I'm talking about.

So piriformis syndrome, what is it? The piriformis is a muscle that stretches across the back of the pelvis, and attaches at the greater trochanter, which is the lump on the side of your femur, your thigh bone. People call it their hip, but it's not really their hip.

And so it's very confusing, we get around where the piriformis attaches, and where the hip joint is, where the greater trochanter is, people come in all the time going I need a hip surgery. I go how do

you know? They go, my surgeon told me. I've got some arthritis and I examine them, and it has nothing to do with the joint. It's where that piriformis attaches or where any of the other 13 muscle attachments are, or bursa. You hear about hip bursitis, that's what they're talking about.

So what this patient -- or not patient, or not patient -- what this person who may become a patient inquired on the internet was they have the word "piriformis" question mark, plus I had hip surgery 10 months ago. Please call. Thank you.

So this is complex, until I examine this. I've got to touch it with my fingers. Dr. Grove would have to do the same thing. We don't shoot from the hip, as they say. Nita, you're supposed to laugh, that's a pun.

Nita:

Okay. I'm on it.

Dr. Darrow:

We have to touch the area. We don't care about the images, it's great to have an MRI, a CT scan, you know whatever x-ray you want to look at, it gives you additional information, but it doesn't tell you where pain is being generated from. So we have to be super careful, not to operate or treat an image, that's dummy stuff. It happens way too often.

And way too often, I've asked patients after a failed surgery, that's one that made them worse, or didn't get them better, did the surgeon touch you to find out where the problem was? They go, no, they showed me on an MRI. Well, to me that's not smart medicine. Smart medicine is, find out where the pain generator is.

So there is a thing called piriformis syndrome, okay. I get people that come in all the time with piriformis syndrome. I have never found one patient in over 25 years that has a true piriformis syndrome. All right?

When it's a true piriformis syndrome, the piriformis muscle which is above the sciatic nerve that goes down the leg can press on that nerve, and cause what we call radicular type symptoms. It's not a radiculitis. It's not anything to do with the back. It has to do with the piriformis muscle squeezing the sciatic nerve. I've never seen one though.

What I see are all kinds of other things. It could be where the piriformis attaches to the greater trochanter. It could be a real radiculopathy, you know, from a herniated disk. There's so many potentials, but most of the time what it is, is a sprain in the area where the -- what we call an enthesopathy. The entheses or the

muscle attaches to the bone is irritable. It can be where the hamstring muscles attach to the ischial tuberosity. I don't want to throw out all these terms and confuse you, but I just want to let you know there are so many different areas of the body that can be causing your pain. And the fact that a surgeon who just does an image, who doesn't touch, tells you what it is, usually means they're wrong. I am so sorry to say that.

We had Marian call up, before, who has meniscal tears in her knee, okay. I have meniscal tears in my knees, both of them. But I have zero pain. I sprint up and down the mountains where I live up in the Santa Monica mountains with my Husky dog, Bella. So what is that? How does that work?

It's confusing to people. Well, it should be confusing, because the medical model that we use today is archaic, it's archaic. Get an image, then do a surgery. To me, that's poor medicine. Touch it first, find out where the problem is, and then inject it with platelets or stem cells and heal it, okay?

How many times does it take? I don't know. How many surgeries does it take? I've had people come in with five or six surgeries on an area. I go, didn't you get it the first time that it didn't work, and made you worse? Why did you get the second, the third, the fourth? They've got nothing left there after that. Whatever area that is, is pretty much destroyed.

With regenerative medicine of platelets and stem cells, you may need several injections. I don't know how many it will take. For me, most of the time, it's one time when I inject myself, I get better. But I had a shoulder that took several times years ago. I'm fine now, and I'm not giving up and going to go to a surgery. Because I had one once. And it made it terrible.

So that's my story. And be careful if someone diagnoses you with a piriformis syndrome, or arthritis or anything else, rotator cuff tear, meniscal tear, whatever it is. Have I injected my meniscal tears, I have under ultrasound guidance.

I take a 30-gauge needle, it's like so skinny, and I can feather it right into that tear. And I've gotten better. There are still tears there, they've healed somewhat, but I don't need to do more injections to get them perfect, because I don't have pain.

So I hope you guys are understanding this. That it's not what it looks like on an image, that may have nothing to do with what's going with you. And in my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate, there is about 250 studies, and some of

them are about doing images, and how the images can show terrible things, but the person has no pain. So why are you going to operate on something that is not the pain generator? It makes zero sense to me.

There is so many studies now that show that by doing meniscus surgery, you're actually damaging the knee, and you come out worse. There was an edict in the Veterans Administration not to do these meniscal repairs anymore, because they don't work. So why do the needless surgeries?

