

Living Pain Free 1/20/24

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: Hola qué tal, Nita.

Nita: I feel fantastic, how are you?

Dr. Darrow: Living it up. I'm always living it up, no matter what's going on.

Nita: Well, that's terrific.

Dr. Darrow: Very grateful.

Nita: I like hearing that.

Dr. Darrow: So what are we going to do today, Nita?

Nita: I think we're going to teach people how to stay out of elective surgeries for orthopedic or musculoskeletal pain, because there's something called regenerative medicine, which has been around forever, but a lot of people still don't know about this paradigm.

So they're going to get your free book, your latest, when they call, 866-870-5752, the book is called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has actually 264 scientific studies.

Dr. Darrow: Yes, it does. And the studies are all peer-reviewed. This is not junk science. This is real stuff. And it took me five years to find all this research.

But since those days, when I wrote this book, there is much, much more research on platelets and stem cells. It's probably one of the most studied areas in medicine today. Everybody is looking

towards platelets can do, what stem cells can do, can it heal cancer, can it heal different diseases, and platelets are used for great healing. We just do it for musculoskeletal pain.

So if anyone listening wants to talk to me right now live, you can call me about your pain at 866-870-5752. That's the studio. Here we are waiting for your calls. We love talking to people.

And if you do call, I'm going to send you a copy of this book. I'm showing it to the camera right now. It's a pretty hefty book, it's about 200 pages long, and it's got the studies on how PRP and stem cells actually do work. And how surgery is failing people today.

Surgery is the old paradigm. Regenerative medicine is the new paradigm. I'm not saying that surgeons are bad, or surgery is bad. I'm just saying that there's too many surgeries being done that in my humble opinion I don't think should be done, because we can heal it now with simple injections.

Where you walk in the office, you get injected, and you walk out. You don't need anyone to drive you, there's no real down time, you just walk in, get your injections and walk out. And I need to do an examination on you, to let you know if it's going to work on you.

And we get emails all day from the website, which is www.jointrehab.com, www.jointrehab.com. Every page there has a spot to email me, and I get back to everybody, usually the same day. If it's late at night or in the middle of the night that I get these, because I get emails from all over the world, I knock them out first thing in the morning.

So I will get back to you one way or another, I like to communicate with people. Every single one of my patients gets my personal cell phone number. And I love communicating with people. We now have Dr. Thomas Grove on staff. He's the same way I am.

He gives his cell number out to all of the patients he's injecting. He's really at this point doing all the injections. And I'm managing and marketing the practice, and making sure everything is going well. But Dr. Grove is probably, in my opinion, the best injector on the planet.

He's had very, very intense training. I never did. I learned pretty much on my own, intuitively. But he came up through the ranks for the last 10, 12 years, being trained with ultrasound. He does all of his injections under ultrasound guidance. And you'll love him. He's -- he's really, you know, I'll put it out the way it really is. He's a big stud.

He's six feet, a couple hundred -- 220 pounds of steel. And he played linebacker for the Cornhuskers, he was captain of his football team. And he's a very personal guy. You're going to love him.

A lot of people say, well I just want to see you. And I can tell you, he's every bit as good or maybe even better than I am at doing these injections. So kudos to Dr. Grove.

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

Nita: Good idea.

Dr. Darrow: We also do regeneration of the face; it's called the Vampire Facelift. And that's a process of regrowing the collagen in the face. When we do it in the musculoskeletal system, you know we can hit anywhere from the back of the head, neck pain, back pain, all the joints, the shoulders, the ligaments, all over the body. All the joints, toes, arthritis, you know, fingers, knees, meniscal tears, rotator cuff tears, labral tears in the hips. It doesn't matter. We can help all those areas heal.

But again, don't send me your MRI, to see if you're a candidate. You're going to need to come in, and I get people sending me their images every day. And I tell them I still have to see you. The images don't tell me anything at all.

And there's studies we have in all the rooms that we hand out to patients to show them this asymptomatic people can show up with terrible things on their images. People don't get it. They go well, my surgeon told me I need a surgery, because they did an image. And I ask, did the surgeon touch your body to find out. And the answer generally is no. It's very rare that the surgeon does an actual physical examination. They're very interested in looking at the images to decide whether you need surgery or not.

And most of the cases that I see, people do not need surgery. You know, if you've had a terrible accident, and you've broken a bone or something like that, you probably need surgery urgently. But most of the things that people have are more of sprains and strains and arthritis, and things like that that we can heal up.

