

## Living Pain Free 1/06/24

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

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

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

Nita: Well, hi there Dr. Darrow.

Dr. Darrow: Nita Vallens, how are you today?

Nita: Terrific. Yourself?

Dr. Darrow: Living it up. I'm going to have a real good time. How about you?

Nita: Excellent, I'm going to have the same good time.

Dr. Darrow: Even if you have to answer jokes?

Nita: Even if I have to answer jokes. We're just going to laugh through it.

Dr. Darrow: All right. I love your laugh.

Nita: That's right. So how are we going to help our listeners get out of pain today, of musculoskeletal pain that is?

Dr. Darrow: Well, it's something that's been around for a really, really long time since the early 1900s. And it kind of fell away after a couple of nice doctors in Chicago got older, who did tons of it.

Back in the day they called it Prolotherapy. Meaning to proliferate new tissue to grow. So if you had a sports injury, if you had arthritis, something of that nature, what we do now is called regenerative medicine. It's more of a high-tech term. And what we do is, we regenerate the body and the part that you're having pain, rather than operating on it with a knife, which can cause all kinds of havoc, as so many of you people listening unfortunately know.

It's something I know because before I knew about regenerative medicine, I had a shoulder surgery while I was in medical school. And that didn't do me in too well. It's evolved through the ages.

Back in the early days with Hackett -- Drs. Hackett and Hemwall, they used to inject concentrated sugar water, mixed with lidocaine, things like sodium morrhuate, zinc sulfate. There was a number of things that were tried to irritate the body to create a small inflammatory cycle, which is the way the body heals. So those types of procedures would sequester or bring fibroblasts to that area of the body that was in disrepair and stimulate brand new tissue to grow and repair the body.

It's sort of God's way of healing. So I always ask people have you had an ankle sprain, and a lot of times women have not, but most men have. So Nita, have you ever had an ankle sprain?

Nita: No, but I just wanted to let you know we have Mark holding on.

Dr. Darrow: Oh, we've got someone waiting.

Nita: Yeah.

Dr. Darrow: Very good, we'll take Mark in Winnetka, who's got a shoulder problem, so you don't have to wait. Hey Mark, this is Marc Darrow. How are you?

Mark: Good morning, Doctor.

Dr. Darrow: Tell me what's up, man?

Mark: Well, I get most of my service at the Veterans Administration.

Dr. Darrow: Oh boy.

Mark: I had a small tear in my supraspinatus, and they did this -- they talked me into -- they wanted -- they lobbied really heavily for me to get a complete shoulder replacement.

Dr. Darrow: Oh my God.

Mark: Yeah, it was like have a flat tire on your car, and the guy says, I'm going to remove and replace your whole front suspension.

Dr. Darrow: Yeah, that is true.

Mark: Yeah, I mean you wouldn't believe the pressure. And I know that surgeons have a different sort of [inaudible] than the average practitioner. But I said, no, let's just mend that little problem and

so he said, well, we see all this arthritis on both arms. Well, I'm a high distance cyclist, even though I'm 68 years old.

Dr. Darrow: Okay.

Mark: 30-year-olds have a hard time keeping up with me. And I might have some, but guess what, if it's not impinging upon your lifestyle, you don't even feel it, what's the point. And this is what I was trying to get over with them.

So when I got out of there, apparently one of the attending surgeons had some other people working on me, it's a teaching kind of --

Dr. Darrow: Yeah, I know. I worked there for three years during my residency at UCLA.

Mark: Well, exactly. And I came out of there with -- I would have to say, orders of magnitude worse than my arm was hanging. And what they had done, is they had messed it up, and now my supraspinatus is basically not functioning. I can't lift my arm over level.

Dr. Darrow: Yeah.

Mark: And this had been going on for over a year, and they refuse to fix the mistake. I have -- I'm not litigious by nature. I haven't gone up to talk to lawyers, I just want to be fixed.

Dr. Darrow: Yeah, I don't blame you.

Mark: So they sent me out on community care, and the surgeons all have said the same thing, you know, well, why don't you just get your shoulders done. I wrote off, because the three best magazines for cyclists and I said here's the problem, they say I have deposits of arthritic, but I don't -- I don't notice it. And because we have bikes that are carbon fiber, they have no suspension whatsoever we feel every shock.

Dr. Darrow: Sure.

