

Living Pain Free 1/27/24

Narrator: Are you living in pain? Is it joint pain or muscle pain? If so, stay tuned. Welcome to Living Pain Free with Dr. Marc Darrow, from the Joint Rehab and Sports Medical Center in West Los Angeles.

This is the program that can give you effective solutions for the pain that you've been living with. Dr. Darrow is a medical doctor, board certified through his studies at UCLA. And Dr. Darrow uses stem cell and platelet-rich-plasma therapy to heal your body. He teaches about the use of stem cells, PRP, and Prolotherapy.

Today's program could open up a new life without pain for you. To speak with Dr. Darrow, call 866-870-KRLA, that's 866-870-5752. Ask for a copy of Dr. Darrow's book, Stem Cell and Platelet Therapy. Now here's Dr. Darrow with his co-host, Nita Vallens.

Nita: Well, hi Dr. Darrow.

Dr. Darrow: Hello, Nita Vallens, do people know that you're a doctor, also, of psychology, or something like that.

Nita: Maybe they know. Maybe they don't. But what's more important is how we're going to help people heal their musculoskeletal or orthopedic pain, today.

Dr. Darrow: Yes.

Nita: How are we going to do that?

Dr. Darrow: Very easily, I hope. It's the work that I've done my entire medical career, since I was a resident at UCLA where I learned some of these techniques and started experimenting on myself. And now, it's blown up. It's something that's being done all over the world. It's called regenerative medicine.

And today we're using stem cells and PRP, which is platelet-rich-plasma. So it's pretty simple. Patients drive into the office, they don't need anyone to help them, they can do it themselves. They walk in, if they can walk. Some people come in wheelchairs. And they have their blood drawn, or that we can get their bone marrow to get stem cells.

The blood draw is to get the platelets, and what we do simple with that, is we draw blood, we spin it in a centrifuge and then we can throw away the red cells, which are a little bit caustic, and they hurt. So we just inject the platelets, which are cells that have growth factors and stimulate regrowth of tissue.

There's all kinds of growth factors and cytokines and wonderful things in that. And then for the more difficult cases, we'll use stem cells. We can -- if we take it from bone marrow, we don't even have to take the blood, because bone marrow has blood. Bone marrow creates blood and stem cells, it's all together there.

So, Nita, do rabbits travel?

Nita: Hoppity hop. You didn't expect that, did you?

Dr. Darrow: That's pretty good. They fly in hare planes.

Nita: Okay? I like that. That's cute. But guess what. I have really smoking hot news.

Dr. Darrow: I know we got someone --

Nita: Harry.

Dr. Darrow: -- we've got Harry.

Nita: We do.

Dr. Darrow: Harry, Dr. Marc Darrow, here, and we understand that your neck hurts. How long has that bothered you for?

Harry: So it's actually a congenital issue, but I didn't know about it until seven years ago.

Dr. Darrow: Okay. Tell us.

Harry: Well, I'm a dentist by trade. And I really didn't know about this until I finished dental school and just started having more than what I thought to be average neck pain.

Dr. Darrow: Yup.

Harry: So I found out I have a C5 and C6 fused from birth that took a while.

Dr. Darrow: Okay.

Harry: And so it's just caused, you know, I don't have any narrowing of the spinal foramina as indicated by just various MRIs and CTs I've had. But I do have some degenerative change in the vertebrae, C4 and also C7. And so they targeted my uncovertebral processes or joints with facet blocks, radiofrequency ablations. I've had an epidural ever three months for years. And I recently had another facet block.

And I'm just not -- it's not even taking the edge off the pain anymore.

Dr. Darrow: Oh, I'm so sorry.

Harry: I know a lot of what I'm doing with this is ergonomical. It's used with my job, but I've modified as best I can. And I'm kind of at the end of my rope, and wondering what's next?

Dr. Darrow: Okay. It says here that you're from Birmingham, Alabama. Are you there now, or are you in LA.

Harry: I'm in Birmingham, uh-hmm.

Dr. Darrow: Okay. So here's the deal, from my humble opinion, point of view, okay?

Harry: Yes, sir.

Dr. Darrow: Don't take it as the word of God. I haven't touched your neck, I haven't examined you. All you've told me is that you were born with a C5-6 fusion, which is not, to me, a big deal. It can happen anywhere in the spine, and not cause any pain. But the levels above and below a fusion generally can break down easier, and you've got a little arthritis there.

You used some nice terms, about that is the -- you know, vertebral joints, the uncovertebral joints, and you've had facet blocks and you've had nerves burned, blah, blah, blah. And you know the thing I don't like is you've been getting epidural shots, which is steroid shots every three months. That's not good for you, at all. And you probably know that being a dentist. You're probably a very, very smart man.

But you don't know what else to do.