And there's -- if you want to look up studies, go to Google. Look up meniscal tear surgery studies, and you'll see what I'm talking about. I'm not making this stuff up. This is real. The paradigm of medicine is shifting. It's shifting from needless surgeries, to doing regenerative medicine and actually healing the area rather than cutting it open, taking tissue out, and potentially destroying the area.

How do I know? I had a shoulder surgery in medical school. It literally destroyed my shoulder for four years. And then I injected myself and healed it up overnight. It doesn't usually work that quick. I've been very lucky. I'm a good healer. But it can work overnight, usually it's at least a couple weeks, after we do injections we have patients come back, about two weeks later, we check them out and see how they're doing. And by then we often get a very good idea of whether or not they need -- I can't use the word "need", whether they want to get a second series of injections, or not. Or whether they're good.

So, Nita, anything to tell us, or should I go to more questions?

Nita:

You can go do another question, except I do want to give the phone number and the website again.

Dr. Darrow:

All right. Let me do it. The phone number 866-870-5752, you can talk to me right now, use a fake name if you're shy, call me up. 866-870-5752. I'll answer any of your questions on regenerative medicine or on musculoskeletal orthopedic medicine. And I've been around the block for a long time. I've seen just about everything there is. There may be things that I haven't but I do this, or I have done it all day for over 25 years. Now Dr. Grove, Dr. Thomas Grove is doing the injections for me, and seeing the patients, and he's doing an amazing job.

All right. I'm going to go to -- this is interesting, loose hip. Let's see what this person has to say.



Nita: Okay.

Dr. Darrow: I'm a healthy male, 90 years old, my hip replacement surgery is 10 years old, and the joint has loosened again, causing pain. Am I a candidate for stem cell treatment. Good question. I don't know the answer until I examine you. Typically, after a joint replacement, and the bone or the prosthesis and the bone has loosened, because the bone has worn away from the metal prosthesis rubbing on it, there's not much I can do. Sometimes there is, this person is saying that the pain is because of the loosening, but it may not be. It could be areas that are around the hip joint where the prosthesis was put in that I can help with.

So just because you had a joint replacement does not mean that we cannot help you. We can't do anything about the non-biological prosthesis, but there may be ancillary tissue, soft tissue around the area that is causing your pain that we can help heal, okay? So I hope that answers that question. It's an interesting question.

Here's one, this is another good one. I'm getting great questions. This one says spinal cord compression. Let's see what they say.

Hello, could this treatment work for spinal cord compression, C5 through 7, instead of disc replacement surgery? Thank you.

All right. So there is a lot of confusion about this. And I don't have the answer, because I need to examine the person. The person is saying they have spinal cord compression at the Cervical C5 through 7 area; and that their surgeon told them they need a disk replacement surgery.

Well, if there's a disk replacement surgery that needs to be done, first of all, I don't believe it needs to be done, but if there were, it's probably not spinal cord compression that's the real issue, okay? They're probably having disks that may be degenerated, so there is space decrease between the vertebrae. Does that need to be extended, do you need to have fake material put in there? I don't know. I don't think so.

I have many people come in after these disk replacement surgeries that are worse off than when they started. Okay, they -- they wish, they cry sometimes, saying they never should have done the surgery. So I need to touch the area, and Dr. Grove would need to touch the area and see where the pain is coming from. Most of these things that the surgeons make very complex, are very simply. They're typically just enthesopathies, where the ligaments attach to the vertebrae, and those can be healed very, very easily with

injections under ultrasound guidance of PRP, platelet-rich-plasma, and/or stem cells.

So I don't like to give advice over the radio, I like to touch the person first, because I don't want to lead you astray, and oftentimes people will send in their images, and say tell me what I should do.

I go, I can't tell you from your images. I need to examine you, okay. People don't like that. You know that some people go you know I live an hour away, it's too far to go. Well, my goodness, what's it like if you get a surgery that fails you, that's the worst thing that can happen.

Nita: Exactly.

Dr. Darrow: So I'm going to give out a phone number again. We've got a couple minutes left here. I'd love for you to call me at the studio, the number is 866-870-5752, and if you want to call the office, get a free consult on the phone from my staff, the phone number there is 800-300-9300. If you want to watch videos of me and Dr. Grove, you can see these on our website, [www.jointrehab.com](http://www.jointrehab.com).

Nita: Do you want to talk to Rick?

Dr. Darrow: Yeah, of course I want to talk to Rick. Rick, Dr. Marc Darrow, how are you doing today?

Rick: Well, doctor, my wife is shy. She's been in pain on and off for about a year or two, but she doesn't know if she has bursitis, or hip arthritis.

