

Living Pain Free 11/25/23

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 que tel, Nita.

Nita: Esta bein. And are we doing bilingual today or are we going back to English.

Dr. Darrow: That's all the Es Spínola, I know.

Nita: Okay. That's fine. Well, we have a lot to share with our listeners today, because the name of the program says it all, Living Pain Free, right?

Dr. Darrow: Yeah, it's an amazing process that I learned about, my God, I don't know how many years ago. It was more than 25 years ago, where I had injured my wrist, and I hit a golf ball -- actually, I didn't hit a golf ball, I hit the ground. I was trying to hit a three wood over a tree, and the way you get a ball up in the air, is you hit down on it.

So I slammed down at about 100 miles an hour, and my wrist was hyperextended backwards, and I never got an image, because I don't really believe in imaging, but I ended up having people watching me on the video right now, can see a little lump on my wrist. So I probably tore one of the ligaments in the carpal bones.

And by the way, when I mention a word, like "carpal" or "meniscus" or anything like that, "rotator cuff", you can look that up on Google. I like when people do that, because they learn a lot, quickly. And then once it comes up on Google, in the upper left-hand corner, there's a little menu button that says "images". And if you click on that, you're going to get a lot of photographs and drawings of these

different body parts. So the things that are hurting you, you can actually look at and see where it's -- where it's coming from.

And where it's coming from is what the most important thing is. I don't get that from images really, meaning x-rays or CTs, or MRIs. I get it mainly from touching the body and finding out where the pain is coming from. Then I can use regenerative medicine which is platelets and/or stem cells to regenerate the tissue. Then actually heal it up. And often make it better than it was in its preinjury state.

It's pretty amazing, because it thickens up the tissue around the point of injection. I'm going to give out the phone number everybody, so I'd love some calls from you, make our show interesting. So Nita and I don't have to tease each other the whole time.

So the phone number to the studio right now, give us a call is 866-870-5752 and I'm going to repeat it again, because I know a lot of you are reaching around finding a pencil, and paper, here we go, 866-870-5752.

If you're driving it's healthier for you to pull off to the side of the road and it's better for us to be able to hear you if you get off of your Bluetooth, okay.

So I'm going to give out a different number now. This is the number to my office, and in case we miss what your question is, you can always call the office and get a free consult on the phone with my staff. And that phone number to the office is 800-300-9300. That's 800-300-9300.

There are people by the phones. If they're busy, just leave your name and phone number, and they'll call you right back. And to actually watch videos of me doing all these regenerative medicine stem cell and platelets treatments, go to www.jointrehab.com that's j-o-i-n-t-r-e-h-a-b dot com.

Now, there's something that I used to do mainly years and years ago, when I first learned about regenerative medicine, it was called Prolotherapy. And Prolo is proliferate, short for proliferate. So it's proliferative treatment.

What we do today with platelets and stem cells really is Prolotherapy, but the name has shifted to regenerative medicine. But back in the day when we talked about Prolotherapy, we were talking about using the sugar water, concentrated sugar water injections.

And I wrote a book about that. And by the way, anybody who calls me now, 866-870-5752, will get a free copy of my book, Stem Cell and Platelet Therapy, with the byline Regenerate Don't Operate.

And we have a foreword to the book, which is page 15, the foreword is by Suzanne Somers, and God bless you, Suzanne who is now in heaven. And Alan, Suzanne's husband, I know is still going through a lot of grieving, and God bless you, Alan.

Nita: And that's a touch one. We do have a caller.

Dr. Darrow: Good people. A caller? Okay. I love callers. So we're going to go to Paul in Resita. And Paul, you're having some feet issues. Tell us about that, Paul. This is Dr. Marc Darrow.

Paul: Okay, it's, I would say, about 90 percent of my right foot, the use of it, you know the feeling, its ability to keep me balanced and 80, 90 percent gone on the left foot about 40 percent. So without my feet I have no ability to really build a calf muscle. Without calf muscles, you can't really walk.

Dr. Darrow: Okay.

Paul: So the good news is there is zero pain attached to this case of neuropathy, it's diagnosed as demyelinating peripheral neuropathy.

Dr. Darrow: Okay.