Harry: Yes, sir. And I really would prefer to avoid surgery. You know, I've had various neurosurgeons and orthopedists say that I have some cervical instability that it would be going ahead, and going with a fusion. I'm also a singer, so I don't really want to consider the anterior approach.

Dr. Darrow: Yep.

Harry: You know, it's just a -- it's kind of a comedy of errors, and I just would love to know what you think.

Dr. Darrow: Well, you missed the boat on what I think, which is -- you've talked about all kinds of things, but you're calling the show, because you have an interest in regenerative medicine of healing naturally.

Harry: Yes, sir.

Dr. Darrow: And there is without me touching you, I can't tell you, but my guess from what you've told me is that you will heal using either PRP or stem cells or together, a mixture.

And why do I say that? Because we see this all the time. And no, surgery is not an answer for this, according to me. But you know, it's your choice, you're a smart guy, and you're in the medical field, but why haven't you -- you know, why haven't you gone to a regenerative medicine doc and tried this yet?

Harry: To be honest, only because I didn't know anything about it, you know.

Dr. Darrow: Okay.

Harry: I've just been relying on the insight of my local professionals. I've also been to Mayo, and no one's mentioned it.

Dr. Darrow: Okay. Well, it's -- you know, if you've started reading about this, and you've probably have seen my website. Have we sent you a book that I've written about it?

Harry: No, sir. Not yet.

Dr. Darrow: We will do that.

Harry: I would love it.

Dr. Darrow: Yeah, since you called in, anyone who calls in gets a free copy of my book Stem Cell and Platelet Therapy, Regenerate Don't Operate. The foreword is written by Suzanne Somers who unfortunately passed away recently. And she has had it done on her.

She was a good friend. I worked on her son, Bruce, first. And since then, I've worked on her grandchildren, and a lot of their friends and family. And everybody's had pretty good results. It's not a cure-all for everything. I'm not saying it is. But it's been a cure all for me. And I've been doing it to myself for over 25 years.

Harry: Wow.

Dr. Darrow: And the reason I do it as a profession is because it worked on me. I was experimental, back in the day. But now there are so many

doctors doing it. And usually, what happens, Harry, is when a doctor gets it done, and it works, then they start doing it on their patients, even dentists. Psychiatrists, all kind of doctors, you'd say why are they -- you know, they're not the ones that should be doing this.

But it becomes --

Harry: Well, I use PRP and PRF, I've used that in various dental surgeries.

Dr. Darrow: Yeah, okay.

Harry: But I've never considered it for myself.

Dr. Darrow: Yeah, it's an easy procedure to do. If you wanted to come to LA, Dr. Grove is my injector, he is an ex-football player for the Cornhuskers, big, beautiful guy. He uses an ultrasound, when he injects, even with the neck, so you can actually watch the needle. You don't get your neck injected, unless you have someone like him doing it.

I did it for 25 years, and I can still do it, but that's his job now. I'm more of management of the practice and all of that. But I'm there every day, and I'd be very happy to meet you and show you what we do, and examine you, and let you know what's going on.

Harry: I would love that.

Dr. Darrow: From my humble point of view, most of these surgeries should not be done, these orthopedic surgeries, and neurosurgeries, should not be done. You haven't mentioned any -- any radiculopathy or pain down your arms.

Harry: I've never -- I've never had any radiculopathy. That's a blessing.

Dr. Darrow: So it is a blessing. The blessing is you have central spine pain, which normally can heal up by using platelets or stem cells. So that's my opinion at this point without having examined you. So what you've expressed in terms of what the syndrome or diagnosis is, is irrelevant to me.

Harry: Well, great.

Dr. Darrow: I know it's very relevant in the orthopedic world, because they look at the images and go, whoa. That's terrible. You need a surgery. But most of these surgeries again, in my humble opinion, these should never be done.

I get so many patients that have had these surgeries done all over the body, not just the spine, and I've had patients crying in the office, why didn't the surgeon tell me, they can screw me up. And neck surgeries are no -- they're no bargain, man.

Harry: Right, right. And I'm in no hurry to do it. It's just everyone's told me that's inevitable at some point.

Dr. Darrow: No, no. No. Nothing is inevitable except taxes and death.

Harry: That's true. That's true.

Dr. Darrow: And look, I'm not saying a surgery could not help you. Maybe it would. But why would you go down that path, when there's other paths you could do that are conservative and are very simple. And you walk in and walk out.

Harry: Absolutely.

Dr. Darrow: You don't suffer from it.

Harry: Well, actually no one's been able to guarantee a surgery will fix the pain generator, you know.

Dr. Darrow: Well, no one can guarantee anything, really, when it comes to medicine.

Harry: Right.

Dr. Darrow: So one of my oldest friends, I've known this guy for over 50 years, he used to live in LA, where I met him. And we're very close. We actually were roommates, I'm thinking back way in the beginning, we were roommates. And we owned a house together.

