

Living Pain Free 6/05/21 10:00 a.m.

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 Darrow Stem Cell Institute in West Los Angeles.

This is the program that can give you effective solutions for the pain you've been living with. Dr. Darrow is a medical doctor, board certified in physical medicine and rehabilitation. He teaches about the use of Prolotherapy, PRP and stem cells. Today's program could open up a new life without pain for you. Now, here's Dr. Darrow with his co-host, Dr. Nita Vallens.

Nita: Good morning, Dr. Darrow.

Dr. Darrow: Hello, Nita Vallens. How are you today?

Nita: I'm great. How are you?

Dr. Darrow: I'm living it up.

Nita: Yay!

Dr. Darrow: What do you call a pig that does karate?

Nita: Oh my God, the joke so soon.

Dr. Darrow: I wanted to catch you off guard. A pork chop.

Nita: Oh my God, that's hilarious. You -- you had a good one.

Dr. Darrow: Hey, why did the bike fall over?

Nita: The thingy broke.

Dr. Darrow: It was too tired.

Nita: Oh God. That's hilarious.

Dr. Darrow: Okay. One last one for now, ready?

Nita: Okay. All right. Ready.

Dr. Darrow: Why did the golfer bring two pairs of pants?

Nita: One for the golf clubs.

Dr. Darrow: Close. In case he got a hole in one.

Nita: Okay. Should I introduce the show now?

Dr. Darrow: Yeah, let's have some fun today.

Nita: Okay. Well, we do live in the fun zone here on Living Pain Free with Dr. Marc Darrow. And I'm your host. And what we talk about here is musculoskeletal pain, which is basically orthopedic pain, which is muscle pain, joint pain, disk pain, ligament pain, back pain, neck pain, hip pain, arthritis pain, knee pain, common issues that happen, and sometimes we don't know the genesis of it, such as you have dull aches, you have stiff joints. So, basically any kind of orthopedic issue, you want to call and speak to Dr. Darrow during this hour at 866-870-5752, that's 866-870-5752, right here in the studio. And you can get, it's kind of like having a free consultation with you. Really, it is. So, we also...

Dr. Darrow: We call that a curbside consultation.

Nita: Oh, is that what that's called, okay.

Dr. Darrow: Yeah, it's when someone catches a doc at a party, or in the street, and asks all kinds of questions.

Nita: I bet that's happened to you a million times.

Dr. Darrow: I love it. I like what I do, and I love helping people. So, yeah, it's a lot of fun. I want to hear your questions. I hope you do call us. And it makes the show a lot more alive when you do call, so don't be shy, you can pretend it's not you. You can pretend it's your brother or sister, or your mother, whatever. Or you can ask questions about them, or your friends.

So, please give us a call now, instead of waiting for the end of the show when the callers are all lined up, and the phone number here to the studio is 866-870-5752, go run and get your piece of paper, write it down, 866-870-5752, and if you decide that you can't call in for some reason, call the office, get more information. The number there is 800-300-9300.

And for those of you that are really shy, which I doubt you are, just go to the website and you can ask me questions there. Every page has a spot to email me. And the website is www.lastemcells.com that's www.lastemcells.com. I'd love to hear from you. Now, it's your turn.

Nita: Absolutely. Okay, well let me just repeat the website in case you were scrambling for a pen, www.lastemcells.com and there's tons of information there. You can email Dr. Darrow off of every page on the site, and you can watch him performing the treatments on videos. That's pretty exciting, because I've looked.

And the best part we didn't even tell you yet, which is when you call the program today, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, subtitled Regenerate Don't Operate. It has 264 scientific studies, actually, and the foreword is written by the lovely Suzanne Somers. And it's chock full of information. It's a great book, and it's totally free for you today.

And how about that.

Dr. Darrow: I love it. Should I go to a question yet?

Nita: Yes. Let's go to a question, and let me just remind prospective callers, the number is 866-870-5752, right here in the studio, and do not delay. The hour goes quickly. It's all yours.

Dr. Darrow: Okay. So, I just got a question in about five minutes ago, so I'll take that one, because it's an interesting subject. Tons of people come in with low back pain. Of course, I treat the whole body, so everything from the back of the head with headaches, and necks and back pain, shoulder pain, elbow pain, muscle pain, wrist pain, finger pain, arthritis, hip pain, knee pain, ankle pain, toe pain. It doesn't matter really where it is, the procedures that I do which are either injecting your own platelets, we just draw your blood and inject it after we spin it in a centrifuge to take out the red cells, we inject it back in. It can be done anywhere on your body.