So I'm going to go to a question. This one just came in. And it says chronic pain of the coccyx, tail bone area, excruciating pain. I've had a block with no relief. That's typically a steroid shot, which is terrible for any part of the body.

If you look up cortisone and cartilage, you will never get one of these shots. You know, these studies show that when you get these, it actually destroys the collagen, which is the major constituent in cartilage.

So people that have arthritis get steroid shots, cortisone shots, and guess what that does to their arthritis? It increases it very quickly. So it's a bad idea. It's the tradition of medicine, because it gets rid of the pain temporarily. But what we do with platelets and stem cells is actually regenerate and grow back the tissue and heal it up.

So this person said the chiropractor cannot help. Physical therapy does not help, it only aggravates it. I'm sitting and laying on ice all throughout the night and day. Well, that's awful. So the question is, can I help? Can Dr. Grove help you?

The answer is, I don't know until one of us touches the area and finds out what's going on. We probably put an ultrasound on it right away and take look, and see if there is some tissue damage, which really can't be seen on x-ray or MRIs, or CTs. The ultrasound is live, and it's very, very definitive. It can show little microscopic things almost that are wrong. And it helps us guide where the needle is going.

So yeah, we do treat coccygeal pain all the time. That's the tail bone area, the lower back, all the time, every day. And it would be great if you could come in and get a quick exam. Usually in about two seconds, we can tell you if we can help you, just by touching the area.

And the phone number to the office, if you want to call in right now and get more information, there's people by the phones. And the number to the office is 800-300-9300. And if you call the office, you'll also get a free book and we pay the postage too. So it's a great deal.

Let me go to another question here. Oh, this is good. This one says seeing Dr. Grove. I'm interested in seeing Dr. Grove, do you take insurance, I have pain all over my body. Whoa, too bad. Insurance is a subject we don't talk about on the radio, it's very complex. There are cases where we could take insurance, but we generally don't take medical insurance. But it's worth a call to the office to find out, and that's 800-300-9300.

So we get tons of people that have pain "all over". A lot of times the people come in with what's called fibromyalgia, and that's a painful syndrome, and it's usually associated with chronic fatigue

syndrome. And these are all things that are very complex. Are they real syndromes?

Well, people do -- some people do have pain all over and they're just chronically fatigued, but there's usually actually a cause for it, and in the diagnosis of fibromyalgia, and chronic fatigue, there's really no studies that show what it is. So you've got to dig a little deeper.

Very often people that have fibromyalgia do have hot spots. They'll have ligamentous pain, or they'll have pain in the areas around the muscles. There are coatings around the muscle that can become inflamed with overuse. And it's called fascia. I don't know if you've ever heard of fascia, you can look it up on Google.

And for those of you that like to look things up on Google, anatomically in the upper left-hand corner, after you Google, you will see a spot that says images in the menu. Just click on it, and you'll actually see photographs or drawings of what these anatomical things are, so you can start to understand where your pain is actually coming from.

And a lot of time when orthopods, give you a diagnosis from an image, when you look that up on Google, and you look that that's not even where your pain is coming from. And we'll see that all the time. People will come in ready for, let's say a hip replacement, and the image shows arthritis, but when you touch the body, it's not the hip joint at all.

There's so many things that could be going on. It could be a bursitis, a tendonitis around the greater trochanter, and you can look that up and hit images and see where I'm talking about. That's on the side of the femur, it's not in the joint. But a lot of doctors mistake that; because there may be arthritis, they mistake it for the arthritis causing the pain, when it does not.

So be very, very careful -- I'd be very careful about getting a surgery that you don't need, because the surgeries can lead to terrible, terrible side effects. How do I know? I had one.

When I was in medical school, I was -- I had a trainer, who was having me do deep bench presses with my hands spread wide to build up the lateral pectoralis muscles, and I sprained my shoulder, the right shoulder. I went to an orthopod, and one of my professors, and he said well, you need to get a decompression done. And I was very excited, because I wanted to be a surgeon back in those days, until I had the surgery, which made me real bad.

My arm swelled up, you people who listen to me, know the story. My arm swelled up like a balloon. I had a fever, and it took me four years to heal it after that. I was much, much worse after the surgery.

How did I heal it? I injected myself. I had my wrist done first, after a golfing injury that healed up very quickly. I learned how to self inject at that point. And then the shoulder quickly -- overnight, that was a real miracle. And people don't heal that fast, generally. So I'm not saying this is a panacea for healing. You've got to choose the right person, and you've got to have the right doctor doing it.