And so we always stayed kind of close, and then he moved -- his wife had some family issues back in Wisconsin. So he moved away, I've haven't seen him in years. So he emails me and says I've got bone-on-bone hip arthritis. Every surgeon I've been to in Wisconsin says I need to have a hip replacement.

And he said can you help me using stem cells. And I said I have no idea, I have to see you. It may help, it may not help. So he came in a couple of days ago, and his hip was very minimal range of motion. And I said you know we're probably not going to get a lot of range of motion out of that hip, but we might be able to get rid of the pain that you're experiencing.

And he said, well, how do you know what's going to happen. I said, we don't. We have to just do it. And we did his two days in a row.

And after it was done, he said, the pain is gone. Now, how can that be with an almost frozen hip, that every surgeon says needs a hip replacement? I mean he could walk.

Harry: Right.

Dr. Darrow: And you'd think with a hip like that he couldn't even walk. He could walk.

Harry: Yes, sir.

Dr. Darrow: He couldn't do it perfectly, and he wasn't running down the street, but he could walk, he was functional. And he didn't want a hip surgery. Anyway, he left this morning telling me that he was doing well. How did that happen?

Harry: Wow. Wow.

Dr. Darrow: You know part of the situation is when we inject, there's a little bit of inflammation that takes place. People get typically a little bit stiff. And in the joints, that can actually open up the joint space and give some range of motion and decrease the pain.

In the neck like yours, is it's more of the ligaments that are causing the pain. And again, I don't know until I examine you.

Harry: Yes, sir. Well it creates a lot of muscular pain, but it's hard to know if it's the chicken or the egg, you know.

Dr. Darrow: Well, there's only one thing you can do in this situation here. You have to get an examination by a guy like me that does it all day long, or Dr. Grove. And see what they think. And -- and this is what I tell every patient. I have a lot of patients who come into me for orthopedic pain. And they go I've got this heart issue. Who should I see for that. And I go, go to the guy that does the most.

It's the same thing with regenerative medicine. Don't go to some guy who does it sometimes. Always go to a guy who is doing it all day long, who knows what he's doing, who has seen it all.

Harry: Absolutely. Absolutely.

Dr. Darrow: Because if you go to a guy does it a little bit, you're not going to get the right response. You're not going to get a great exam, and you're going to get bad information. I have so many people that come in, they go I've been to a regenerative medicine doctor, they said, they can't help me. And I examine them, and I said, I don't know why they said that. I think this is an easy case.

But after all these years, you know I've seen -- I can't say I've seen it all, but I probably have seen most of it. So be careful who you go to. I'd love to have you fly out and get some sunshine.

Harry: Absolutely. Is it a situation where I could fly out for a consultation and an exam, and possibly the procedure in the same visit, or is that something that would need to be --

Dr. Darrow: No. We do it all at the same time.

Harry: That would be great.

Dr. Darrow: Yeah.

Harry: That would be great.

Dr. Darrow: And for something like yours, if you're coming all the way from Birmingham, Alabama, if I were you, I would spend like let's like three days here, or if you have vacation time, spend a week here. And we could do it several times. I've had a lot of people that come in from other parts of the world. And we'll do it every day. And that's pretty much unheard of in the regenerative medicine world.

People will do it, you know, the doctors will do it every few months. Well, I don't know why they do that, because then it takes that much longer to heal.

Harry: Absolutely.

Dr. Darrow: The more you do, and the more cells you get in, the faster you heal.

Harry: Wow, sign me up.

Dr. Darrow: Typically, in LA, if someone lives locally, we will have them come back after a treatment in about two weeks. And then we may reinject them at that point. And you know, that's not -- it's becoming more of the trend today, but back in the day when I started, people would come in and say well they went to a regenerative medicine doc, they used to be called Prolotherapists, by the way, back you know in ancient days. Proliferating new tissue growth, you know from the Greek term, Prolo.

So I'd say why are they waiting so long, it's going to take you a year to heal, when you could do it in a month.

Harry: Yes, sir. I hear you. I hear you.

Dr. Darrow: Anyway, I'm a blue grass guitar, Bango, and Mandolin player. Do you get that down in Birmingham?

Harry: I've hired a lot of those to work with us. I used to use music a lot and that was all types of blue grass. So I love it. Absolutely.

Dr. Darrow: Well, when you come out, we'll play some music.

Harry: Would love that -- would love that. And where in LA are you located?

Dr. Darrow: We're very close to the airport, we're a 20-minute drive from the airport. We're across the Freeway from UCLA, which is where I did my residency. I just -- you know, I stayed close to UCLA, because it was convenient. I was used to it and opened up my practice basically just down the street.

Harry: Awesome.