Now, this doesn't work -- or it doesn't work, the way I do it at least for disease states. People call up and say will this help my macular degeneration? Will it help, you know, Lupus? Will it help things like that? No, not directly that. And I don't do things IV, intravenous. I do musculoskeletal work, okay. And the other type of treatment we do is bone marrow, stem cells. It takes me about 10 seconds to get the bone marrow out from the back of the pelvis, a very quick, simple procedure. I numb up the area, and then we extract, or aspirate as we call it in medicine, the bone marrow, we spin it if we need to. Sometimes we don't need to spin it, it just depends what part of the body, and then we inject it back in.

So, they're very simple, quick procedures. You walk in, and you walk out. You don't need someone to drive you, okay. People are always like, well is this a terrible thing? As I've heard bone marrow extraction is so miserable, blah, blah, blah. Not the way I do it, it's not. And this is not a bone marrow aspiration for things like leukemia, where they take a large amount out, and do it quickly. That can really hurt. The way I do it is just a small amount, and slowly, okay, over the course of about five to ten seconds, and it's not disruptive for people. It's very simple.

So, the question is about chronic SI joint dysfunction, that's what the email says, and the person says, I'd like to learn more about whether or not I'd be a candidate for PRP or stem cell treatment for chronic SI joint dysfunction.

So, SI joint is the sacroiliac joint, there is a wedge in the back that attaches, it's a wedge of bone, called the sacrum, and it attaches to the pelvis in the back. So, iliac means the pelvis, so sacroiliac joint dysfunction. Now, I have never found anyone that had SI joint dysfunction, ever. I've been doing this a long, long time.

Nita: Wow.

Dr. Darrow: And I've had people that have had bolts put into their SI joint, literally, big bolts to hold it together, who get worse when they do that. I've seen people have all kinds of surgeries done that didn't work. And typically, I know surgeons don't like to hear this, but most of these things in the neck, back, and the SI area, that's the sacroiliac area have to do with sprains, like a sprained ankle, but in the neck or back. And that means the ligaments are sprained.

And Nita, do you remember the word that you love so much?

Nita: Enthesopathy.

Dr. Darrow: Yes. I've got her all like the -- what do you call that Skinner, remember Skinner?

Nita: Skinner's Rats. I prefer to say Pavlov's Dogs, I like dogs better than rats.

Dr. Darrow: Okay. B. F. Skinner did it. And when the bell rang the -- were they rats that ate, or they rang the bell...

Nita: Yeah, they went to the food.

Dr. Darrow: And they got -- yeah, they actually rang the bell themselves, didn't they? And then they got a little piece of food from it.

Nita: Yes.

Dr. Darrow: So, when I say what's the word that you love the most? Nita, goes enthesopathy.

Nita: I can ever spell it now.

Dr. Darrow: So, these SI joint dysfunctions, these low back problems, the -- I've injected the entire back from the neck all the way down. Most of it, I'm not saying all of it, there's never an all of it type of diagnosis.

But most of it is, and this is even if you've had a failed surgery, okay. You've had a surgery, you've had two surgeries, it didn't work. It's typically the ligaments that hold the bones together. Ligaments are pieces of collagen, that hold bones to bones. And in the low back we have the sacroiliac ligaments and plus some others around that area. We also have the iliolumbar ligaments. We have the interspinous ligaments and we can inject all of those, and get rid of these enthesopathies, that Nita is talking about.

If you want to go to your Google, and look up the enthesis, spell that for us, Nita? You're good.

Nita: E-N-T-H-E-S-I-S.

Dr. Darrow: Darn good, yeah. Look that word up. What happens is, there's an irritation where the ligament attaches to bone. And that's probably 99.9 percent of neck and back and sacroiliac pain. I have people that come in and have all kinds of injections with steroids, which I don't like to have people do, because it actually dissolves away tissue. There are occasions where you have to do it. Someone is really flaring, and they're absolutely miserable, they can't stand up, then it's a great idea. But to have these injections done and chronically, meaning over the course of time is a terrible idea in my opinion, just little old me, Marc Darrow's opinion.

So, I had someone come into the office two days ago, that had -- I don't remember the number, but their knee was injected probably 30 or 40 times with steroids over the years.

Nita: Ouch.

Dr. Darrow: What did that do to the cartilage in the joint? It dissolved it away. They had very severe arthritis, and the tibia bone, which is the leg bone, did not sit straight on the femur bone, the thigh bone. It was off to the side, okay. So, that is something that we want to stay away from if you're getting steroid injections, please look up on Google, what that does to the body, and the typical steroid that you hear used is cortisone. So, if you're getting cortisone shots, go look it up before you have another one. You won't want another one.