Paul: So the question is, and I've never -- I've never, I've listened to you for years, but I never thought about this for this particular ailment, because it always seems like you're going after pain in joints and things.

Dr. Darrow: Yeah.

Paul: Is there any PRP or treatment that you that helps to cure and resolve the demyelinating nerves.

Dr. Darrow: Well, let me ask you this. Do you know what the cause of it is, or is it a genetic condition?

Paul: Well, I believe I -- I had a little bit before my heart attack five years ago.

Dr. Darrow: Okay.

Paul: But then I was 300 pounds, had a heart attack, lost 100 pounds, got into good shape. I'm eating clean now, but I did take Lipitor for about six months after the heart attack. I tried to get away from all

the Rx, which I did, but I think -- you know, I hear Lipitor is not that good for nerves, and is even a potential cause, not only an exacerbator of neuropathy.

So that's -- that's where I got it. And it really started coming on two years after I was on the Lipitor. And now, I'm to a point where I carry a cane with me, but I haven't whipped it out yet, because I just don't want to.

But I look like a bumbling idiot walking around the store, you know.

Dr. Darrow: Well, you know, a lot of things. Number one, you need a cane, okay. You've got to let go of the vanity. Can you hear me okay.

Paul: Yeah, I think you broke up a little bit, you told me to get a cane. I agree, but the cane doesn't even work. I need like a solid steady, you know, like a wall to lean against or a table.

Dr. Darrow: Well, you might need a walker, you've seen people with walkers.

Paul: There's no way. There's no way.

Dr. Darrow: Well, how old are you, Paul?

Paul: I'm 57 years old, and from the knees up I'm in the best shape of my life. It's just that --

Dr. Darrow: Can I give you some suggestions?

Paul: Yes, sir.

Dr. Darrow: Okay. So it's time to listen, because I've got a lot of information for you. Number one, we all pick our path in life. We make choices. And if you fall and break a hip, there's probably a 30 percent chance that you will die, okay.

So you choose whether you want a walker or not. I'm not telling you what you have to do. I'm just giving you some information. I don't know everything, and I don't know what's best for you. I don't even know you. You know, I haven't examined you. But the -- using a walker, if it keeps you safe, it may help you stay up, right. And it may help you from breaking a hip when you fall -- if you fall.

So another thing is when people have a tendency to fall, which you will if you don't already if you're not stable, right, anyone would be, then you should go to physical therapy and get what we call gait training. Where they teach you how to fall, how to roll, instead of slamming on your hip, okay, that's number one. And you don't need a lot of sessions of that, maybe like two or three sessions.

And then the other part of that is with gait training, you need fall recovery training. That means if you do fall, because you're unstable, they teach you how to get up, all right. And there are too many people who die on the floor. You can have an embolus from the or a DVT or something like that, where you get a blood clot, it goes up in your lungs and you get a pulmonary embolus or it goes into your brain, you get a stroke.

So you need to, number one, learn how to be safe, that's the most important thing.

Number two, because you're on a statin drug, I've seen so many people on statins, whose nerves degenerate. They end up with all kinds of syndromes, and my brother, God rest his soul in heaven was one of them. He ended up with a Parkinsonian syndrome, the same thing similar to yours. He didn't have a heart attack, he had chest pain, he went to the emergency room, they put in stents into his heart, which he probably did not need, and then they put him on a statin drug.

And then very soon thereafter he started having tremors in his hands, and I said get off the statin, and the tremors will probably go away, and take Co-Q10, about 400 milligrams a day. Co-Q10 can help the nerves and help the statins not to do deleterious or negative effects on you, okay.

Also, at 300 pounds you may have had diabetes, whether they told you that or not. And diabetes and alcohol are two of the most common causes for peripheral neuropathy, okay. This is just information for you, mull it over.

And there is a test that we do in the office, and it is called Spectra-Cell, it's a blood test. It costs \$400, I don't get a penny of that, but you have to pay the lab that. But we draw your blood, and we send it off for you to the lab, and then you find if you're deficient in things like amino acids, antioxidants, minerals, things like that, vitamins. And those can also be a cause demyelination in the nerves.

So I don't know the answer for you. You're complex, but those are just a whole bunch of pieces of information that may help you. I don't do any IV stem cells or platelets. That may be something that some doctors do, you'll have to look that up. And it may help your condition also. All right. And I don't anything specifically with PRP or stem cells, that I think is going to help if you have demyelinating peripheral neuropathy.