Dr. Darrow: And have really enjoyed being here, love my work. And it's something I'd love to, you know, I'd love to get you healed, but even more so, I'd love to have you learn about it, so you could do with other people. Dentists do it too.

Harry: Absolutely. Absolutely, I would love that.

Dr. Darrow: Harry, God bless you, man. It's been great talking to you. I really appreciate it.

Harry: Yeah, God bless you. Thank you so much, doctor.

Dr. Darrow: All right. Take care. Wow.

Nita: That was amazing.

Dr. Darrow: Yeah, amazing. A smart guy, and just hasn't had the opportunity to have a healing take place. And nobody wants to get a surgery on their neck, believe me.

And you know, we had gosh, it's been about three years now, four years. We had a woman call in, where her husband had a neck surgery and died, remember he went on a ventilator first.

Nita: Oh, my God, that 2016, Christmas time, I'll never forget. That was so sad.

Dr. Darrow: Yeah, remember she called up crying?

Nita: Yes. And we were crying.

Dr. Darrow: Yeah, yeah, it was awful. She said, Dr. Darrow what happened to my husband? He went in for a neck surgery and he came out on a ventilator. And I think it -- was it that day?

Nita: Yeah, basically, she had said that she was in shock, and it was later in the day that was the first call she gave to the show, because she was out of her mind, upset.

Dr. Darrow: Yeah, and I don't blame her.

Nita: And even Suzette remembers it.

Dr. Darrow: Yeah. It was kind of interesting on that case, because, I said, you know, honey, I wish I could tell you what happened, but I don't know what happened, because I wasn't there.

I'm said, I'm sure you asked your surgeon what happened. She said, I did. He came into the waiting room, and his words were something I did everything right, and he walked out, and that was his answer.

Nita: That -- that was horrible.

Dr. Darrow: Yeah. And then the patient, he was alive, but he was on a ventilator, and then they put him in rehab and he died in rehab some time shortly thereafter. Yeah, I'd like to look her up and see how she's doing.

Nita: Yeah, she stayed in touch with you for a while.

Dr. Darrow: A long time, yeah. I haven't heard from her lately. Anyway, to call the show right now, if you're interested in this topic, or anything on orthopedics and regenerative medicine of platelets and stem cells, this is Dr. Marc Darrow. And the phone number to the studio, you can talk to me live is 866-870-5752. If you're shy you can use a fake name, or pretend it's your father or your brother or your friend that you're talking about. And if -- I'll give you the phone number again, it's 866-870-5752.

And for those of you that want to talk to my office, you can get a free consult there from my staff over the phone. And that phone number to the office is 800-300-9300. They're there at the phones, so you can call them. And it's 800-300-9300.

And if you're interested in reading about this, if you call in we're going to mail out to Stem Cell and Platelet Therapy, Regenerate Don't Operate. We won't charge you for it, it's a \$25 book. And it's got 250 some studies on platelets and stem cells, and how you can

heal your orthopedic issues, without surgery. It has studies on why surgeries don't work. And I know that sounds weird, but I get so many new people that come in that have had failed surgeries. And what is a failed surgery, it's one that didn't work, or it made you worse. And I'm one guy who had that.

And that's why I switched from doing orthopedic surgery to doing regenerative medicine. It was during my fourth year of medical school. I was all tuned into the orthopedic department in Hawaii where I was in medical school. And I was going research with them to guarantee getting a spot in their program.

I was friends with everybody. The Director said he had a slot saved for me. I had a shoulder surgery, and that was it. I was like I'm not going to do this to people. Sometimes it works out and sometimes it doesn't. And some times it's terrible.

Nita: That was very brave of you. Would you like to talk to Bob in Whittier?

Dr. Darrow: I am going to. Bob, Dr. Marc Darrow. How are you today? We understand that your knee is bothering you.

Bob: Yeah, my left knee. I have a subchondral lesion. And basically, the doctor has kept me off the knee for you know for about eight months. And then recently just looked at it, and said it was stable, then gave me an injection of cortisone.

Dr. Darrow: Oy.

Bob: But it seems like I still have a -- go ahead.

Dr. Darrow: No, go -- I just said "Oy." Because if you have a subchondral lesion, did he call it an osteochondral defect?

Bob: Yes. It's a -- I believe there's a defect, because of the indentation.

Dr. Darrow: Okay. So here's the deal. A steroid to me, and again, I'm not the God of medicine, okay. This is just to me; the steroid makes it worst. That cortisone makes it worse.

Bob: Okay. And he was -- he was going to do subchondral plasty, where you do this bone substitute material --

Dr. Darrow: Yes.

Bob: -- in order fill the -- the lesion. But he just wanted to go the conservative route at this point.

Dr. Darrow: Okay.

Bob: My question is, what can you do in your field for something like this?