So, what we do instead? We stimulate the body to grow more tissue, and heal it, and rejuvenate it. Okay? It's not about quelling the inflammation, by putting in a strong steroid. It's all about re-growing it, and healing it, and then the pain goes away. It's a slower process, I admit that. A steroid can work in a couple of minutes, because there's lidocaine mixed in with it, which is a local anesthetic, so it feels great and then guess what happens when it feels great, you use it, and wear it out even more.

And I did that on my right elbow, I had a steroid shot in the lateral epicondyle when I was playing a lot of tennis. It was while I was a lawyer, back in the day, and I didn't know any better. And so it felt so good, I went out and played tennis. Guess what happened? It got really bad.

Finally, I learned about...

Nita: Ouch.

Dr. Darrow: Yeah, I learned about when I was in medical school in my fourth year, I learned about doing these regenerative medicine techniques. I injected my own elbow and healed it up. So, we haven't had any callers yet.

Nita: We do. We have Julian.

Dr. Darrow: Oh, we do. I wasn't looking there, okay. Also, for those of you who do want to call in, the phone number to the studio is 866-870-5752, grab your pencil, I'm going to repeat it, 866-870-5752, and while you're writing that down, if you want to call the office, there's people by the phones. The number to the office is 800-300-9300, so I'm going to go to Julian. And Julian has a hip, that's bothering him, and about age for this type of procedure, okay. So, when you say -- Julian, are you with us, by the way?

Julian: Yes.

Dr. Darrow: So, your hip has bothered you for how long now?

Julian: No, it's not -- first of all, good morning, doctor. I called because I have a relative that went to a facility that gives the PRP and stem cell treatment. Because she was 90, they said that she would not be a good candidate, just dismissed out of hand, because of her age.

Dr. Darrow: To me -- hey, Julian, do me a favor, get your mouth closer to your telephone, you're a little raspy, and it's not clear. And we don't mind you yelling and screaming at us, so we can hear you.

Julian: Did you hear anything? Do I have to repeat...

Dr. Darrow: I heard all of it, I just want you to be clear go ahead.

Julian: Right, so my question would be is, I think -- well, is biological age a better predictor of outcome, using the stem cell, PRP treatment than chronological age, because they dismissed her as being a good candidate, because she was 90 years old.

Dr. Darrow: Okay. I don't want to comment on the clinic. But I can tell you that they're not doing a whole lot of this, because I do this every day on people who are, what we'll call elderly, I don't know what means anymore. And they get very good success, all right? So, I don't know what their idea is about that. It works great. I've used it on young teenagers, we get a lot of athletes, young athletes, and obviously all the way up to people in their 90s. I have done a few people who are 100, and they've done well, also. So, theoretically when you talk about stem cells being old, I don't know what that means, because if the person is alive, they are producing -- their bone marrow is producing stem cells constantly, and releasing it into the blood constantly, okay.

There is reparative -- regenerative things going on in the body no matter how old you are. So, again, that's my opinion. They're allowed to have their opinion. But I can tell you I do this on elderly people every single day of the week, with very good success. Anything more to that question?

Julian: Thank you very much, doctor. No, that's it. I think you answered the question. Thank you very much.

Nita: Thank you Julian. Thanks for your call.

Dr. Darrow: Okay. You're very welcome, thank you.

Nita: We appreciate all callers at 866-870-5752 right here in the studio, 866-870-5752. And let's go to Ray in Los Angeles.

Dr. Darrow: Hey Ray, did you ever watch the Three Stooges? Are you old enough for that?

Ray: Yes, I did. Yes, I did.

Dr. Darrow: So, here's what I'm going to have to say to you. I've got a weak back, and then I'm going to ask you -- or you're going to ask me for how long. And I'm going to say about a week back. And then Nita is going to laugh.

Ray: I like that.

Nita: That's all before my time.

Ray: Yeah, that's great. My dad is 82, and he has all kinds of jokes like that. So, I'll have to remember that one for him. I appreciate your show. Thank you for this great information that I'm hearing. I am 55 and my mom is 78, and we just had a vacation in Florida. She came down for me, we came from LA, and on the way down, she