Did I answer a lot of your questions, I hope?

Nita: Paul, are you still there? We lost him.

Dr. Darrow: Well, let's move on.

Nita: Yeah, I think he was driving.

Dr. Darrow: Yeah, he was driving. So Paul, God bless you, and I hope you were able to listen to all this information. If not, you can always get a hole of me through the website, which has an email spot on every page, which is www.jointrehab.com and that website has tons of videos of me injecting, and Dr. Grove, my new injector, injecting.

Yeah. I've been doing this a long time, my hands are getting stiff, I've got trigger fingers, so I've passed the mantle to Dr. Thomas Grove. And if you go to www.jointrehab.com and look at the videos of Dr. Grove, you'll meet one of the greatest doctors, I've ever met in my life, and I'm so grateful to have him with me.

He's not only a great mechanic in terms of ability to inject, but he's brilliant. He absolutely knows all of medicine, and he's a great peripheral -- peripheral -- what would I call it brain for me.. So we've got a great relationship going on. People love him. He played linebacker for the Huskers, in Nebraska in college. He was the captain of the football team.

He's a big dude, and very happy-go-lucky, and makes the patients feel great. So, Nita, I'm going to go --

Nita: How about the phone number?

Dr. Darrow: All right. Yeah. If you give me a call now, I'm going to send you a free copy of Stem Cell and Platelet Therapy, Regenerate Don't Operate. I'm going to pay the postage also. This book has a couple hundred pages on things like hair restoration, platelets and stem cells work to stimulate new hair growth.

And on the Vampire Facelift, which is a technique that we do in the office, where we inject platelets or stem cells, or both into the face, into the collagen. And regrow the collagen, which is what it does in the body, in the musculoskeletal system. We can actually can regrow cartilage.

So when we get people that come in and say I've got bone-on-bone knee arthritis or shoulder arthritis or hip arthritis, we can actually regrow the collagen, which is the major constituent of collagen -- sorry, of cartilage.

So yeah, they're great treatments, I've been using on myself, I self inject, I've been doing that for over 25 years. I healed my wrist, my knees, my shoulders, my elbows. I've had other people inject my neck and back, because I can't reach back there.

And I've done -- my God -- I can't tell how many times I've injected myself, because I'm an idiot athlete. I don't quit. I don't care how much it hurts, I don't quit, until I can't do it anymore. And then when I can't, then I inject, self inject.

So I know what it feels like. I use small needles, because I don't want to hurt myself, and we use small needles on our patients also. And we use ultrasound, where we can look inside the body, so we can direct the needle to the actual spot that is generating the pain. That's fantastic.

I love the work, and it's pretty amazing. You know, we've got it down, we've been doing this for over 25 years. And we probably do the most injections of any clinic on the planet. That's what I'm told by people. I'm not sure that's true, but we tons of patients, all day, every day. And we're injecting all day, every day -- every day of the week.

So I'm going to go to --

Nita: Should we give the phone number first?

Dr. Darrow: Yeah, I'm going to give two phone numbers.

Nita: Okay.

Dr. Darrow: One is the studio at 866-870-5752, that's 866-870-5752. And then my office where you can call and get a free consult on the phone with my staff is 800-300-9300. If you want email me directly, go to the website, there's a spot to email me on every single page. And that's www.jointrehab.com.

Nita, do you mind if I take a few questions here?

Nita: Great idea! Do it.

Dr. Darrow: All right. All right, this one is sad, I think. Failed neck, horrific pain. So when someone says they had a failed neck surgery, a failed back surgery, what that means is that they had the surgery, and it didn't work, either it didn't get better, or they got worse.

So let me see what this person says. Do these type of complications present in cervical laminectomy and fusion? I'm 18 months post-

op, with horrific muscle spasms and pain after PLIF. That's a posterior fusion of the cervical spine. And oftentimes with these, they'll take out the disk and insert a fake disk.

Now, I have to be honest, I can't remember a patient coming in, where this has ever worked. I know they must work for some patients, but I see them come in all the time where it's a failed surgery anywhere along the spine, where they put in a prosthetic disk. They take out the other one and I don't think it's a good surgery, but I'm not the surgeon. And if I were the surgeon, I'd probably think it was a great surgery.