Dr. Darrow: Well, we do it all the time. We inject platelets and/or stem cells into the area, and help stabilize that defect. Now, I don't know if that defect is something that could dislodge or not. I don't know if your surgeon told you that. But it's typical in the medial femoral condyle, that's the middle part of the knee. You that lump on the side, the middle side of the femur bone.

And you can look this up, if you don't know the anatomy. You can go to Google, and then in the upper left-hand corner, there's a spot that says "images". And you can take a look at that. You've probably seen it on an x-ray or an MRI, but it's harder to see that way.

So if I were you, I would go to Google, go ahead, I'm sorry.

Bob: I'm sorry. I -- I did it. It's basically on the plateau of the tibia bone.

Dr. Darrow: Oh, the tibial plateau, okay.

Bob: Yeah, it's probably the size of, I want to say a nickel.

Dr. Darrow: Okay.

Bob: In circumference, but as far as depth wise, I think it's 2.5 -- what is it.

Dr. Darrow: Millimeters.

Bob: Yeah, the lesser of the -- I don't want to say centimeter.

Dr. Darrow: No, that would be an inch, you wouldn't be walking around probably.

Bob: Yeah.

Dr. Darrow: No, millimeters are very small.

Bob: So it seems like it's -- you know, it's positional, where if I'm walking backwards or if I do a certain position, it will give me sharp pain, and then it will go away, and then I'm able to walk.

Dr. Darrow: Okay.

Bob: But my point is, will an injection of the material that you're suggesting, will it fill in that defect?

Dr. Darrow: It could but let me tell you something. And this is something that you're going to go what? Hang on with us, we're going to a quick break, Bob, because what I'm going to tell you is -- might be earth shattering for you.

Nita: Oh, boy.

Dr. Darrow: If you want to call, the phone number to the studio is 866-870-5752. You can talk to me right now, 866-870-5752.

You can go to the website, www.jointrehab.com and watch videos of these procedures.

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at jointrehab.com 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, right here, right now in the studio 866-870-5752. That's 866-870-5752. And right now we're talking Bob in Whittier.

Dr. Darrow: Hey Bob, Dr. Marc Darrow. Did you happen to hear me speaking to Harry from Birmingham, Alabama, who called in right before you?

Bob: You know I caught the tail end of it I didn't talk to -- I didn't hear all of it.

Dr. Darrow: Okay. So -- so here's the gist of what came out of his talk with me. He has neck pain, he's a dentist, so he obviously has some ergonomic issues bending over all the time. And he has a fused vertebra at C5-6, okay. And they're thinking of doing a surgery on that.

He's had facet blocks, that means they put a steroid in there. And he's had epidurals that means you put steroids in there, all of which dissolves tissue away, which is not a good thing. And he wants to avoid surgery. He's a singer and he doesn't want any scars on his neck or anything too.

Bob: Or his face.

Dr. Darrow: Yeah, well that's for sure. So I explained to him that most likely everything the doctor told him doesn't relate to why he's having neck pain, okay. And I'm going to tell you the same thing, okay. You've given us this great beautiful scenario about your subchondral lesion which I might call an osteochondral defect, if that's what it is.

And it's on the tibial plateau, that's the top of the tibia bone, you know, the leg bone. And we're all making this assumption, because you had -- did you have an x-ray to show it, or an MRI, or both?

Bob: I had both.

Dr. Darrow: So we're making this assumption that that's your pain, okay, right?

Bob: Right.

Dr. Darrow: I make the assumption, that's not a problem.

Bob: You could be right, because I -- you know I it's weird, because near the kneecap, the patella bone is, or the patella, kneecap area, that's where the pain is at, I mean it's -- it's a -- and then it will cause me to not bend my knee.

Dr. Darrow: Yeah. Well, again, I have to -- I always tell people this and people write in, you know they email me through the website, and by the website which is www.jointrehab.com has a spot on every single page to email. And I answer every email, every day. So I get these calls from people all the time and the emails all the time, let me send you an image, an x-ray, an MRI, and you can tell me whether you can help me.

And we get back to them, and we just say, I can't tell from that, if that's the problem. It may not be the pain generator. And now you're telling me it's something around your patella, which is the bone in front of the knee, which probably has nothing to do with this osteochondral defect, or subchondral lesion, whatever you're calling it.

So we have to be very careful to find the pain generator. How do we do that? We use our hands. Most doctors don't do that. And most patients that come in, after a failed surgery, that's a surgery that didn't work. I ask, did you doctor examine you, and guess what the answer is, Bob?

Bob: It's no -- it's no, but my doctor did, in fact, did a manipulation with the -- as he did around the pain areas.

Dr. Darrow: Okay. Did he push on the area where you told him there's pain coming?

Bob: Yes.

Dr. Darrow: Okay. Good. And he didn't think that was the pain generator? He thought it was inside your knee when he was pressing on the outside, and that's where it hurt.