grabbed a bag and ripped her back, and that changed her vacation anyway. And she couldn't walk or move, and she has this back pain, that you know she's strained, and she's been to doctors, and the doctor said you know, we'll have to get you an MRI. I think she said she had one injection before which was a steroid, a cortisone, and that gave her some relief, but now here's -- you know, and I have a lot of back pain myself. I have like a bone density issue, probably not getting enough vitamins, probably not doing the greatest diet, and lifting something super, super heavy about two years ago, I cracked a vertebra in my back, and I fell down immediately, I hear a pop, and I fell down, and then I was at work, so I tried to you know say I'm okay, I'm okay, and I got up in extreme pain, and I actually worked the next few days, and got an appointment with a specialist, it took me three weeks to get in. And when I finally got in, I got the MRI back from the doctor, a month later, and he said do you know that you broke your back. And I said, yeah, I think -- yeah, I had a feeling something wasn't right back there. But my whole point is that yeah, I'm very, very interested in the -- in some type -- kind of treatment for myself and my mom. I've had shoulder surgeries, and I've inquired a little bit about these injections. And I don't want to use the cortisone. You know I guess my question is, where could my mom get some information in New York, where could I get some information in LA? Where could I actually sign up for the injections because I know the insurance might not cover it. I looked into it for a minute, and it was real expensive. So, I'm just looking for some direction, and some information and...

Dr. Darrow:

Wonderful. The first place I want you to go is to my website, which is www.lastemcells.com and any page there, you can ask as many questions as you want. And you can also ask me to send you a free copy of my book Stem Cell and Platelet Therapy, and byline is Regenerate Don't Operate. It's sort of -- I'm going to call it my Bible, I don't know if it's other people's Bible, it's certainly not the surgeons' Bible, because it says don't do surgery, and it's got the studies showing why not. So, it's not something that surgeons believe in a whole lot, but it's something that I've been doing all of my medical life, since my residency at UCLA, where I learned about it. And it's been a miracle on my body. I've injected my knees, my elbows, what else, my right wrist, both of my shoulders. I've some of my friends who do this work inject my entire spine, and the ribs in my back, you know, hundreds of injections on me, because I can take it, I know it works. And it's worked every single time I've done it on myself. So, I'm going...

Ray:

Well, let me ask you a question in regard to a shoulder surgery. I had a shoulder surgery; I've had a couple of them...

Dr. Darrow: You know get your mouth closer to your phone, you're a little raspy, okay and then talk louder please.

Ray: How about that, is that better?

Dr. Darrow: That's beautiful, yeah.

Ray: I had a couple of shoulder surgeries actually on each side, the first one lasted a while, it ripped again, they went back in, they sewed it up again. The left shoulder is holding with two surgeries with a lot of pain and scar tissue. The right shoulder popped again about a year and a half ago, and the doctor wants to do a replacement. And I said, I just can't go through this again. So, all of the other muscles in the shoulder are working, except for the one that tore, and never repaired itself. There's certain movements I can't do, and I'm in a lot of pain. Do you think that the injections might help the current situation I'm in?

Dr. Darrow: I'm not going to promise you or anybody anything, okay, that's number one, and I tell every patient who comes in that. I haven't examined you. I'm not your doctor. I can't tell you anything at this point, do you understand why?

Ray: Yes, I do. I do.

Dr. Darrow: But my experience is that I can help most people, yes. My experience is that I can help most people.

Ray: That's great news.

Dr. Darrow: That's just a generalization.

Ray: I really appreciate...

Dr. Darrow: So, listen you've given me a book worth of questions here, and I want to start answering them for you now, okay?

Ray: Yes.

Dr. Darrow: So, your mom had I'm going to say probably a sprain of the ligaments in her back, reaching over and picking up that bag. Typically, very, very easy to fix using PRP or bone marrow. Bone marrow has PRP and stem cells in it. PRP, for those of you who don't know what it is platelet-rich-plasma, it just means the platelets in the blood, or in the bone marrow, okay. My experience generally is bone marrow works a lot better, which has PRP and stem cells, than just drawing blood in the arm and using the PRP from that. They're both good.

Ray: Right.

Dr. Darrow: But the bone marrow is better, okay?

Ray: Yeah, that's a real blessing to hear that, because I mean she literally came home from Florida, she went home and stayed in bed for two weeks, and she's an active person.

Dr. Darrow: Okay. So, the next thing I'm going to deal with, you're going to have to let me blast through these, so that I can get to some other people, and we're coming up to the break soon too. But you have a lot of great questions and I want to answer all of them. So, you had a bone density done. You had a bone density done, it shows that you have osteoporosis, which everybody eventually gets if they live long enough, if they're not supplementing with hormones, okay. And I use bio-identical hormones on myself and other people, and for a man, we would -- the first thing we would do is we would check, I'd look at your bone density, and then I would do a urine test for what's called NXT, it shows how much collagen you're excreting to see if the balance in the bone is okay or not.

And then I would if your testosterone, and DHT and free testosterone all these things are low -- hang with us, and I'll get right back to you. And don't go away, folks.