And I have to be careful because I am not here to put down surgeons. I love surgeons. I think they do the most difficult work there is to do in medicine. They can be on their feet for 12 hours in a surgery, I've seen it. I've been there.

I was very interested in becoming a surgeon, until I had a shoulder surgery. And it was a failed surgery. My arm blew up like a balloon, and my arm was stiff, and I had a fever. And it did not heal for four years. I had misery for four years, until I self-injected my own shoulder, and it healed -- I know this is crazy -- all that misery ended overnight. I woke up the next morning, I had full range of motion and no pain.

That's not typically what happens. I have very good luck. I'm a good healer with regenerative medicine. Some people are not. It takes them more treatments than one. But I had great luck.

Anyway the answer to this person's question is I get people all the time with failed surgeries, neck, back, shoulders, hips, knees, toes, it doesn't matter. And I often can get them better using platelets and stem cells to inject in the area.

I have to find the pain generator, and unfortunately, many of these surgeries occur because the doctor used an image, and they said, well you've got some collapsed disks, we've got to take them out, and put in prosthetic disks, when that's not even where the pain was being generated from.

It's horrific to me. It's very sad. It's very, very sad to see people go in for a surgery. I tell patients all the time not get the surgery. And they go, well, I don't believe your treatments will work. And I believe the surgeons. They get the surgery, it fails, and they come back to me afterwards.

That's a sad case. It's not easy going through a surgery, I wish it were. These are dangerous surgeries. People can die from a

surgery. I don't want to slim you, by telling you that surgeries that are terrible. There are some that are needed. But most of them that I see should never have been done to begin with.

Anyway, that's my two cents.

Nita: Sounds good. Should we talk to Jonathan.

Dr. Darrow: Jonathan, shoulder. Jonathan, Dr. Marc Darrow, what's up with your shoulder. Jonathan, can you hear me?

Jonathan: Weekend warrior. Every sport you can imagine.

Dr. Darrow: Wait a second, you just came in late.

Jonathan: I've got all sorts of injuries --

Dr. Darrow: What was your age, Jonathan?

Jonathan: I'm 60.

Dr. Darrow: So you do a lot of athletics, you're like me --

Jonathan: Go ahead.

Dr. Darrow: You're like me, you're an idiot athlete, right? You just do whatever you can to be active. You need to be on the move.

Jonathan: I am. I'm still playing baseball with 35-year-olds. I three point five USDA Tennis, bowling, anything I can do to keep and live my life to the fullest.

Dr. Darrow: Yep. I'm with you.

Jonathan: I have [inaudible] caught for most of my baseball career, and have been blessed with elbows, knees, and shoulders that have never barked at me much, until last July, when I threw one pitch, and felt my shoulder pain, that I had not felt before.

Dr. Darrow: Okay.

Jonathan: Went to the doctor, they diagnosed it as a grade two strain in my -- the front of my shoulder.

Dr. Darrow: Okay.

Jonathan: And said three to six months, you should be starting to feel better. So I'm here about five months, and I haven't progressed that much.

And they really don't give me many options other than to come in and do an MRI and further studies.

But the reason for my call is if I don't have a complete diagnosis, is that something you provide?

Dr. Darrow: Well, we can do that, but mostly it's not needed. What's needed is for me to touch --

Jonathan: Well, I show you where the pain is, you examine, you physically examine, I show you where the pain and talk about when and how it hurts. And your expertise can give you an idea of where to inject?

Dr. Darrow: Absolutely. The front of the shoulder has the biceps tendon, it has the subscapularis tendon, the supraspinatus tendon, and those are things that typical -- I had that also by the way, and I had a surgery, like an idiot for it, which made me worse. And again, I love my surgeon, I don't put down surgeons. I put down the surgeries they do when they're not needed.

You have a case that I can't promise you anything. I never can promise anybody, but I'll bet you anything I can get it healed quick. Hang on with us please, Jonathan. We're going to go to a short break, and for those of you that want to call in after the break, it's 866-870-5752.

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

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at jointrehab.com or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens, and we're talking your calls at 866-870-5752, and right now Dr. Darrow is speaking with Jonathan.