Bob: You know it's one of those things where he was trying to -- he was kind of leaning toward that because the subchondral lesion hasn't increased in size, so that it may be somewhere else. And so then that's why he went to the cortisone injection which you know, again, I understand the risk with cortisone, but I said, well let me try just one. I'm not going to do two.

Dr. Darrow: Yeah.

Bob: And it didn't seem to help.

Dr. Darrow: Okay. So a few things about cortisone. Number one, it's not good for anybody, as far as I'm concerned. And again, that's just me, okay. There's doctors give cortisone shots all day long. A lot of orthopods, orthopedic surgeons have PA's or NP's, you know, those are mid level practitioners just doing cortisone shots on everybody to see if that's going to help them. All right.

Sure, it makes it feel great. But what does it do. You look it up. Go into Google, and put cortisone and cartilage, those two words, and go look it up, and you tell me. All right. So you said, well I just did it once. Once is too much to me. Now the guys who do it all day long, and especially to guys who were used to doing surgeries, let's say knee replacements. It doesn't matter to them, because they look at it like well, you're going to get a knee replacement eventually anyway, so who cares if we destroy the integrity of the knee or any other body part. Do you understand what I'm saying?

Bob: Yes, sir.

Dr. Darrow: And I'm not faulting them. That's their culture. You know you go to different cultures around the world, people do things differently. You can't fault them for it. That's just the culture. And the culture of orthopedics is a lot of steroids and a lot of surgeries, that we find people don't need, if they do regenerative medicine of platelets and

stem cells, which is a healthy thing, it's a natural thing, it's regenerating tissue growth.

So anyway that's my point of view on all this. And if you want to come into the office, I can check you quick and tell you if I can find the pain generator and whether it is that subchondral lesion in the knee or not. We will look with an ultrasound and actually look inside.

Did your surgeon have an ultrasound to see what's going on?

Bob: No. No ultrasound, just the x-ray and the MRIs.

Dr. Darrow: Yeah, well the nice thing about an ultrasound is its live, meaning you can move the joint, and you can see what's happening. And it's pretty magical.

Bob: Okay, a question, I have an HMO only. How does this usually get covered?

Dr. Darrow: What you have to do with that, because insurance is so complex, I can't deal with it on the show, you have to call the office at 800-300-9300. And they'll discuss your particular issue with you.

Generally, you know with health insurance, and this is just generally, it's not every case, regular medical insurance doesn't cover regenerative medicine. But there are cases where it could.

Bob: Okay. All right, sir. Well, I appreciate you know, today is Saturday the 27th, and I have waited like 30 seconds, for you to get online, and I appreciate it, because I feel a little bit more comfortable talking to you about my knee.

Dr. Darrow: Well, listen, call -- you know, do something about it. You know do something that could fix it. Stay away from the knife if you can. And I don't think that's your answer anyway. I think your answer is going to be --

Bob: I think --

Dr. Darrow: I think your answer is going to be PRP or stem cells.

Bob: Yes, sir. I am around UCLA all the time, I'll -- I'll pop in, thank you.

Dr. Darrow: Yeah, pop in, I'd love to see you. Thank you.

Bob: All right, sir. Thank you and have a good weekend.

Dr. Darrow: God bless you.

Nita: Thanks for your call.

Dr. Darrow: By the way, I just want to give kudos to Warren Eckstein, whose is about -- is at 11:00.

Nita: Yes.

Dr. Darrow: And it's funny, I heard an ad of his saying, yeah, I am genius. Because someone is talking about on the ad what a great job we did with one of their animals. He goes, yeah, I am a genius. And actually, he is a genius.

Nita: Yeah, he is.

Dr. Darrow: I've actually called him about my Husky's and he is a sweet, sweet man. He's very -- what do they call him the pet psychologist, or something.

Nita: Well, he's a pet behaviorist, actually, is what he calls himself.

Dr. Darrow: Yeah.

Nita: And he helped my sister. My sister, the whole family is allergic to cats, and they wanted to rescue this cat in the neighborhood. So I contacted, and I said what do I do. And he gave me tips. And now they have two cats, they are very happy, and four dogs.

Dr. Darrow: All under one roof, huh?

Nita: Yes. It's a pretty place.

Dr. Darrow: Nita, what do you call a sleeping dinosaur?

Nita: Harmless.

Dr. Darrow: A dino-snore.

Nita: That's hilarious. That is hilarious.

Dr. Darrow: I love -- I love dumb jokes.

Nita: I do too.

Dr. Darrow: Most of them come from my patients. They email me all these jokes and want me to use them on the radio.

Nita: That's funny. Well, they're fun. So let's get some more callers.