Nita: Okay, hold on, Ray. Okay. And you're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, rite down this important information coming your way. I'm your host, Nita Vallens, and we'll be right back.

[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. Our number here in the studio for you to call right now and speak with him is 866-870-5752, that's 866-870-5752, and right now we are speaking with Ray in Los Angeles.

Dr. Darrow: Ray, before I get to you, I just want to say that for anyone who calls in which we love our callers, they get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's about

200 pages long. It's got about 250 studies in it, that show you're much better off having regenerative medicine of platelets or stem cells or both, instead of getting a surgery. Unfortunately, these surgeries don't always work. I'd say there's a 50 percent chance it's going to work. And then it does work, it can unwork itself later as poor Ray had who is waiting here right now.

So, Ray called in right before the break, and I'm going to just give out your story quickly, Ray, and please let me answer all these questions you've already given us. Ray, is 55 years old, and he was lifting something heavy, and he thinks that he cracked a vertebra then, he heard a pop, and he had a bone density, it's shows that he's got osteoporosis. He's had four shoulder surgeries, two on each. And they're ready to do a joint replacement now on his right shoulder and oh boy, I mean, you know I had a shoulder surgery also when I was in medical school, Ray. And it failed me terribly. It blew up like a balloon afterwards, and I had a high fever, and at that point, I was in training to do orthopedic surgery.

And I jumped ship at that point. I thought why am I going to do something that can hurt people. I loved my surgeon. He was my professor, but the outcome was absolutely awful. But it was really in a sense the best thing that ever happened, because at that point, I jumped ship from orthopedic surgery to doing regenerative medicine.

And when I learned about injecting myself, I did that. And my shoulder -- I know this is crazy, the shoulder that was useless for me, and painful with decreased range of motion, I injected it myself, and it was at night. I woke up the next morning 100 percent completely pain free. Now, that's not how this works for most people.

Nita:

Wow.

Dr. Darrow:

I'm just going to say it the way it is. It often takes a few injections over a time period. I usually have people come in once every two weeks. If they fly in from somewhere else, I might inject, I did a man from Georgia, who came up here, and he was from southern Georgia, I remember, he was a nice man. He said had one stop sign in his town, that's it. That was the only traffic regulation.. And he was here for one week, and he did four bone marrow stem cells on his knee in one week, because he didn't have time to spend to have it done like local people do over a period -- I usually do once every couple of weeks, until people feel better.

So, I've had great success. I've used it on both my knees, my shoulder -- both shoulders which were both locked up, frozen at

different time periods from sports injuries. I've done my right wrist, both elbows. I've had other people do my neck and back. I've actually done Nita's neck many, many years ago. Nita, how is your neck doing today?

Nita: Great.

Dr. Darrow: Okay, good. And she had pretty quick success with it.

Nita: One week.

Dr. Darrow: Terry McNally -- Terry McNally, he's on -- is he still on KPFK?

Nita: No. He has a podcast. He has his own podcast.

Dr. Darrow: With his show? Okay.

Nita: Yes.

Dr. Darrow: Well, you're on KPFK?

Nita: Momentarily. Yes.

Dr. Darrow: Uh-oh. Anyway, I met Terry, I think, gosh, how many years ago? I don't know, 20 years ago or so, and he had what we really do call bone-on-bone arthritis in his knee. He had a -- when he was Harvard, he was playing intramural football. Had an injury and they operated and took out his entire meniscus. He had nothing in there to cushion the bones. And when I saw h. I got an x-ray, and the femur, the thigh bone was not even sitting on top of the tibia, the leg bone, it was off to the side. And I remember he wanted -- I said, what's your goals? He said I want to be able to dance, I want to hike, and I want to do yoga.

Well, we got him better. He was doing all those things. I haven't talked to him in a while. I don't know how he's doing today, but I haven't heard from him and that is probably very good news that he's still doing what...

Nita: Right, no, he's doing well.

Dr. Darrow: Terry, if you're listening -- Terry, if you're listening, feel free to come in again. I'd love to see you. But at any rate, what I'm saying is, I feel bad for people that have these surgeries, because often they come out, and then they thumb their nose at me, and go ha-ha, it worked. And then two years later, they come back and go I thought it worked, but now it's worse. So, be careful. You know, we're moving into a new era of medicine, things are changing, stem cells

are taking over the forefront of everything in medicine. And I have very, very good success doing it.