Dr. Darrow: Jonathan, are you still with us, Dr. Marc Darrow, here. Hello, Jonathan.

Nita: Hmm, well he can call back at 866-870-5752.

Dr. Darrow: Absolutely.

Nita: And in the meantime, you had some things you wanted to say that probably will help other people as well.

Dr. Darrow: I always have something to say. That's --

Nita: I know. That's a good thing, right?

Dr. Darrow: Yeah. Sometimes I say it too fast. Well, we're here to treat the musculoskeletal system, the joints, the tendons, the ligaments, but also -- and that's including neck, back arthritis, anywhere from the back of the head to the bottom of the feet.

So we inject all over the body. We don't just stick to like knees, like other doctors do. We use ultrasound guidance, so we can watch where the needle goes, that's very important. Because for example, if your doctor injects your knee or your hip or your shoulder, without ultrasound, they're going to be missing the spot they're trying to get to at least 33 percent of the time, according to the studies.

So make sure if you're getting injected by someone else, you make sure they have an ultrasound there. A lot of doctors don't know how to use ultrasound. I actually have three of them in the office on little tables with wheels, and we run them around to all the rooms with the patients. One of the first things we do when we get a new patient, is we take a look inside and see what's going on. The next thing we do is we touch the body.

We've got to find where the pain is coming from. And Jonathan, who just called us said he's got some pain in the front of his shoulder, and that's typically so easy to fix. It's simple. That's what I had. Unfortunately, I had a shoulder surgery, where they did an acromioplasty. That means the acromion, the top bone on the shoulder was cut down for no reason at all, really. No reason at all, that was done, but I didn't know anything when I was in -- was it med school, I had it done? Yeah, I had it done in med school.

And I'm not against the surgeon. I loved my surgeon, you know, I worked with him quite a bit, but I'm against these surgeries that never should be done. And after the failed surgery, four years later, when it was still miserable, and I had limited range of motion and pain, what did I do? I injected myself. What happened? Healed overnight. Don't expect an overnight healing with stem cells or platelets, but it happens.

You know, people have very strict expectations for me sometimes. They'll come back. I typically will check a patient out after a

treatment about two weeks later. And some patients come back, and they go, "It's not healed."

And I go, "It's not supposed to heal that quickly. We're just growing tissue." It's like if you throw grass seed on your lawn, how long does that take to become stable, good grass. Do you jump on it right away? No. You let it heal. Sometimes it takes a few treatments.

If you want to get more specific information on that, you can call our office and get a free consult on the phone with our staff, and they can give you more information about that at 800-300-9300.

So I'm going to go to an interesting question here, Nita, if you're cool with that?

Nita:

Absolutely. Let's give the phone number first.

Dr. Darrow:

Oh, boy, 866-870-5752, you can call me there, 866-870-5752. And if you call I'm going to send you out a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. With the foreword by Suzanne Somers.

All right. Also, we use these not just on the musculoskeletal system, the orthopedic system, but we use it to stimulate new hair growth on the top of the head. If you're starting to thin, it's a great treatment for you. And we also use it on the face, we do something called the Vampire Facelift and regrow the collagen in the face and make you look young.

All right. So this one is coming in, it says avoiding hip replacement. Dr. Darrow, your website looks great. I'm 69 in good health, but I have arthritis, hands, toes, hips. I'm not crippled by it, just pain and stiffness.

I had a hip replacement 15 months ago, and my hip -- and my left hip is not good either. I don't want another surgery. The first one didn't work well. It's manageable for now. I was considering a Euflexxa shot, which is, by the way, for you guys listening, sort of a gel. It's taken from the rooster comb -- well, of a rooster. And it's a liquid. It's a thick liquid. And would I do that? No. I wouldn't, because it's basically hyaluronic acid.

When we inject stem cells or platelets, we actually create hyaluronic acid right there. Why would I put a shot of something that's synthetic in there? I wouldn't. By the way, I did inject Durolane into my left knee a couple years ago, which is another hyaluronic acid, a synthetic, and my enter leg, my knee, my thigh, and my calf

blew up, and it was swollen for, I think about five months. And I was on crutches in total misery.