I wouldn't go to a chiropractor to get -- or an orthopedic surgeon to get regenerative medicine of platelets and stem cells. Go to someone who does it all day long, who has tons of experience. You don't come to me to get a surgery.

I was going to be a surgeon until my shoulder surgery. Then I was like this stuff is terrible. You know, you've got to be careful with it. So the phone number to talk to me live right now, write it down, if you're in the car, turn off your Bluetooth, pull over to the side of the road if you can and be safe. So the phone number to talk to me right now is 866-870-5752.

Here's a person that is -- well, this is terrible too. A person is having low back pain, knee pain, and foot pain. So I am extreme athlete, I've been working out for most of my life, and many parts of my body are in terrible pain, especially my low pain, my right knee and both feet.

So this is common, we get people who are addicted athletes, like I am. And we don't stop, even in pain we don't stop. And thank goodness I haven't had to inject myself for I think over a year and a half, when I blew out both my knees, sprinting up in the mountains with my Husky dogs, and then playing a lot of golf, and I'm a very ballistic golfer, I like to hit the ball really far, and add transition to impact, I lunge up at the ball. And people go, well you're going to hurt yourself. And I go, yeah, I know.

Nita: But you keep doing it.

Dr. Darrow: But I do, because I just love -- I love -- I was a gymnast when I was young in high school and college, I was in gymnastics. And gymnastics -- although it looks very smooth, you know the actual process is very ballistic. And you learn how to do it so it looks good, but I just love those explosive movements.

My favorite thing was the fly away, you know where you're doing giant swings or on the bar, and then you position yourself in such a way that you literally from the top of the swing to the bottom, you fall as hard as you can, so the bar bends, and then flings you up in the air to do the dismount.

And that was very, very exciting, but I have to admit, I was injured many, many times, and I was young, so I thought I healed up, and it wasn't until I got a little bit older that a lot of those injuries came back. And we find that very often.

So for the low back, the major issues that we normally see, people come in with facet arthropathy, that's a type of arthritis in the joints between the vertebrae, herniated disks, sprains between the ligaments between the vertebrae. And sprains in the iliolumbar ligament, thoracodorsal fascia, and you know we talked about the coccyx, the person who wrote in before, was talking about the coccyx, or the tailbone pain.

And all of these things can be helped with the right candidate. It's not going to help everybody. And I think the reason that it fails people is they quit too soon. Or they're too active. So it's not a miracle cure. It just makes sense. You put cells in that stimulate the body to grow back tissue.

So there are images I've taken before and after, let's say in the knee joint, and we can actually see cartilage growth. We see the joint space increase. Now it may take several treatments to do that, so don't think you're going to come in and get the miracle.

Very luckily my body has been the miracle healing body. Every area that I have injected, has healed. And I've done stem cells and platelets on both my knees, both my elbows, my wrist, what else, my neck, my back, my shoulders.

Nita: And my neck.

Dr. Darrow: Your neck, too, Nita, yeah. You're doing good. That was years and years ago for you and me. But my most recent was my knees and that took a while to heal. I put some hyaluronic acid in my left knee, and that was a real wake-up call for me. I never like to use it, because it can cause an inflammation pattern, if you hit the soft tissue, where you have to go into the surgical suite to have an incision and drainage, because it looks like an infection.

So I'm not a proponent of hyaluronic acid. It's a lubricant. Why do a lubricant, when you can put platelets or stem cells in that stimulate the body naturally to produce hyaluronic acid.

And most people that have you know pretty severe pain in a joint, also have fluid in there. And guess what that fluid is? Hyaluronic acid. So what do we do? We use an ultrasound, we take a look in there, and if there's fluid, we actually aspirate it out.

We numb it up. We take out that excess fluid hyaluronic acid, and then we'll put in the regenerative medicine cells of platelets or stem cells. Now, this person doesn't get into the actual pathology of their low back, their knee, or their feet.

But for the feet, the typical thing is plantar fasciitis. Or it could be Achilles tendonitis. It could be many things. It could be the first metatarsal arthritis, we call it a bunion, and there's just a lot of things on the feet or any other part of the body. And that's why Dr. Grove and I have to touch it to find out really where the pain is being generated from.