So, the shoulder replacement business I think is one of the worst things a person can do. I've seen way too many people after that surgery, that can't even move their arm, or the joint, the fake joint doesn't fit together. You know, why do something that's very invasive, like a surgery when instead you can come in and get an injection, or a bunch of injections and walk out. You know there's very little in the way of side effects. People get a little stiff afterwards, usually for a day, day and a half. And that's pretty much usually it. Injections are easy, surgeries are hard. That's all I can tell you.

So, Ray, I'd be very careful about getting a shoulder replacement, you've already had four surgeries, and I just don't see it as a way of healing the body, you know it's not a great thing to do in my little opinion. I've done a lot of orthopedic surgeries, in my training, and I never became an orthopedic surgeon, because of my failed orthopedic surgery on my shoulder, but I still love to watch the surgeries. I have to admit, it's a fun -- no, it's fun. It really is, it's a guy thing. It's a lot of fun. And you know people don't know this, but typically orthopedic surgeons bring in their own rock music, and it's kind of you know in a way of saying it in a weird way, it's kind of a party in there. We have a good time.

So, at any rate, Ray, I would not do a surgery until you at least check out regenerative medicine. If you want to call the office, the people are waiting there to talk to you, or just leave your phone number if the lines are busy. And the phone number there is 800-300-9300.

Now, I want to get back to the cracked vertebra, that you say you had from lifting something, you heard the pop. I'm going to bet you anything and I can't prove, and neither can you disprove it, that you had a fractured vertebra before you heard the pop. And this happens all the time. When we -- doctors do experiments on people, using MRIs, we find out that people that have zero pain at all, have things like cracked vertebrae, meniscal tears in their knees, rotator cuff tears in their shoulders, herniated disks in their back, and when we show them the results, they go but I don't have any pain. So, stay away from me.

Now, you may have had that fractured vertebrae for 10 years and never known about it, and then what happened is, you bent over, lifting something heard a pop in your back which could have just been a ligament moving over a bone, and then you got pain, went to

a doctor, and the doctor said, ah, that incident caused a cracked vertebra, do you understand what I'm saying, Ray?

Ray: I do. I do.

Dr. Darrow: So, don't ever think that when someone is injured and an imaging is down, that what they find in the imaging happened at that incident. It could, but it could not also. And we just see too many things like that.

Ray: Right.

Dr. Darrow: Now the opposite thing is true also. We have a lot of people who come in with miserable, miserable back pain let's say, and we do an MRI, and we don't find anything wrong. So, don't trust the image. I like to get the image; you know people come in and they say well you don't like images. I go, I like images, but I'm not going to use them to diagnose somebody. I like the image to make sure I'm not missing something, make sure there's no cancer, or something really strange going on, because I have found cancers, people come in with you know musculoskeletal pain, and I'll do an image, and I find a cancer there, it's rare, but I've had it happen several times in my career.

So, yeah, I like the images, but I don't really use them to diagnose. I use my hands and the examination and the history, you know to find out what's going on. So, I think I covered most of your questions, Ray. The one thing we didn't talk about is your bone density. I'd love to see that bone density, and if you want to come in, bring it. You're going to probably want to do some testosterone. And what I do typically is a shot, once a week. I've been doing that on myself since my mid-40s, because I had osteo -- well, it's called osteopenia, but close to osteoporosis at that young age, I lost my testosterone, very young. I didn't even know about it, until I checked. And my bone density was horrible. And most of it has grown back over the years. I've been doing that now for almost -- injecting myself with testosterone almost 30 years.

So, with women, we give them progesterone, testosterone and estrogen, they don't get shots, because they don't need a very big dose. Men need a big dose of testosterone, because we produce a lot of it. Women produce a little bit of it. So, again, that's my opinion, you can go to one of my websites called myagemd.com and look up information on hormones. Personally, I think it's a necessity for people as they're aging. Men start losing their -- or men and women start losing their hormones in their late 20s, and when women go through menopause, it precipitously drops, and if

women get a hysterectomy those ovaries usually quit at the same time, even if they're left in the body.

So, yeah, hormone supplementation -- you know people call it anti-aging medicine. It really has nothing to do with aging, it just has to do with feeling great and supplementing so your bones don't demineralize, keeping the brain active. If you want to actually live longer, the only thing we know about that is using a low carb diet, you know what we call a ketogenic or a keto diet, or a paleolithic diet.

And I'm going to warn people if they come in to see me, and they have lower extremity pain, you know their hips, their knees, their ankles, their toes, whatever, and they're overweight, I'm going to ask them to lose weight. So, don't get mad at me. It's just that every pound on your tummy is five pounds biomechanically on your knees. We know that overweightness causes arthritis in the joints.