Dr. Darrow: Yeah, let's have people call in. The phone number right now to call me and talk to me live is 866-870-5752. I'll repeat it. It's 866-870-5752. We'd love to hear from you. And if you're a shy guy or a girl, call the office. That number is 800-300-9300. That's 800-300-9300. And if you're super shy, go to the website, and you can read all about stem cells and platelets, and you can actually watch videos of me doing these procedures all over the body. There's probably no part of the body, in the musculoskeletal system that Dr. Grove, who is my new injector is doing. And that's www.jointrehab.com.

So, Nita, why did the crook stock up on yeast?

Nita: Not to make bread.

Dr. Darrow: You're close. He wanted to make some dough.

Nita: I always get kind of halfway there.

Dr. Darrow: You do, you're getting better. Okay, one more, and then we'll take this next caller.

Nita: Okay.

Dr. Darrow: What did the football coach say to the broken vending machine?

Nita: I'm going to kick your bum-bum.

Dr. Darrow: Probably. Give me my quarter-back.

Nita: That is hilarious.

Dr. Darrow: So we have another caller here, and his name is Russell, and his problem is that the base of his thumbs. Common issue, Russell. So Russell, Dr. Marc Darrow, how are you doing today?

Russell: I'm doing good. How are you?

Dr. Darrow: I am living it up, man. I don't think I've ever been happier. But I'm happy most of the time. I work at it.

So, Russel, the base of your thumbs hurt. Are you a guy who works with his hands?

Russell: What was that, again? I'm sorry.

Dr. Darrow: Are a person who works with your hands?

Russell: Yeah, I do. I do window covering, so I handle power tools, you know drill motor, some light lifting, that sort of thing.

Dr. Darrow: Okay.

Russell: I was an office worker for many years, so I don't think I developed problems at the base of my thumb, both thumbs from work. I just think it was -- the doctors tell me that I'm pretty much close to bone-on-bone, the cartilage is gone, between in the basal joint.

Dr. Darrow: Okay. So let me ask you this. Can you move your thumbs?

Russell: Pardon me?

Dr. Darrow: Can you move your thumbs?

Russell: I can move my thumbs, sometimes it's a little more painful than other times.

Dr. Darrow: Okay. So let me tell you something very good. I have good news for you. Are you ready?

Russell: I'm ready.

Dr. Darrow: You don't have bone-on-bone arthritis. If you did you couldn't move your thumbs, there would be no sliding surface. And if you'd try to, you'd be in excruciating pain. So throw that diagnosis out. All right.

Russell: Okay.

Dr. Darrow: We treat those all the time all the time, they heal up pretty well. And usually the thumbs heal up real quick. We use platelets, or platelets and stem cells to do that.

What else do you want to know? We use a real skinny little needle, usually a 30-gauge needle, so it's not a big deal. And we spray it with a cold spray, freeze it first. So not a big deal.

Russell: Yeah, do you use the ultrasound to do the injection of it? The injection -- I had the corticosteroid injections for that area, and they usually use ultrasound so that they can get the needle placed in the joint.

Dr. Darrow: Okay. Well, you don't want to put the needle in the joint, okay.

Russell: Well, wherever they put it.

Dr. Darrow: Okay. Well, the reason I'm saying that is some people do.

Russell: So you can use an ultrasound, it's not necessary with that teeny joint, because you can feel it with your other hand. You can use it.

But you don't want to put the needle into the joint. You want to put it into the joint capsule, which is around the joint. And then that fluid leaks into -- into the joint around the cartilage. You don't want a needle poking the cartilage.

Russell: Well, normally those steroid shots only last for about three or four months.

Dr. Darrow: Oh, no. Oh, no, they last forever, guess why? Because they're destroying your cartilage, and they're causing arthritis. Don't do it.

Russell: Okay.

Dr. Darrow: I mean, you can do it if you want. I'm not going to put a webcam on your thumbs and yell at you. It's your body. But I am telling you, if you've got arthritis and you're getting steroid injections all the time, it's causing a lot of it.

Russell: Well, I've only had them a couple times, actually. I've heard you can't do them more than twice a year, so I've --

Dr. Darrow: I would never do it.

Russell: Yeah.

Dr. Darrow: It's not going to fix it.

Russell: I didn't know that they ate away the cartilage. I thought that they possibly --

Dr. Darrow: Well, it's like I just told Bob, who called in before you. Go to Google, and type in cortisone and cartilage, those two words, and see what it says. When you read it, you're never going to get a steroid shot again.

Russell: Yeah, and I never did it that way. I never really thought about it that way, it's -- you know, you always think the doctors are doing the best thing for you.

Dr. Darrow: Well, listen some doctors are smarter than others. Doctors are human beings. Okay. I'm not saying I'm smarter, okay.

Russell: Right.

Dr. Darrow: I'm just a guy out there who happens to be doing medicine. I used to be a lawyer before that. You know, we can do a lot of things, that doesn't mean I'm smarter than anybody, and it doesn't mean I'm doing the right thing.