Mark: So of the three that I wrote off to one of them wrote back and said, oh, this is very common, maybe you should read our magazine more often -- no kidding. And so I'm at my wits end here. I'm still -- you know, I used to do 8,000 to 10,000 miles a year, my best year was in 2015, when I was 60, and I did 16,000 miles, okay. Yeah, and I've been hit by cars --

Dr. Darrow: Well, of course, you have.

Mark: Yeah, when you have that much miles --

Dr. Darrow: We can't see you guys.

Mark: Well, also there's people who just cut in front of everybody, and you know, I go on a bike path mostly on the Orange Lane bike path, or the beach, but they'll cut at the last moment across, so that's what hit me to the ground, and they drove off of course, this is Los Angeles, right.

But what my real challenge was dealing with the surgeons, you know, it's my way or the highway. Well, you know, I'm taking the highway, okay.

Dr. Darrow: Well, did -- what was done for your shoulder, if anything?

Mark: Not a bloody thing, they won't do anything. They wanted me to do the --

Dr. Darrow: No, what initially was done? Was any --

Mark: I'm very -- I'm very open to the idea of the platelet-rich-plasma.

Dr. Darrow: Okay.

Mark: And that was the only thing offered to me, but it won't address my tear.

Dr. Darrow: Oh, yes, it would.

Mark: Well, I mean it's torn down and my arm doesn't function --

Dr. Darrow: Okay. So let me -- let me talk for a little bit here, Mark.

Mark: Sure.

Dr. Darrow: Because I have a pretty good idea of your story, and it's a great story about all the exercise you do. I take care of tons of cyclists, like every other sport, and just a lot of people who have never worked out in their life. The body wears out. You know, there's no question about it.

Mark: Yes.

Dr. Darrow: We injure ourselves all the time without doing sports, you know, just bending over can give you a back injury. But nevertheless, did you have any procedure at all done on your shoulder to this point.

Mark: If I only had -- no I haven't had since -- since the failed surgery.

Dr. Darrow: Okay. So you had the failed surgery.

Mark: Um-hmm.

Dr. Darrow: Let me go on. And was it a shoulder replacement?

Mark: No, sir. I haven't given into that, no.

Dr. Darrow: Okay. Was it just a repair of the supraspinatus?

Mark: Yes, it was a -- see, I experience a little bit of a tweak when I would raise my arm --

Dr. Darrow: I know. I know, I've been there. I've got the same stuff.

Mark: And that's the only reason I went in, in the first place, was I wanted to address it before it got worse.

Dr. Darrow: Okay. Well, the luckiest thing in your life, Mark, is that you didn't have a shoulder replacement from what you're telling me, because I have patients that come in that had that done, they can't move at all. Where the prosthesis doesn't even fit.

And look, there's a lot of surgeons who do great work. And there's a lot of surgeons who do great work where the surgery still doesn't come out right.

Mark: Yeah.

Dr. Darrow: Because it's a process that in most cases, in my humble experience -- I always say my humble experience, because I'm not the God of medicine, you know, I'm just one guy. But I've been using stem cells and platelets for a real long time, regenerative medicine, Prolotherapy before that. You know, for over 25 years since my residency at UCLA, when I doctor came in and did a one-hour lecture, and I fell in love with the thought of it.

No one else liked the idea in my whole class, you know of all the residents, I think there might have been 24 in the room, I was the only one that perked up, everybody else thought it was you know what.

So I went to the surgeon -- he wasn't a surgeon, I went to the doctor's office who had during the lecture said that he heals 80 to 90 percent of his patients with Prolotherapy. And I went there, I talked to his patients and they thought this doctor was God. Because he was healing without surgery. And they were all -- the ones I spoke to at least, all healed.

And then I did have a shoulder surgery in medical school that made my shoulder much worse, it was a failed surgery, and I went for

about four years, and without -- you know without any day that was without pain. And I lost range of motion. And then I learned about, during my residency, how to take care of this, because my injury was in medical school, and this was in my residency four years later. And I injected my own shoulder, and it healed up overall, and I was shocked, absolutely shocked that something could work that fast and that well.

And since that day, I have been doing this work. I got rid of all the steroids out of my practice. I stopped referring people to surgeons, and physical therapy. I know physical therapy can be great for some people if they don't have the where with all to do things themselves, but for the most part what I do seems to work for most people. It's not going to work on everybody. It has to be the proper patient choice. And the patients have to follow my advice.