So, I just do my job, don't get mad at me for doing my job. You come in there for me to help you, you've got to do what needs to get done. So, I have a lot of my patient's text...

Ray: Absolutely.

Dr. Darrow: A lot of my patients will text me every single day, and they will give me their weight, and they'll tell me what they ate in the last 24 hours. The biggest reduction, I've had so far is one of my best friends named Randy Garver, and Randy was 317 pounds. When he came in, he fell on his knee. And so he came in, I aspirated 90 ccs of blood out of his knee. I use an ultrasound, so I can look where the needle goes and get every drop of fluid out. And I said go home and get a knee replacement. His knee was awfully beat up. And he said, no, I don't want to do that. I want you to fix it. I go, I'm not going to do it, because I'll be a failure, you weigh too much. And he goes I'm not getting a knee replacement. What do I need to do? I said go on a ketogenic diet. Randy has texted me every day since that day with what he eats, and what his weight is. And he's down, I think yesterday to 230 pounds from 317.

Ray: Wow.

Nita: Wow is right.

Dr. Darrow: Yeah. And you know what's cool about Randy. He goes Marc, I don't do this for you, I do this for spirit, you know to be an example, and to be a leader, and to show people it can be done and to show his commitment to spirit. So, Randy, I honor you for that, for whatever reason you do it. And you're the leading example. But

I've had, you know, through the years I've had hundreds of people lose a lot of weight, and I'm not a weight-loss clinic. So, don't call me to lose weight. If you come in and you've got lower extremity pain, and you're overweight, I'm going to have you -- hopefully have you do a ketogenic diet, it's easy. Just protein, vegetables, water, stay away from the carbs, it's easy enough to do. It's not a special diet, just look up keto, K-E-T-O, on Google, you'll find it.

I'm not here to counsel you on weight loss. I'm here to fix your joints and pain that you have in the body using regenerative medicine of platelets and stem cells. Make sense, Ray?

Ray: Excellent. It makes a lot of sense. Can I ask you one more really, really quick question?

Dr. Darrow: Of course.

Ray: In regards to insurance I have really, really good insurance, and I'm not sure do they cover stem cell therapy? I mean, I know that you know they'll shell out 35 grand for a shoulder surgery, and then I'll turn and say you know something like well I want to try something different or new. And I know some of the treatments are not authorized, is that..

Dr. Darrow: Generally, health insurance does not cover regenerative medicine. Often workers comp insurance will. And there are some Christian Ministry insurances that I don't know the names of that often cover whatever you do. In these cases, you often have to pay for the treatment and then they reimburse you. So, I'm not an insurance expert. You could call my office to find out more about that, and the phone number there is 800-300-9300, okay?

Ray: Thank you, sir. I really appreciate all your time. Thank you for being so thorough. It's really, really helpful and thank you.

Dr. Darrow: Thank you, Ray. You're a great man, and great questions and there is very good hope that I can help your shoulder heal up, and your mom's back, and your back issue also. I can't fix a fractured vertebra but I'm not even sure that's the problem.

Nita: Well, thank you for your call, Ray.

Ray: Everything I have, thank you, sir.

Dr. Darrow: God bless you, man.

Nita: Our number here in the studio is 866-870-5752, you can call us right now. Again, that's 866-870-5752, we have a few minutes left.

I told you the hour goes quickly, Dr. Darrow. And so if you're sitting on your painful place, you know...

Dr. Darrow:

Derriere.

Nita:

That's the one, then you know grab that phone, because you don't have to be in pain for too much longer, if this would work for you. I mean, you don't know unless you try, right?

Dr. Darrow:

I'm going to stump Nita, now.

Nita:

Oh, I can't wait.

Dr. Darrow:

Nita, why did the Clydesdale give the pony a glass of water? Because he was a little horse. One last one.

Nita:

Okay.

Dr. Darrow:

Are you ready to laugh hard?

Nita:

Yeah.

Dr. Darrow:

What did the policeman say to his bellybutton?

Nita:

Oh, my gosh. I have no idea.

Dr. Darrow:

You're under a vest. You're under a vest.

Nita:

Where do you get these? They're hilarious.

Dr. Darrow:

My patients give them to me.

Nita:

Oh my God, that is hilarious. That is very funny.

Dr. Darrow:

Okay. I got to do one more, you ready?

Nita:

Yeah, I'm ready.

Dr. Darrow:

I just crack up at these.

Nita:

I can take it. I can take it.

Dr. Darrow:

Why did the man get hit by a bike every day?

Nita:

Oh, get hit by a bike every day. I have no idea.

Dr. Darrow:

He was stuck in a vicious cycle.