Did I have an allergy to it? Probably. That happens. I knew I injected actually into the joint, and not the soft tissue, because I used an ultrasound to guide my needle. So people have allergies to this. Sometimes they need to have an incision and drainage in the surgical suite, once they get this swelling that takes place.

My doctor, I won't say where he is or who he is, but it's famous clinic in LA. I've done physical therapy; it feels better in the short term. My low back hurts too, I imagine, I can't read what this says -- I have been imagining something.

A friend of mine sent me your information, she's in Orange County too far for her to come to you, I guess a consult makes sense to me.

So Orange County is not too far to go. We have people fly in from all over the world, to get treatments here, all over the country. I think our average patient drives about two hours to see us. So are you going to stay in pain, or are you going to get healed? You know, Orange County's too far, I don't think so.

I've actually flown around to get different treatments for different health issues. I'd rather fly or drive, than stay in misery. How about you?

Nita: Absolutely.

Dr. Darrow: So I think this patient is a great candidate for platelets and/or stem cells. We treat hips all the time. We treat -- they also have arthritis in the hands, toes and the hips. We treat that all the time. These are just everyday things for us. And I'd be very glad to see you, and do a consult; touch the body, look with the ultrasound, do a great exam, and find out where your pain is coming from. And then if you're ready for it, we inject the same day as your consult, if you like to. Most people do. Some people want to think about it afterwards. Some people actually go and get surgery after I talk to them. I don't it, but that's what they do.

Nita: That's kind of strange.

Dr. Darrow: Well, it's kind of strange, but you know, human beings are strange. We're all strange, aren't we, Nita?

Nita: Yes.

Dr. Darrow: Aren't we all kind of idiosyncratic?

Nita: Very true.

Dr. Darrow: Not me. Not you. But everybody else, right?

Nita: That's right. We're perfect.

Dr. Darrow: Sure. All right. I'm going to go to a knee question here, Nita.

Nita: Okay. Can I give the phone number first, and offer up your free book?

Dr. Darrow: I will let you.

Nita: 866-870-5752, and please call because we have time left to get you on the air. Also, you get a free book, Dr. Darrow's latest, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. And it actually has 264 scientific studies.

Dr. Darrow: Yeah, I mean there's -- there's so much research being done on regenerative medicine, with stem cells and platelets, it's crazy. It's the -- it's the huge field that's coming up in orthopedics now. And I honestly don't know why surgeons are doing all of these surgeries, that could be healed with simple injections? I don't get it.

Nita: Because people don't know. They don't find out.

Dr. Darrow: All right. Here we go. This is kind of long, but interesting, so I want to do it. It says "failed meniscus surgery".

Dear Dr. Darrow, I had a medial meniscus repair on my left knee in July. I am so much worse after my surgery -- common that is. The pain is worse, and in fact, unbearable. I have to elevate my knee by putting a pillow underneath the back of my knee.

The surgical incision site is numb, I find it hard to bend or straighten my knee. I can't raise it up. I had a 3D MRI last week on my knee, and it showed that I have a vertical tear in my medial meniscus and a horizontal tear in my lateral meniscus. Prior to surgery, my MRI showed a medial meniscal tear. I would be grateful, if you would answer the following three questions.

Should I have a revision surgery? My answer without examining you is, no. If I examine you, I might change my mind, but I have to see what's going on with my hands, look with the ultrasound. Meniscal tears are not a negative to healing. I have two meniscal tear, medial meniscal tears, in my knee, both knees, I'm sorry. And I have no knee pain, because I've injected both of them with stem cells.

Are they still there? The tears are there, they're not as bad, but I'm not going to keep injecting them, because I don't have pain.

Will I have meniscal tears the rest of my life? I don't really care. Do you understand that? It doesn't matter. People, when we do MRIs of people that have all kinds of bad stuff in their body, they don't necessarily have pain. You can't equate MRI, x-ray, CT findings with pain. Get that straight.

Should I have an MRI done of my knee with contrast? No. Why are you going to put contrast in your body? It's not good for you. What's it going to show? I need to examine that with my hands.

What other test would you recommend to get an accurate diagnosis? My hands. Do you get it. The hands tell you everything.

Nita: I think so.

Dr. Darrow: Looking forward to hearing from you, and thank you so much, Dr. Darrow. I love listening to your show.