So I'm going to give the phone number out, get some callers in here, hopefully, so we have some fun. So the phone number if you want to talk to me live is 866-870-5752, I'll repeat it, don't be shy, use a fake name, pretend it's your mother, whatever. The phone number is 866-870-5752. And if you want to get a free consult on the phone with my staff, you can call the office. And the number there is 800-300-9300. And if you want to email me, you can go to the website, www.jointrehab.com and the nice thing about the website, it's got videos of us doing injections. So you can see if it's something you want to do.

You can see the actual procedures that we do of many, many parts of the body, well there's probably nothing we don't inject in the musculoskeletal system. You know, the neck, the back, the shoulders, the ribs, very often people have the costochondritis. In the old days, when people were cracking chests, which they don't do that much anymore, people would get costochondritis afterwards, and we can inject on the ribs, and that solution will drain down between the ribs, I don't want to put a needle between the ribs, because there's nerves, and arteries and things like that, but the fluid, if we're going into an area that is what I'm going to call not safe to put a needle in, we can put the fluid right next to it in a safe area, and it will move into the area, and help heal that up.

So like I say, there's basically no part of the body in the musculoskeletal system we don't inject, and to me, it's so much fun. I've had a great life over 25 years doing these injections. I've used myself as the guinea pig.

Back in the day we didn't have cadaver classes, you know, where you have a body there that you can inject into with ultrasound and

learn how to do it that way. That's the best way. That's the way Dr. Grove was trained.

In my day, it was very experimental. And my body was the experiment. I self injected many areas that I had pain in to heal them up.

Nita: So can I interrupt you for a minute?

Dr. Darrow: I heard you breathe.

Nita: Well, that's -- that's progress. Okay, I'm still breathing, that's a good thing. Okay. We do have a break in a minute or two, but we also have Theresa in Whittier on hold.

Dr. Darrow: Theresa, Dr. Marc Darrow. I understand your low back bothers you, if we get cut off with the break, do not hang up, because we'll finish up, it's just a short break.

So how long has your back bothered you for?

Theresa: If the injections work, I'm on blood thinner, Eliquis.

Dr. Darrow: No problem.

Theresa: Twice a day.

Dr. Darrow: Me too.

Theresa: Oh, my goodness.

Dr. Darrow: What's the condition you're on for, atrial fibrillation?

Theresa: Okay. I have two bulging disks, I have osteoarthritis, and a sliding disk.

Dr. Darrow: Okay. Hang with us, because you're a very fun person to talk to you. You've got a lot of stuff going on. So for those of you that want to talk to me live, call the studio right now, 866-870-5752. Call the office for a free consult with my staff on the phone, 800-300-9300. Go to the website, watch these procedures, www.jointrehab.com.

We'll get to you, Theresa, don't hang up.

[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. We're taking your calls today at 866-870-5752, right here in the studio. And right now we're speaking with Theresa in Whittier.

Dr. Darrow: Theresa, Dr. Marc Darrow, that's M-A-R-C D-A-R-R-O-W. I'm a medical doctor, I've been doing regenerative medicine for over 25 years, and I'm so glad you called us up about your low back, and I just wanted to mention that we also do these procedures on the face, called the Vampire Facelift to grow back the collagen in the face, make you look young.

And we can do it on the head, if you've got a little hair there, we don't do it on bald heads, like Dr. Phil, maybe it will work, but it works a lot better when there's already some hair there. It regenerates the follicles. And we'd have to examine that also. Anything we do, before we inject, we need to examine to see if it's something that's going to work or not.

So you have a low back with a bulging disk, but first I wanted to ask you, why are you on Eliquis.

Theresa: Because I had two pulmonary embolisms in my lungs, and I had two blood clots in my right leg.

Dr. Darrow: Got you. So Eliquis does not stop us from injections in the low back, so don't worry about that.

Theresa: Okay. Good.

Dr. Darrow: There's no bleeding that happens from that area. If we were going to do something more invasive, then we might decide to have you off the Eliquis for a day or so. But that wouldn't be the situation with the low back, that's a real safe area. We have no bleeding, even if you're on a blood thinner.

So your pulmonary emboli are from a deep venous thrombosis in your leg. How long ago was that?

Theresa: That was on April 20th, 2021.

Dr. Darrow: And how long do they want to keep you on a blood thinner?

Theresa: They said for the rest of my life.

Dr. Darrow: Okay.