You know, which is stay away from ibuprofen type medicines. Let it relax, don't be active for a while, let it heal. And get enough treatment, because it's not a miracle. And doing regenerative medicine with stem cells and platelets just makes sense. It's simple. You walk into the office, you get a blood draw or whatever it is, we can take bone marrow, get your stem cells that way. The whole thing is easy, you get injected, and you walk out. You don't need anybody to drive you there, you don't need anesthetics. The failure rate is very low if you stick with the program.

And you have to make sure you have a doctor who uses an ultrasound. So I just got notice from one of my staff that someone listening to the radio got very angry and said on the radio show Dr. Darrow didn't mention that Dr. Thomas Grove is doing all the injections now.

Well, I talk about him on the show. He's on the website which is [www.jointrehab.com](http://www.jointrehab.com). He's the young buck doing the injections now. I'm not. I've been doing it long enough. I'm still there. I'm still managing the practice, I'm still marketing for it, doing the radio show, writing, and all kinds of things like that, but he's -- he's actually trained better than I am.

Dr. Grove has spent more hours in training than any doctor I know. And he's been trained with an ultrasound in his hand for all of his injections. I think he's probably one of the best doctors who does regenerative medicine on the planet.

So if you come in, you're going to be injected by him. I'm not doing injections, so I'm putting that out to you. We still consult together on everybody. And if there's any issues in there. There's a lot of patients who come in, who I've seen before, who only want me. And

that's pretty silly, because we've got a guy here, who knows more about this really, than I do. Because he came up when it actually had become a science already.

I came up when no one knew about it. I learned everything intuitively. And don't ask me how that happened, I just kind of knew how to do it. And I did have a lot of ultrasound training, but not as much as Dr. Grove has had. So be careful.

If you're going to get these procedures done, go to a doctor who's been well trained, who does the most of it of anybody. And that's the biggest issue there is with any doctor. When people ask me for a referral for a doctor, I always tell them the person that I know has done the most. Okay? There's doctors and then there's doctors.

And then there's people that go to get regenerative medicine with platelets and stem cells to people that don't even know what they're doing. They go to a weekend course, and then start doing it. Well, that's not the best person to go to. Or they go to a chiropractor that hires doctors that come in for a day to do this, or a nurse or someone like that.

I'm not saying you can't be a nurse and be good at it. But the chances of it are slim. Okay, I'm not putting nurses down, or physician assistants or any of that stuff. They could be very good at this, and they have the training, and they're doing it all day long. So be careful.

Mark, I'm going to give out the phone number, so we can get some more callers, so if you want to talk to me live right now, I would love to hear from you, and answer all your questions about things that hurt in your body, from musculoskeletal issues, and that can be anywhere from the head to the neck to the back, to the hips, to the ribs. Yeah, we get a lot of people that have rib pain. Especially, people that have had things like bypass surgeries, you know where the ribs are cracked open.

But also just costochondritis, very common in any kind of an athlete lifting weights, whatever it is where the space between the ribs becomes irritable and we do a lot of that, and down to the hips, and knees, and toes and hands and fingers. There's really no part of the body we don't inject. And it's -- it becomes something I call miraculous. I mean I look at it every day. I see the results.

And again, not every patient is going to get better. Not everybody gets better. And mainly, because you guys don't listen to us. If you're not going to follow directions, if you're not that guy that likes to follow directions, don't even come in and try it.

It's not a miracle, really unless you follow directions, like anything else in this world. So, Mark, it's been great talking to you. The phone number to the studio is 866-870-5752, that's 866-870-5752. I hope you're not shy, but if you're shy and you just want to call in the office, you'll get a free consult, a phone consult, from my staff, and that number is 800-300-9300, there's people by the phones right now, that's 800-300-9300.

And you can always watch us doing videos, Dr. Grove and I doing videos on the website, which is [www.jointrehab.com](http://www.jointrehab.com), [www.jointrehab.com](http://www.jointrehab.com). For those of you that haven't been in yet, that want to listen to Dr. Grove, there's videos of him also. And he's one of the -- he's actually an amazing athlete, he played linebacker for the Cornhuskers in Nebraska, and he was captain of his football team.

A big dude, big muscles, a lot of fun to work with, and very up attitude. And I'm very grateful to have Dr. Grove working with me.

So Mark, any other parts of your body that have bothered you, or that do bother you?

Nita: Mark is gone.

Dr. Darrow: Oh, Mark's gone.

Nita: Yeah, you said goodbye to Mark.