So I don't know what to tell you guys, don't jump into a surgery. You know, get somebody who does examinations. I always love talking about my grandfather, who was a doctor, born in the 1800s. He didn't have MRIs, and you know what he called the surgeons?

Nita: I'm ready.

Dr. Darrow: Don't kill the messenger, I'm just saying what he said. He called surgeons, "butchers".

Nita: Ouch.

Dr. Darrow: I don't like that negative spin on surgery, okay. But in most cases for musculoskeletal pain, I don't see that it's needed. We have something that is very conservative now, it's called regenerative medicine. I've been doing it over 25 years. It's simple. You walk in the office, you drive yourself there, you get some injections, and you drive -- you walk out and drive yourself home. You don't need a driver. You don't need anesthesia.

The side effects typically are a little bit of stiffness for a day or so afterwards, because we're creating inflammation. The body uses inflammation to heal. It draws fibroblasts from all over the body to the point of injection, which are cells that grow back collagen and cartilage, or soft tissue.

So I don't get it, but that's life.

Nita: It takes a while for people to learn a new paradigm I think.

Dr. Darrow: We're getting a new caller coming in.

Nita: Yes, we are.

Dr. Darrow: Suzette, put down that name, and I'll talk to him.

Nita: She's working on it.

Dr. Darrow: She's gathering the information.

Nita: So did you mention what else goes on in the office yet today?

Dr. Darrow: I did.

Nita: Okay, good.

Dr. Darrow: We're going to go to Betty. She's got a right knee. I hope you have a left knee too. Well, a lot of people don't.

Betty: I have an artificial left knee.

Dr. Darrow: How long has your right knee been bothering you?

Betty: Oh, it's many, many years, and it got better, and then as I've gotten older, it's really terrible.

Dr. Darrow: What do you call older? How old are you, Betty?

Betty: I am 83, and I have been in your office. You examined my knee and then you said I had to lose weight, because I am an obese, ha, ha, ha, laugh out loud. I was obese.

Dr. Darrow: Do you mind if we ask you how much you weigh?

Betty: I was overweight for you, and I didn't know you wanted me to lose 70 pounds, I lost 53 pounds.

Dr. Darrow: That's great. Come on back. Maybe it's time.

Betty: But you said, I spoke with you a little while ago, but I still was overweight for your concern. I have osteoporsis, and my doctor don't want me to lose too weight.

Dr. Darrow: Okay.

Betty: So I'm overweight --

Dr. Darrow: Betty, do us a favor, the radio show is echoing in your background, do you mind turning it down for just while we're talking.

Betty: Alexis, turn down the radio.

Dr. Darrow: Alexis, oh my God, that's so funny.

Betty: Can you hear me now?

Dr. Darrow: Yep -- Betty!

Betty: Alexis, volume two.

Dr. Darrow: Betty, how much do you weigh now?

Betty: I weigh 160.

Dr. Darrow: 160, you come on back, we'll take care of you.

Betty: And yeah, and my BMI went down from 37 to 26.

Dr. Darrow: Okay. BMI means nothing, zero.

Betty: Oh, okay. But I have no fat in my blood from the lab work that the doctor did.

Dr. Darrow: Okay. I think you're doing great. At 160, I think we can help your knees.

Betty: Okay. I was trying to go through my workman comp, workman comp, this was a work injury, and when I talked with you before, when I came -- before I even came into the office might pay for it. And I got a claim adjuster that said she would pay for it, that the insurance would pay for it. And they sent me to a workman comp doctor, it's a young lady, she's only been doing it like four or five years, and she said I'm too old for stem cells.

Dr. Darrow: Okay. Everything you heard so far is wrong.

Betty: I know. That's why I'm calling you. To see --

Dr. Darrow: I treat people 100 years old. I treat young athletes, teenage athletes, and it seems to work on pretty much everybody I use it on, if they work it. It's not going to work if you go ahead and start running bases, or running a marathon right after I treat you. Do you know what I mean?

Betty: Yes.

Dr. Darrow: You've got to chill afterwards and let the tissue grow in. I used this example before, when you plant seed on your grass, you don't go stepping on it, and running on it the same day, or the same week, you let it grow and thicken up. And that's the same thing with regenerative medicine. We grow tissue. But you've got to let it heal.