Theresa: I saw a blood doctor and he did all this sorts of blood tests to find why I had the blood clots. And he told me it was a fluke. He said, I was a fluke. And so that's why he said for the rest of my life, I'll be on blood thinners.

Dr. Darrow: All right. But he didn't find anything hematologically that was wrong with your blood, right?

Theresa: Right. That's right.

Dr. Darrow: Okay. Well, I would go see another doctor and get a second opinion. I always like second opinions.

Theresa: That's a good idea.

Dr. Darrow: You know, there's a problem with Eliquis like any blood thinner, if you bump your head, you've got a problem.

Theresa: I didn't know that.

Dr. Darrow: Yeah. You don't want to bump your head, fall down or anything.

Theresa: Oh, you're right, you're right, yes.

Dr. Darrow: But anyway, I'm not here to tell you what to do with that, but I am here to tell you more about your low back, because that's the work that I do.

Theresa: Yes.

Dr. Darrow: So how long has your back bothered you for?

Theresa: For quite some years now, I'd say about three years now.

Dr. Darrow: Okay. And --

Theresa: I take physical therapy right now.

Dr. Darrow: Okay. Is the physical therapy helping?

Theresa: Somewhat not much.

Dr. Darrow: Okay. And then you mentioned you have bulging disks, so I assume you had an MRI done of your low back?

Theresa: Yeah, I had an MRI and I recently had an x-ray, because I fell, and she wanted to see if I fractured anything. And she said that my condition is still the same.

Dr. Darrow: Good, good. I'm sorry you fell. That's no fun. I've done that a few times myself.

Theresa: Oh my God. Oh my goodness.

Dr. Darrow: Yeah. My worst were off the horizontal bar in gymnastics when I was younger, flying through the air, boom.

Theresa: Oh, my gosh.

Dr. Darrow: A lot of fun.

Theresa: Yeah.

Dr. Darrow: So bulging disks don't cause back pain.

Theresa: I have osteoarthritis too.

Dr. Darrow: Okay. Well that generally doesn't either. It could, theoretically.

Theresa: And I have something like a sliding disk.

Dr. Darrow: Okay. I don't know what that means, but maybe it means that the disk material has slipped. Yeah, maybe it slipped through the material that holds it in.

Theresa: Yeah, or something. That's what the x-ray said.

Dr. Darrow: But you don't -- okay. You don't have pain down your legs do you?

Theresa: No, I don't. I do have some pain in my right knee.

Dr. Darrow: Okay. Boy, you're fun.

Theresa: I know. But the pain in my back is so severe, I have such bad pain in my back.

Dr. Darrow: Okay. So just from what you're telling me, I haven't touched you yet to let you know for sure. If you came in the office, it would take me or Dr. Grove literally two seconds to tell you, if we could help you. But we need to touch the area and see where the pain generator is.

Theresa: Okay.

Dr. Darrow: But from what you're telling me, you have a sprain in the ligaments in your back.

Theresa: Oh.

Dr. Darrow: Which is causing the pain.

Theresa: Okay.

Dr. Darrow: All these other things are what I call red herrings.

Theresa: Okay.

Dr. Darrow: You know, it's like your hand up in front, going hey this is what's going on, but the other hand behind you is the real truth. I don't know the answer to that, but we treat these all day long, what you're talking about. People will come in arthritis in their back with bulging disks and we get them better, because that's not where the pain is coming from.

Theresa: Oh, my gosh, that's awesome.

Dr. Darrow: Traditional medicine thinks it is, and thank goodness no one offered you surgery, right.

Theresa: I had bad feet before, and the podiatrist told me my feet are bad because of my back, and he wanted to do surgery, so I went to somebody different. I don't want to have surgery.

Dr. Darrow: You know, I always say this, once the knife goes in it doesn't come out. You still have results --

Theresa: That's true.

Dr. Darrow: -- what we call sequelae or side effects. There are surgeries that are done that come out very, very well. I'm not putting all surgeries down.

Theresa: Oh yeah.

Dr. Darrow: But look, why take the gamble? I had a surgery on my right shoulder when I was in medical school fourth year in medical school. And I was very excited to get it, because I was doing a lot of surgeries with my boss, who was an orthopedic surgeon, and it was like my shoulder was sore from a weightlifting injury, and I thought let's go for it. He wanted to do it. And it came out terrible. And it trained me that surgery is not the answer.

Theresa: Oh, my gosh. Oh, I'm sorry, also I have two -- I'm going to have an MRI on February 1st on my shoulders. I have pain in my shoulders.