Dr. Darrow: He said goodbye to me, all right. Well, you know I get tons of cyclists like Mark who have neck pain, and the reason for that is they want to cut out the blockage for their speed, so they're leaning down into the handlebars, and arching their neck. And a lot of them have herniated disks, or facet arthropathy arthritis. And that is not a reason to have a neck surgery, believe me.

And I heal people or Dr. Grove now is healing people every day that have neck pain. And a very easy thing to do, Dr. Grove does these neck injections under ultrasound guidance, so you can watch the needle. So go to a doctor who is not doing ultrasound guidance on an area like the neck, because you don't know where that needle is going, actually anywhere.

Years ago when we had failure rates that were higher than they are now doing these procedures, it was because we didn't use ultrasound. And the biggest area was the hip. For some reason, hip arthritis wasn't healing very well, for most patients. And back in the day, without ultrasound, we were putting the needle into the joint, or where it belonged to be.



So you've got to be careful. Now we can see that needle go right into the joint, it's a very teeny space, the same thing with the hip -- I'm sorry, with the knee and with the shoulders, people weren't healing as well, because we were not getting the solution of platelets and stem cells into the area that needed it.

So if you're going to a doc or someone else, who is not using an ultrasound, that's a problem. Be careful to be doing that.

I'm going to give out the phone number, I'd love to get some of you guys to call, and we can figure out what's going on with you, and the pain you have in your body. And the phone number to reach me right now is 866-870-5752, that's 866-870-5752. I'd love to see to you, we can have a good time.

And Mark, thank you so much for calling in. And you know I'm not going to promise you anything but if you want to come to the office, and the phone number there is 800-300-9300, I would love to see you. There is a very, very, very high probability, I'd say maybe in the 80, 90 percent range, even after your failed surgery on your shoulder, that we can heal it up.

And something for people to know is Mark has a supraspinatus tear that was not healed by surgery. The tear may not be there, it may have been sewn up, or whatever it is. But the pain is there, because guess what, the pain may not have been from that supraspinatus tear.

There are people walking around every day with supraspinatus tears in their shoulder, meniscal tears in their knee, labral tears in their hip, blah, blah, blah, blah. And it's -- they don't have pain. How do we know this?

Because there are so many studies. We are going to mail a free copy of my book, which is Stem Cell and Platelet Therapy, Regenerate Don't Operate, I'll even pay the postage, and it will give you examples by way of studies that are done on people that never had surgery, but it shows all kinds of problems. The MRI shows the problems.

So you can't equate an MRI with what's going on in your body. You can't equate a tear with causing pain. So why get a surgery for something that doesn't need it.

Nita: How about let's go from shoulder to right arm with Terry in Glendora.

Dr. Darrow: Terry, how are you? And thank you so much for calling.

Terry: I have a question about epicondylitis.

Dr. Darrow: Okay.

Terry: In my right arm, I've had it for a year, and I understand that it takes a while, they haven't done any steroidal injections because --

Dr. Darrow: Thank goodness.

Terry: I'm sorry.

Dr. Darrow: Thank goodness.

Terry: Yes, exactly. But I have had an ulnar transposition, so they aren't exactly sure where the nerve is, so they haven't injected it. But my point is they said it would take a while for it to heal, but I'm using it and have no limitations, and I'm still having the same problems with the epicondylitis that I did a year ago.

Dr. Darrow: Okay.

Terry: Is there anything you think I should be doing to improve that?

Dr. Darrow: Well, you know, I don't tell people what to do. I tell them my stories.

Terry: Okay.

Dr. Darrow: Then you can figure out from the stories whether my stories are real for you, and whether you think it's something that applies, and whether it's something you think you want to do.

So many, many, many, many years ago, I hurt both of elbows weightlifting, okay. And I went -- for the first elbow, it was actually tennis the first one, and then later both of them weightlifting. And I'm thinking back, it's so long ago.

So I had on the right side epicondylitis. Epicondylitis is the bone, the epicondyle where the extensor tendon on the lateral side attaches or on the medial epicondyle, where the medial flexor tendon attaches.

So you haven't told us if it's on the outside or the inside. Which is it?

Terry: It's on the inside.

Dr. Darrow: Okay. That's from flexion activities, if you're thinking inside the way I'm thinking inside. And I don't know if you've done this yet,

Terry, but you can go to Google and look up lateral epicondylitis and medial epicondylitis right now and then hit images in the upper left-hand corner and see the anatomy and figure out what's going on for you.