Nita:

That is a good one. That is a good one.

Dr. Darrow: You know today -- today with everything being politically correct, you can tell real jokes, you know the real ones that are really crazy fun. But you can do these little...

Nita: These are pretty funny. These are great.

Dr. Darrow: You can do the corny ones.

Nita: Yeah.

Dr. Darrow: And you can get away with those. It doesn't hurt anybody's feelings.

Nita: I like it. Yeah, you should send these out in your newsletter or something. Or put them on your site. They're pretty funny.

Dr. Darrow: I just like to have it to hear you laugh, Nita, that makes my day.

Nita: Thank you. Well, the funny thing is also that we need laughter. I mean especially people in chronic musculoskeletal pain; you need a break. You need to laugh.

Dr. Darrow: Well, everybody needs to laugh, my God.

Nita: Yes.

Dr. Darrow: You know there was a book that I had read, what was it called, Anatomy of an Illness.

Nita: Oh yeah, Norman Cousins.

Dr. Darrow: It was written by Norman Cousins, and he, when I was a lawyer, became my -- my client. And one of his techniques, because he had some terrible illnesses, and he would check out of the hospital after a heart attack or whatever he had, and he'd go to a hotel and bring the equipment over there, and have clowns come in and make him laugh hours a day. And he said, that's how he would heal himself.

Nita: Wow.

Dr. Darrow: So, important to laugh. And I crack jokes all day long. My patients like it. They tell me jokes, my staff loves it, and it keeps everybody happy. Most people who come in, go this doesn't seem like a medical office. No, I don't want it to be a medical office. I want it to be a place where people heal their pain. You know, you don't have to be a medical person to heal pain, right? So, I like to cover both ends of it. Yeah, I'm a medical doctor, but I like to heal the spirit too. And that's -- you know my point of view is, you can heal the spirit, if you help the person find the spirit part of themselves,

they heal. And if they don't heal, at least they feel great about what they're doing.

So, I got a question that came in and I want to grab this one before the end of the show.

Nita: Okay, okay.

Dr. Darrow: Do any of the involved procedures, bone marrow extraction and stem cell injection require general anesthesia? No. And it's unfortunate because a lot of doctors will take people for these simple procedures that I do into a surgery center, and put people under anesthesia, and bill the heck out of the procedure, huge amounts. To me, I'm going to just say it way I see it. Sorry, guys, I think it's a rip-off. It doesn't need to be done. These procedures are very simple to do. I've been injecting people for over 22 years without any anesthesia, okay.

When you go under general anesthesia, you could die. I'm just saying it the way it is. Does it happen often? No. But if it's you, that's 100 percent. There is also all these drugs you get involved with that you don't want to have in your system. Why do that, when you can do something easy?

Nita: Yeah, we had a caller in December of 2019, that that happened to her husband, remember?

Dr. Darrow: Well, we're not sure what happened on that case. I do remember. Her name was Kathleen. And her husband woke up from a neck surgery and was on a ventilator, and she called up and said what happened? I said, I really don't know. Did you ask your surgeon? And she said the surgeon came out after the surgery, and said I did everything right, and walked away, and that was her answer.

Nita: Ouch.

Dr. Darrow: Yeah, he did die. It was a very, very sad case. And you know I'm just going to say it was it is in my experience. Most people that come in and say they're ready to have a surgery tomorrow, or next week or next month, never had to get those surgeries, because we re-grow the tissue, and the pain goes away. They never needed to have the surgery. And this is not a bad statement about surgeons. I love surgeons, but I don't like the surgeries that they do in most cases. It shouldn't be done.

Nita: Well, it's an old paradigm. This is a new paradigm.

Dr. Darrow:

It really is. It's an old paradigm. Look at the MRI. Find something that doesn't look right, and then cut it. It's not the way life works. And I know a lot of you folks listening, a lot of folks listening right now, have had, what we call failed surgeries. That's why they're listening to the show. They had a surgery, it didn't work. I had one on my shoulder. It didn't work. It made it worse. I fixed it you know with regenerative medicine. I injected myself. I did great.

So, be very careful. Get a second opinion if you've been to a surgeon that says you need a surgery, get a second opinion, go to someone who does regenerative medicine, using platelets or stem cells. See what their opinion is. If you go to a second surgeon for a second opinion, you're going to get the same results. Okay, it's the end of the day for us.

Go to www.lastemcells.com you can watch me doing videos of these procedures. God bless you, Nita and the staff. Thank you so much.

Nita:

And remember to listen to The Pet Show with Warren Eckstein from 11:00 to 1:00 every Saturday. And we'll see you next time.