Dr. Darrow: Oh boy.

Theresa: I forgot to tell -- mention that.

Dr. Darrow: Okay.

Theresa: But that came -- it's the worst though. What happened is my right shoulder it locked; I couldn't move it one morning. And I was in excruciating pain. And so when I thought I'd better make a doctor's appointment, and that's what I did, because my shoulders had been hurting for about a year, but I have been able to do my activities, still. It's just -- it's just there. So when my shoulder locked up, that's when I called my doctor, and she said it sounds like you have tendonitis in your shoulders.

Dr. Darrow: Okay. Well, that's easy to fix. Yeah, we know by touching, not by looking.

Theresa: Okay.

Dr. Darrow: So I don't trust any MRIs or x-rays. I like to get them, because I found a couple cancers I wasn't looking for. Yeah, we -- I've saved a few people's lives by getting MRIs or x-rays.

Theresa: Well, that's awesome.

Dr. Darrow: But it didn't help me with the musculoskeletal pain issue. That's still by touch. That's done by examination. Yeah, I mean it's rare, but it's happened. There was a lymphoma I found once in a lung looking at a shoulder x-ray.

Theresa: Oh, my goodness.

Dr. Darrow: Yep, there was a breast cancer we found with a shoulder imaging.

Theresa: Wow.

Dr. Darrow: Yeah. That was done actually with ultrasound imaging, I had -- this is years and years ago. I had an ultrasound tech doing ultrasounds of every patient that came in. And I said please do that shoulder, I'm going to come in and I'm going to do it before I get there. And he came out of the room, and he was whispering, he says, Marc, she has cancer.

Theresa: And that's when you found the cancer.

Dr. Darrow: Yeah, well that was one of them we found, yeah. And I don't want to get people riled up about they've got cancer if they've got pain. Because the two are not necessarily at all related. It's like an ancillary finding.

You know, if we did an MRI of everybody's body, we'd find all kinds of stuff that we think we shouldn't have. Now, I'm serious.

Theresa: I believe so.

Dr. Darrow: There's all kinds of stuff we have that is not causing a problem. Some is causing a problem we don't know about yet. But there's a lot of stuff that goes on, that we don't die from. We die with it. A lot of men have prostate cancer as they get older, but they don't die from it. Some do.

Theresa: My uncle has prostate cancer, and he lived it, he survived it.

Dr. Darrow: Yeah, but some of them are non-aggressive forms, and you know you can have your PSA go up prostate specific antigen, and get nervous about it, but it doesn't mean that you're going to have a problem from it. Sometimes you do, sometimes you don't.

I have a very good friend who has prostate cancer, and he found it because he had problems breathing and --

Theresa: Oh.

Dr. Darrow: Yeah, it had spread to his lungs, so they put him on hormone therapy and that cleared up immediately. And I talked to his doctor, who said he should live a normal life. These medicines are amazing.

Theresa: Well, that's wonderful.

Dr. Darrow: Yeah, he's got metastasis all over to the bones and lungs, and what not, but hopefully it doesn't affect --

Theresa: And he survived?

Dr. Darrow: Hopefully he's going to survive another 20 years, and he lives like a normal life span. Yeah. The medicines are so good. It's not going to work on everybody just like nothing is going to work on everybody. But so far it's working for him. Look at the HIV patients, you know back in the day.

Theresa: Oh yes.

Dr. Darrow: Back in the day, in the 80s all my friends with HIV died.

Theresa: That's right.

Dr. Darrow: Now people are living a very, you know, great life with the medicines if they take them.

Theresa: That's true.

Dr. Darrow: But anyway, my point is we've got to examine the body, find out where your pain is coming from, the knee, the right knee, the same issue, we've got to move it around, touch it, use the ultrasound to look inside, and see you know if we find something that we think we can help, because using platelets and stem cells really heals most things in the orthopedic realm, you know in the musculoskeletal realm. It's not going to heal everything.

Theresa: Okay, and my shoulders too?

Dr. Darrow: Well, we've got to check you out.

Theresa: Yeah.

Dr. Darrow: But I've done both my knees, both my shoulders, and my back and I'm doing great.

Theresa: Oh good. I want to be great too.

Dr. Darrow: Well, you're already great.

Theresa: I want to be great.

Dr. Darrow: You're already great. It's just hopefully we can make you feel a lot better.

Theresa: That's how I want to feel. Oh my goodness.