Betty: Okay.

Dr. Darrow: And that's different for everybody. You could feel good the next day, but you've still got to let it heal.

Betty: Yeah, I understand.

Dr. Darrow: So the osteoporosis. Let me tell you bunk that you heard on that.

Betty: Okay.

Dr. Darrow: You're doctor didn't want you to lose weight, because you have osteoporosis, that's a bunch of na-na-noo-noo. You know what na-na-noo-noo means don't you?

Nita: Baloney.

Dr. Darrow: Yeah, baloney. Words that we can't say on the radio.

Betty: Oh, yeah.

Dr. Darrow: Your weight, basically has nothing to do with osteoporosis. Your osteoporosis comes because your ovaries have shut down. They don't produce hormones anymore.

Betty: And I don't have any of that anymore. I just had the surgery last year.

Dr. Darrow: Yeah, well you didn't have it before either, because menopause, the ovaries shut down. So it wasn't because of your surgery. You probably hysterectomy or something, oophorectomy.

Betty: I had a hysterectomy a year ago.

Dr. Darrow: Yeah, that has nothing to do with this. You had osteoporosis before that.

Betty: I'm sure, I probably did, because I had osteopenia for the thinning of the bone, and then it went into --

Dr. Darrow: Yeah, but you know osteopenia can be one millimeter away from osteoporosis, and they don't call it osteoporosis. So don't worry about the terms. Everybody gets osteoporosis as they age.

Betty: Oh, okay.

Dr. Darrow: Everybody, because the hormones shut off, men and women the same, it doesn't matter.

Betty: Yes, I'm aware of that.

Dr. Darrow: What we do if the patient wants to is we supplement their hormones, and we rebuild the bone. I've seen many people very bad osteoporosis, and grow back the bone fairly quickly, like within a year or so. It happened to me. I'm thinking back actually. All this stuff happens to me.

I lost my testosterone very young, from trauma to you know where, and my testosterone shut down. And I was feeling kind of lousy, you might say. And I met a man who looked great who was older than I was, all pumped up, and I said how do you look so good. And he said, why, don't you feel great. And I go, no.

He says go get your testosterone checked. And it was very low. And I started supplementing -- then I went to get a bone density done over at UCLA, this is when I was a resident there, and the -- the practitioner said, how could your bones be so osteoporotic already, you're so young. And I said, well, my testosterone is low, then I started augmenting with testosterone, and my bone density has grown back.

Betty: That's great.

Dr. Darrow: So these things can be handled. Don't take -- in my book anyway, don't take these medicines, these bisphosphonates because --

Betty: Oh, no, I definitely, when they asked me to take that, I said no.

Dr. Darrow: That causes all kinds of problems. It causes jaw fracture; it causes proximal femur fractures. Because what it does it blocks the bone from breaking down, so you end up with old, fragile bone. It looks good on a bone density. But in reality it's terrible bone. You don't want to.

Betty: No, I didn't take any of that, just regular calcium, and I only take calcium.

Dr. Darrow: That doesn't do anything. It doesn't do anything, darling.

Betty: And the one said take calcium with magnesium.

Dr. Darrow: It doesn't do anything. Weight bearing exercises, it doesn't do anything.

Betty: Um-hmm.

Dr. Darrow: What does it is hormones. It's not bad to do that other stuff also, but in and of itself, it will not do the job. Now, I've read that Osteo Force which are machines that you stand on and work out with, can actually help bone density increase.

But the best thing that I know of from what I've seen is hormone supplementation with testosterone, progesterone, and estrogen for women, and just testosterone alone for men.

Betty: Is estrogen still a problem for women getting a problem with their heart.

Dr. Darrow: You know, you have to ask your doctor with that. I'm not your doctor. I'm not your heart doctor.

Betty: Okay. That's why I was -- it was estrogen, I wasn't sure that you do a supplement on it, with that.

Dr. Darrow: Well, by the way, if anyone ever does estrogen, don't ever do it by mouth. We've got to run. It's the end of the show. God bless you all. Thank you, Nita and Suzette, and Alex.

If you want to call the office, the phone number there to get more information, free consult on the phone with my staff is 800-300-9300. Website, www.jointrehab.com. You can watch me doing videos of these procedures. God bless you all and thank you.