Dr. Darrow: Okay, good, good.

Rick: And she -- and the doctor gave her prednisone. Is prednisone a steroid?

Dr. Darrow: Yes, o-n-e at the end of a medicine name typically means steroid.

Rick: O-n-e.

Dr. Darrow: O-n-e, yeah, prednisone, testosterone, progesterone, they're all steroids.

Rick: Okay. Now --

Dr. Darrow: So wait, hang on -- hang on -- did she take it orally?

Rick: Yeah, it's a pill.

Dr. Darrow: So that to me --

Rick: So the point is, she's going to get imaging on her hip. But the doctor, her primary care doctor doesn't know, he can't tell if it's hip arthritis or bursitis.

Dr. Darrow: Tell him to touch it. Tell him to use his hands to find out.

Rick: Well, the primary care doctor's not experienced, like you are. So he's sending her to imaging; can imaging tell if it's bursitis or hip arthritis?

Dr. Darrow: No, it cannot.

Rick: Okay. I had hip arthritis, and I know what hip arthritis is, because your cartilage is decreasing. And I already have a copy of your book, but it doesn't describe what symptoms. So is there any way just get symptoms from -- should he get a good orthopedic doctor like you or whatever to feel around --

Dr. Darrow: Well, an orthopedic surgeon to me generally is not the guy to go to. Okay? I mean you should get back up information, always get second opinions from an orthopedic surgeon, but you know their process is surgery, generally.

Rick: But you don't do surgery on -- on bursitis.

Dr. Darrow: Oh, I have had people that have had surgeries on bursitis by orthopedic surgeon, oh yeah. I have a woman who came in who had a divot in her right greater trochanter, they took the whole thing out. And it was deep. It was about three, four inches deep, this big crevice. And that took us literally years to heal up to regrow the tissue.

She was in -- I can't remember the last time, maybe six months ago, the tissue had finally grown back from the regenerative medicine. And she had a little pain, but she was like 95 percent better. So, it's too confusing, Rick, to give you an answer on the radio.

Rick: Right.

Dr. Darrow: I need to touch the area.

Rick: But bursitis goes away, when the bursa quits swelling, but hip arthritis doesn't go away. So if it goes away --

Dr. Darrow: You see, you're making statements that are not necessarily true.

Rick: Right. I understand that. I've listened to your show for years, and everything, you can't diagnose anything on the radio. And all statements are generalized.

Dr. Darrow: So, Rick, do you mind if I talk for a while?

Rick: Yes, go ahead.

Dr. Darrow: Because you've got stuff to listen to now, if you want. So taking oral prednisone to me is dangerous. And what it can do is it can actually kill the hips. It can cause a death of the bone. It's called avascular necrosis. It doesn't happen often, but if your wife is the one it happens to, that's not going to be good for her. So I don't give oral steroids to anybody, okay. And it's not going to fix anything. It's just a strong anti-inflammatory, whether it's a bursitis or hip arthritis or they give it to you for anything, it makes the whole body disinflamed. It's a really strong anti-inflammatory, it makes you feel great. But it's the worst thing you can do for the body.

I've had people come in where their adrenal glands have become totally shot from taking oral steroids. You can end up getting osteoporosis if you take it long term. There's just so many side effects. It's a dangerous drug to me. But I'm a natural doc. I have to tell you that.

Some doctors hand it out like candy. There are just too many terrible side effects. Now you mentioned something about your hip you had arthritis and pain. We don't know if that's from the arthritis, okay. And because you had an image that showed arthritis doesn't mean that you had arthritis causing your pain.

I get people in all the time that have arthritis of a joint that don't have pain coming from that joint. So you need to find a doc who does regenerative medicine, who examines the body, who uses an ultrasound to guide injections, so everything is done properly.

I know what you're telling me, you're giving me a lot of good ideas that you've been fed by orthopedic surgeons. But I don't know if one, what you've told me is correct. And I'm not putting you down for it. I wouldn't know unless the body -- nobody would. No orthopedic surgeon would. No -- no doctor, it doesn't matter. You've got to touch the body and examine it to find out where the pain is coming from. Does that make sense, Rick.

Rick: Yeah for three years. I actually talked to you a couple times before on my issue. So the point is you cannot bursitis versus hip arthritis from when the pain a certain way it happens.

Dr. Darrow:

When you touch the body, you can find out. Michael, I'm sorry we didn't get to you. Send me an email through the website at [www.jointrehab.com](http://www.jointrehab.com) or call the office at 800-300-9300.

God bless you all. Thank you, Nita Vallens, Suzette, Alex and the crew. We love you all.

Nita:

Thank you everybody, we'll see you next time.