Dr. Darrow: Anyway, God bless you, Theresa, we're going to send you for calling in, we'll send you a free copy of my book Stem Cell and Platelet Therapy, Regenerate Don't Operate. And I'll pay the postage. And if you want to come into the office the phone number there is 800-300-9300. If there's something that we didn't talk about, you can get a free consult on the phone with my staff.

Theresa: Oh great.

Dr. Darrow: And we'd love to see you.

Theresa: Oh, that sounds wonderful.

Dr. Darrow: And then go to the website, you can actually watch me doing these procedures on shoulders and backs, and knees and all over the body. And that's www.jointrehab.com.

So Theresa, God bless you, your call has helped many people. And we really appreciate you.

Theresa: Thank you. And did you say dot com or dot gov.

Nita: Thank you, Theresa.

Dr. Darrow: What's that? The website is www.jointrehab.com.

Theresa: Com; okay, thank you so much.

Dr. Darrow: All right.

Nita: Thank you.

Dr. Darrow: Have a good one.

Nita: Our number is --

Dr. Darrow: 866-870-5752. So it's kind of funny. I always say I'm always looking for emails with people's questions, and one just popped up on my computer. Let's see what this says.

Nita: Okay.

Dr. Darrow: I would like to schedule an appointment for Prolotherapy, that's an old type of treatment. I'll tell you what it is in a minute.

Nita: Okay.

Dr. Darrow: To treat my neck and left shoulder, please. I've been told I will need surgery for both. Bah-humbug, don't go for that. And I would like to see if this therapy will help me. Thank you.

Most likely it will help. Prolotherapy is what we used to call regenerative medicine; and prolo meaning proliferate, and therapy meaning to treat. So proliferate what? Proliferate or stimulate new tissue to grow.

Back in the old days, it was mainly using sugar water, concentrated dextrose, mixed with lidocaine or sarapin or some other local anesthetic. And we also would use things like sodium morrhuate or zinc sulfate. And they stimulate an immune reaction, draw fibroblasts to the area which are cells that grow collagen. So it's not something that I tell people to do. If they want it, I will do it.

A lot of my patients from the old days, will come back with a new injury, and say let's do Prolotherapy. And I go, we've got stuff that's much better. It's called PRP, platelet-rich-plasma, where we simply draw your blood and spin it and inject, or we can do that mixed with your stem cells, and they're both very simple easy procedures to do, you don't need anyone to drive you to the office. You come in, and we do the procedure, and you get the injections, and you walk out. Drive yourself home. No big deal.

The biggest side effect is a little stiffness afterwards for a day or so sometimes longer. But nothing terrible. And like any injection we have to be careful where we put the needles. And Dr. Grove is doing all the injections now, he uses ultrasound, for I think almost every one of his injections. And he has trained better than anybody I know on the planet in regenerative medicine and ultrasound techniques.

So yeah, I mean most neck and shoulder pain is sort of a tendonitis or ligamentitis even if someone tells you -- even if a doctor says well, you've got a herniated disk, that doesn't necessarily mean you're having pain. Or you've got arthritis, that doesn't necessarily mean you're having pain.

Nita, is that you breathing again?

Nita: No. I think you heard the wind from outside.

Dr. Darrow: I think I heard Darth Vader.

Nita: That's possible.

Dr. Darrow: Anyway, give us a call right now, and the phone number to the studio, the radio, is 866-870-5752. And if you want to call the office and get a free consult with my staff on the phone, the phone number is 800-300-9300.

So let's see I'm going to another question. I love these questions.

Nita: Yeah, they're interesting.

Dr. Darrow: Okay. Here's a good one. Complex meniscus tear. Oh, that scares me. I'm kidding. So this person says I have a complex tear of the meniscus in the right knee. Guess who else has that? Yours truly. Okay. I had an MRI when I had knee pain, just to check it out, and it showed a complex tear of the medial meniscus.

Nita: Ouch.

Dr. Darrow:

The person says I would like to avoid surgery. I did avoid it. And I'm very interested in having the stem cell therapy. Bone marrow aspirate concentrate injection is very simple. We just numb up the area in the back of the pelvis, put a needle into it, and aspirate the bone marrow. It takes me about 10 to 15 seconds to do the whole procedure. Dr. Grove is the same. He's done so many of these in his training. And he's done lots of them with me.