Russell: Well, my neighbor did come to you for some platelets, I think. And I think she has had very good success with that.

Dr. Darrow: Okay. What part of her body was bothering her?

Russell: I think it was her neck, something with her neck.

Dr. Darrow: Okay. Well, what we find in our office is that most people heal, if they follow directions. And generally the people that don't follow directions.

Russell: Okay. Well, I'll definitely -- I'll call your office and we can set up an appointment.

Dr. Darrow: I'd love it. I'd love to meet you.

Russell: And figure out how this is going to work you know for the cost and all that. Like you said, it's doubtful any insurance is going to cover it. But hopefully you guys give us some good non-insurance breaks.

Dr. Darrow: So the phone number to the office for those of you out that who want it, is 800-300-9300, 800-300-9300.

Russell: Okay.

Dr. Darrow: And you can call there right now.

Russell: Well, thank you for your time, and we will definitely move forward with that.

Dr. Darrow: All right. Russell, God bless you, and there's really great hope for healing your thumbs.

Nita: Thank you, Russell.

Dr. Darrow: So I'm going to give out the phone number again, and get some more callers in here. And the phone number to the studio is 866-870-5752. You can call me right now. And ask me any kind of question you want about musculoskeletal orthopedic medicine. And try to stump me, I love when I don't know the answers. I'll learn. And I do learn a lot from these calls. And I learn a lot from my patients. It's an -- the thing I love about medicine, it's endless. You keep learning, and learning, and learning, I hope doctors do. I do. I learn something every day, I look up everything I don't know.

Any time a patient comes in and they have something I don't understand, I go look it up. I love learning. It is so much fun. So we're getting another caller in here. Till then, what should I do to you, Nita.

Nita: Well, let's talk about the website and what else is going on in the office.

Dr. Darrow: Nita, how did the two cats end their fight?

Nita: Peacefully.

Dr. Darrow: They hissed and made up.

Nita: Oh, that's a good one. That's so cute. That is very cute. So let me tell you about your website.

Dr. Darrow: Tell me about it.

Nita: It's www.jointrehab.com and people can email you off of every page on the site, or watch you doing videos. Watch you doing the treatments on video, it's very cool.

Dr. Darrow: I think so.

Nita: Very, very loaded with info.

Dr. Darrow: I actually work on my website every day of my life.

Nita: It shows.

Dr. Darrow: Yeah, it really does, it's got great information. I'm always picking up little issues, little mistakes. We keep augmenting the science, we put new studies in all the time. And I think it's probably one of the most educational websites that there is on the planet, on regenerative and orthopedic medicine.

I'm not trying to toot my horn, but it's just we do a lot of work on it. And we love educating people. And really, I mean, my life work has been on saving people from having unnecessary orthopedic surgery and being able to heal with regenerative medicine this is a type of medicine that actually goes back, you know, 120 years, and so few people know about it, still.

It's starting to balloon now, because now there's courses on it. Back in my day, I had to experiment on my own body. I've done both my knees, my elbows, my right wrist, both my shoulders, I've had friends do my neck and back, and my ribs in the back. I've been injured a lot, you know, I am a crazy athlete. And it's just fun, I like to get out. I like to be outdoors, and I love to run up in the mountains where I live with my Husky dog, Bella. Dakota passed on a while back, so now it's just one of them.

It's harder to run now, because just one is pulling me instead of two.

Nita: Well, yeah.

Dr. Darrow: So I am going to go to a question here, because Nita doesn't like these jokes.

Nita: Oh, they're okay.

Dr. Darrow: Yeah, but you -- okay, let's see. This one is disks and bulging coccyx. Whoa.

Hi, doc. I have regenerated (sic) disk in lower back, bulging coccyx. I'm not sure what that means. Had a number of treatments, was thinking about stem cells depending. I've suffered for eight years -- oh, degenerated, they misspelled this.

Hi, doctor. I have degenerated disk in lower back, bulging coccyx. I don't know if that means the soft tissue or whether the cartilage or fibrocartilage -- I don't know what that is.

So degenerated disk don't cause pain, degenerative disk disease. Now, I know most doctors think it does cause pain. And they'll actually operate on that, put in a prosthesis disk pull out the old disk. I don't find those surgeries work too well, because I have patients come in afterwards and complain, and I find lots of people who come in with neck or back pain, spine pain and/or thoracic pain, and say I've been told I have to have surgery, because I have degenerated disks.

And we heal them up using platelets or stem cells. How do we do that. It's not the disk that was the problem to begin with. Most people as they age, their disks degenerate. Whoa.

Give us a call at the office, sorry the show is over. The office number is 800-300-9300, go to the website, email me from there, www.jointrehab.com.

God bless you, Nita, Suzette, Alex and the rest of the crew. We love you all.

Nita: Thanks for listening. We'll see you next time.