Terry: Okay.

Dr. Darrow: Now the fact that you had an ulnar transposition, tends to make me think it was the medial side where the ulnar nerve lives.

Hang with this, because this is such an interesting case, Terry. We're going to go to a break for a couple minutes, and then I'm going to talk to Terry about her epicondylitis, and the surgery she had, and that the pain is still there.

So hang with us, if you want to call us, the phone number is 866-870-5752. If you want to call the office, the number there is 800-300-9300, and the website is [www.jointrehab.com](http://www.jointrehab.com).

[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 call host, Nita Vallens. And we're taking your calls at 866-870-5752. You get a free book, Dr. Darrow's latest, called Stem Cell and Platelet Therapy, Regenerate Don't Operate, with 264 scientific studies.

What do you think?

Dr. Darrow: You can't beat it with a stick as they used to say.

Nita: That's right. And right now, we're talking with Terry in Glendora.

Dr. Darrow: Hey, Terry, Dr. Marc Darrow, let me get back and give the audience a quick update here on what we're doing today. And then I want to talk to you some more and answer a lot of your questions.

And you have a lot of good information there to teach people what's going on. So generally, my practice is regenerative medicine. Which is to regrow tissue in the body, instead of cutting it out. And

it's been working for me for over 25 years. I inject myself when I get injured. And although I am 75 years, I am still a what you might call a crazy athlete, and nothing stops me.

And I feel very fortunate to be in this field of work. I inject stem cells and PRP, which is platelet-rich-plasma, and it's been -- it has been a miracle for me. I can't say it's a miracle for everybody, because not everybody listens to me about how to heal. And they don't follow directions after injections. And then they get mad at me and go it didn't work.

Well, a lot of that's on the patient. You've got to listen to your doctor to get good advice and follow up and get the healing you need. So now, Dr. Grove -- Dr. Thomas Grove is doing the injections for me.

He is a young -- he almost went into pro football, but he decided to do this work instead and go to medical school. He was the captain of the Cornhuskers linebacker, and a great football player. And a big dude, handsome, fun to work with. You guys are going to love him. Great injector, he uses the ultrasound to guide his needles, and an amazing person.

So getting back to Terry's story, she has epicondylitis, I think it's medial epicondylitis. Go to Google if you want to see what this is. Epicondylitis is E-P-I-C-O-N-D-Y-L-I-T-I-S.

And the medial epicondylitis is the middle part of the elbow, and if you click on that word in Google, and in the upper left-hand corner, click on the term "images", you'll actually see the anatomy. You'll see photographs and drawings of what this looks like to see if it's something that you've ever dealt with, or for Terry to actually know physically what it looks like.

So, Terry, part of your history, you had an ulnar transposition, that means that the ulnar nerve, which fits in the ulnar groove, right behind the medial epicondyle, was cut, not the nerve was cut, but the tissue was cut, and the nerve was moved.

And from what you told us, you're still having pain. So I'm looking at that as a -- I don't want to say a failure, because I hate to think that doctors fail anything, they do the best they can. But a lot of what doctors do can fail.

So are you any better from that ulnar transposition than you were before the surgery, Terry?

Terry:

Yes, the surgery was back in 2021.

Dr. Darrow: Okay.

Terry: And there's been improvement in the numbness in my fingers.

Dr. Darrow: Okay, good.

Terry: However, there's a sensitivity around the surgical site that's been with me.

Dr. Darrow: Got you, okay.

Terry: The epicondylitis -- uh-hmm?

Dr. Darrow: Was that sensitivity there before the surgery?

Terry: No. The surgery was from the numbness in the fingers, and then the sensitivity came following the surgery, and it just stayed.

Dr. Darrow: Yes, yeah. And how soon after the surgery did the epicondylitis start up?

Terry: It was about a year and a half later. The epicondylitis primarily occurred after I was cleaning my weeds underneath my bushes, and I was using a gripper.

Dr. Darrow: Okay, got you. All right. So the picture is a lot clearer now to me. The epicondylitis to me, the way I'm looking at it, is something totally separate from the ulnar transposition.

Terry: Um-hmm.

Dr. Darrow: Does that feel right to you?

Terry: Yes. And I did have a nerve conduction study to rule out any problems with the nerve.

Dr. Darrow: Okay. So that's good. So that was a good surgery you had, and typically the ulnar nerve is going to innervate the pinky, and half of the ring finger. And that's where people --

Terry: Correct, uh-hmm.