And can you please advise on the recovery time following the injection? There's no real recovery. It's simple. You walk in, get it done, and walk out. If it's in your knee, we're going to want you to stay off of things like stair climbing or sports for at least a couple weeks, come back, let us inspect you again, and do an examination, and see if you might want to do another injection. Or whether you're fine.

A lot of times people will do one injection and be okay after that. A lot of times they'll need more. How do I know ahead of time? I never know.

What is the estimated time for the meniscus to regenerate following the injection in terms of weeks or months? So I've injected my own medial meniscus on both knees, and a lot of regrowth has taken place, but they're not completely brand new. There's still -- you can tell there's tears, they're a little bit extruded out of the joint. And the reason I'm not injecting anymore, is because I don't have any more pain there. If I had more pain, I would inject more.

So people might say, well, don't you want it to look perfect? No. We don't need it to look perfect. We need it to feel perfect. So could we make it look perfect? Sure. You just need more injections, it will eventually fill in all the divots in the meniscus.

So a complex tear -- baloney, who cares. You know, get some regenerative medicine, get platelets or stem cells, and heal it up. What is the recommended level of activity while the regeneration is occurring? Minimal. You know, you want to leave it alone. You do want to move the joint, but you don't want to be pounding on it. And injuring the tissue that's growing. You want to let it grow.

And the person goes on to say, I just had a steroid injection to manage the pain -- uh-oh, bad idea. That's going to hurt that meniscus and it's going to hurt the cartilage. So whoever did that to you, I don't agree with them. I know it's the standard, but I just don't agree with it. And I've had patients who have come in with multiple steroid injections, whose cartilage is worn away because of it, much worse than before they started.

Is there a minimum timeframe from having a steroid injection to having the stem cells injection? I like to wait at least a week afterwards. Let that steroid kind of drain out of there.

Thank you in advance for any information you can provide. Kind regards and thank you so much for the work that you do. We love you, Dr. Darrow. Oh, that warms my heart, thank you.

Nita: He actually warmed my heart too.

Dr. Darrow: Yeah. And you know the thing is Dr. Grove and I have a warm heart from I think the way we were born. But we love the work we do every day when we meet in the hallway, we talk about patients. We laugh at how fast people heal. And we have people that have had multiple surgeries that got worse, and then we do regenerative medicine of platelets or stem cells, and some get better immediately. Some don't. I can't promise anything. We have patients sign a consent, that says there's no guarantees. A lot of people say I don't want to do it, if you're not going to guarantee it. And I go, don't do it, go get your surgery, see how you do then. You'll be back later. And that's very common.

People will come in on the verge of having a surgery. I try to talk them out of it. They still do it, and then after the surgery, they get worse, and then they come back, and then very often, even after a surgery, stem cells or platelets can heal that area up.

Sometimes it can't. If you have a prosthesis put in, metal or plastic, a joint replacement, there's not usually a whole lot that we can do to help that. You've got to go back to the surgeon and see why -- what the problem is. And I've had so many patients come in after joint replacements, that have failed miserably. I'm not putting it down. I'm just saying be careful. If you have other options, definitely don't do a surgery, if you don't need to.

So many people have grown up in the era where surgery is king. It's not anymore. Regenerative medicine is taking over. Platelets and stem cells can heal most of these issues. Not everything. If you get your knee smashed by a crowbar, or a car ran over it, and there's nothing left, you're going to probably need a knee replacement. But that's generally not the case. It's usually people who have some arthritis and the surgeon says well, you need a knee replacement, if you don't get it now, you'll need it later.

I laugh, and I go tell the surgeon, he needs on. Nita, you're not laughing.

Nita: Well, I'll laugh now.

Dr. Darrow: All right. Good.

Nita: I didn't want to interrupt, because that's pretty important stuff you're talking about.

Dr. Darrow: All right. Here's an interesting question. It says, soccer player, ACL, leg fracture. Let's see what this person has to say.

Hi, I'm a 31-year-old soccer player who would love to get back to playing for fun, especially now that I have two twin boys will grow up to play, if they choose to play soccer.

Oh, the show's over.

Nita: Oh, dear.

Dr. Darrow: Well, get a hold of us at the office, you can call the staff, get a free consult on the phone. And that's 800-300-9300. Or go to the website www.jointrehab.com you can watch videos of us doing these injection procedures with PRP, platelet-rich-plasma, and stem cells.

And thank you, Nita Vallens, for being a great host, thank you, Alex, Suzette, and the rest of the staff, God bless you all.

Nita: Thank you.