Dr. Darrow: Yeah, so that's where people feel that. And it's a great surgery when it's done for the right reason, it sounds like you had a great surgeon that did that.

The epicondylitis, even though it's on the same elbow is probably totally unrelated to the surgery. It's just from you and your gardening, working with a gripper, and over did it. So I've had the

epicondylitis myself on both elbows, and I healed it myself. The first time I had it on my right elbow, I went to an orthopedic surgeon, it was when I was a lawyer years ago, and I didn't know one thing about medicine. And so I had a series of -- I'm trying to remember. I remember two steroid shots at least, maybe three.

And the first one I had, it felt great and I was playing a ton of tennis back then. And so I got the steroid shot, I went back and started playing tennis again, because the pain was gone. Mine was lateral epicondylitis from having a bad backhand, snapping -- snapping the elbow on the backhand, which is not the correct way to do a backhand. And that irritated that extensor tendon on my elbow.

So the steroid worked for a while until I played tennis again, it failed. And then I got the steroid shot again. And then it worked again for a while, not very long, played tennis again, and it came back again.

So it's not something that's a good idea to do, because what it does, and you can look up cortisone and cartilage, you can look that up, and you'll see that what happens is when you inject steroids into tissue, it diminishes the integrity of the tissue. I did have one patient who had her lateral epicondyle tendon, the extensor tendon dissolved away so she couldn't even extend her wrist. That's the worse I've seen.

But I've seen many like, not just that bad, and we had to do quite a bit of regenerative medicine to regrow that tendon. She got better, but it took a lot of injections. You know the idea of steroid injections, cortisone injections is that they're super strong anti-inflammatories and they get rid of pain, but it's like winning the battle and losing the war. Because long-term, it makes you worse.

Terry: I'll vouch for that.

Dr. Darrow: So that healed it for me. Regenerative medicine, I injected myself on both of my elbows, they both healed up.

Terry: So you can do PRP for epicondylitis?

Dr. Darrow: Why not? You can use it anywhere in the body to stimulate tissue to grow. You know it's going to work --

Terry: I had PRP on my hip, and that brought some relief.

Dr. Darrow: Oh, good, okay.

Terry: But the elbow, they have not suggested that yet.

Dr. Darrow: Well, you know, you have to determine who "they" is.

Terry: Yes, true.

Dr. Darrow: Now, I don't have one orthopedic friend, and I have tons of them that are friends that believe in regenerative medicine. And I say then why do you do it? And they go well, I try it, but it never works. They don't use ultrasound, number one, so they don't know where it's going. And number two, they don't believe in it, so they don't do enough of it. They think it's a magical cure -- or they don't think it is, it's espoused to be a magical cure, when it's not magical for them, they don't do it.

Terry: I work in fertility, and we use it in fertility.

Dr. Darrow: Tell me how you use it in fertility?

Terry: Well, I'm not a clinician. I'm the practice manager for a fertility clinic, and we do the PRP for the patients, before they go through their procedures.

Dr. Darrow: Yeah, I'm so curious, I'm going to look that up after the show and see what that is.

Terry: Um-hmm.

Dr. Darrow: Yeah, PRP --

Terry: It's had pretty success.

Dr. Darrow: Good, in helping people get pregnant, you mean?

Terry: Um-hmm.

Dr. Darrow: Yeah, good, good. Yeah, that's a wonderful field to be in, it's a happy field. You can make a lot of people happy.

Terry: Yeah. So should I speak to my providers about the possibility of PRP for my --

Dr. Darrow: No, no. Not for people that think you shouldn't do it.

Terry: Oh, okay.

Dr. Darrow: Because it's a loser right there. No, it's a loser right there. You go in someone who doesn't think you should do it. No. You go to someone who does it all day long, who goes yeah, it works.

Terry: Okay.

Dr. Darrow: And you know I'm going to just tell you one thing. Most doctors that I know, when they inject the lateral epicondyle, they do one poke.

Terry: Um-hmm.

Dr. Darrow: I don't know how that's going to ever work, because the tendon is a diffuse area that needs a lot of little injections with a teeny, little needle. And I did have a patient, years and years ago, that came from another premier regenerative medicine doctor, who charged a fortune to do his work, and the person came in, and said I said I had my lateral epicondyle injected by this person, I won't mention the name. And they're very well known. Why didn't it work.

So I palpated the area, and there is a great big hematoma there. You know, that's a blood clot. And I said how many pokes did you get? One poke. I said, how many ccs of solution? 3 ccs of solution. Well, that's putting a lot of platelets or whatever it was the person used into one area, and that's not the way to do it, not for lateral epicondyle. You have to be very discreet.

Terry: Okay.

Dr. Darrow: You don't want to end up with a big hematoma there.

Terry: No.

Dr. Darrow: I was able to finally heal that person, by doing it the way that I do it. And breaking up the hematoma at the same time. And I'm flashing back to what Mark, our first caller called about. And he said that there were spots on his shoulder, which I didn't get to talk about. But that's probably just some -- some little bits of calcium. And what I'll do and what Dr. Grove does, is we'll break up that calcium with the needle, and it just dissolves away.

So you can have calcific tendonitis, you know, which a lot of doctors do surgery for. I have no idea way. You can use a teeny, little 30-gauge needle and break it up. If you've got a great bit piece, let's say in the should, you may have to use a thicker needle. But a lot of that stuff can just be broken up and dissolved away. And then you use at the same time you're doing the PRP, or the stem cells, you're breaking up the tissue that is pathological and healing it.

Terry: Okay. All right.

Dr. Darrow: The other part of this for you, Terry, is if you decide to get PRP, don't think it's a one-shot deal, you know, a one treatment, you may need to do it you know two or three times. I have no idea. I haven't



seen you; I'd love to look at it and help you get healed up, but they do heal.

Terry: Okay. Yeah, it's been a long time, so I'm getting a little tired of it, at this point. You know, if I even take out my trash, it accelerates the pain and --

Dr. Darrow: Yeah.

Terry: I have high pain tolerance, but when you live with it day after day after day, it gets irritating, and you become aware of what your limitations are, and so you just avoid certain things, but in day-to-day living there's many things you can avoid.

Dr. Darrow: You know, I agree with you, because I've been there in so many parts of my body. I've injected both my elbows, my right wrist, both my shoulders, both my knees, what else, I know there's parts of me. I've had other people do my fractured ribs which were you know in my back area, and my neck and my back. I had every rib injected in my back; I had a very severe costochondritis all over.

I was a gymnast when I was young, and I really beat my body up very, very badly. So yeah, and you know, when I had lateral epicondylitis in my right elbow, I could barely lift up a pencil to write, it was such a terrible pain that I had. It's gone. I don't remember the last time I had any pain there. I probably injected myself a good 15, 20 years ago.

Terry: Wow, okay. Well, I need to seek out a specialist that will do a PRP then because you know I'm willing to do that, since I've done it before.

Dr. Darrow: Well, if you want to call my office, the number is 800-300-9300, 800-300-9300. If you want to watch me doing you know epicondylitis injections or any part of the body, just go to the website, which is [www.jointrehab.com](http://www.jointrehab.com). I've got videos of me injecting all over the body.

Terry: Okay.

Dr. Darrow: And in the website every page has a spot to email me, which is very important. I answer every email every single day.

Terry: Okay, very good.

Dr. Darrow: You know, I'm an open book when it comes to medicine, and when it comes to regenerative medicine of platelets and stem cells. And I spend -- I love talking to people. I've lectured all over. And I get

calls from people. I get referrals from patients every day. Do you mind calling up my friend, they've got blah, blah, blah. I call them right up. I'm not the doctor that hides.

Terry: Um-hmm.

Dr. Darrow: You know, there's a story I have which is absolutely still bothersome to me. One of my doctor buddies who I had known for years, who had taken care of me, I had an issue, I called him on a Sunday. And he answers the phone, and he goes Marc, call back -- call my nurse tomorrow. He goes I don't work on Sundays. And this guy was a friend of mine. And I -- guess what. I said thank you very much. I hung up the phone, and I have never spoken to him since.

Now, I know this sounds crazy, but I won't see a doctor unless he's giving me his cell number.

Terry: Well --

Dr. Darrow: And you might think that's a little overboard --

Terry: No, at least an email address.

Dr. Darrow: No, because emails aren't answered.

Terry: Yeah.

Dr. Darrow: No, I want the cell number, and I give my cell number.

Terry: Well, there you go.

Dr. Darrow: I'm not saying I'm anything special. I'm just saying look, a doctor -- to me a doctor's job is to help people. And what's most of the help that people need, getting rid of their fear and helping them answer questions about what the next thing is to do.

Terry: Sure, of course.

Dr. Darrow: You know, of course, if someone has gotten into a trauma, you know, typically they need to get the ER and get some work done real quick.

Terry: Um-hmm.

Dr. Darrow: You're around doctors, you know the deal. Some are very open and some are very closed.

Terry: Un-hmm. Well, I think providers build a practice by availability. And even if they're not going to be available when the patient needs them, then that could be a problem for them.

Dr. Darrow: You know a funny story, you know, I keep talking about Dr. Thomas Grove who has been worked with me for a while doing all the injections. And when I interviewed him I said -- immediately I liked the guy a lot. I said, and I want to hire you, and there's a consideration that a lot of the doctors that I've wanted to hire wouldn't consent to. And he said what is it? I said, you've got to give out your cell number.

And he goes you've got to be kidding me, he says, I'll be bombed with calls. I go you won't be bombed with calls people are very considerate. You'll get calls from people that really need you, and you'll be glad to talk to them, to help them. And he said, you're on, I'll do it.

Terry: Well, you would think, right?

Dr. Darrow: Well, look it's up to the person. If you -- if a doctor needs to have his "private life", that's not the guy I want to see.

Terry: Yeah.

Dr. Darrow: And you know, I grew up, my grandfather, and many of uncles were doctors and cousins, and whatever. And they would, back in the day, you know, again, I'm 75 years old, so I'm thinking back, way a long time ago, they went to people's houses when they got sick.

Terry: Oh, yeah. Even when I was smaller I had a doctor come to my house.

Dr. Darrow: Yeah, my uncle would come to our house, there's seven kids. He was at the house all the time.

Terry: Oh, geez, I bet.

Dr. Darrow: But I mean he did go to his patient's houses.

Terry: That was rare for, you know, my time, but it's --

Dr. Darrow: Because you're not 75.

Terry: Well, no, not yet. Not too far, maybe 10 years from there.

Dr. Darrow: Now, there are doctors that do what's call a concierge practice.

Terry: Yes.

Dr. Darrow: Where they will come to your house, they will answer phone calls, but you have to pay a ton of money, just to have that potential. They may not even come to see you one time, because you didn't need them to, or you didn't call them, but you still pay a fortune to be on call. I don't do that; I just am on call.

Now, also a funny thing is, people say you're going to give me your cell number. They go what if I call you in the middle of the night. I go, I'll be asleep, I'm going to turn my phone off and as soon as I wake up, I'm going to call you.

Terry: Well, that's a good practice, but not too many doctors will do that.

Dr. Darrow: Well, do you do know why I do it?

Terry: Why is that?

Dr. Darrow: Why do you think I do it?

Terry: To be there for your patients?

Dr. Darrow: It makes me a happy person.

Terry: There you go. There you go.

Dr. Darrow: I like to be happy.

Terry: Well, it's refreshing to speak to someone who enjoys, you know, serving patients and has that type of philosophy.

Dr. Darrow: Well, you know, I wish other doctors did it, and you know I have cell numbers of all my doctors. Do I call them? Rarely. Rarely, rarely, rarely.

Terry: Yeah, you have obviously, you have professional control over that, and there are people that would just abuse it.

Dr. Darrow: You know, I haven't found that.

Terry: Well, good.

Dr. Darrow: Every since cell phones came out, I gave my cell number.

Terry: Awesome.

Dr. Darrow: I can't think of -- there was one person I think, I wouldn't say abused it, but one person was a very nervous person and used to call me all the time. That was one out of mega-thousands of people. So get to know your doctors, don't be shy of your doctors. I had --

I've talked about it on the show before, I had a cardiac ablation, so I was looking for a doctor, looking -- you know, obviously for the guy that did the most. I found a guy in Beverly Hills who was recommended to me by different people. I called up, I spoke to the nurse. I said, let me speak to the doctor about it. She said, the doctor won't speak to anybody, you've got to come in the office for a consult.

Terry: Uh-hmm. Yes, she needs that CPT code.

Dr. Darrow: Anyway, I use him, I talked to a doctor I talked to first. Anyway, God bless you, Terry.

Terry: Thank you. Thank you so much.

Nita: Thank you, Terry.

Dr. Darrow: For those of you that want to call the office about any orthopedic issues, stem cells and platelets, the phone number is 800-300-9300, you can email me through the website, [www.jointrehab.com](http://www.jointrehab.com).

God bless you all, and thank you Nita Vallens and Alex, Suzette.