

Living Pain Free 6/26/21 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: Well hi there, 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! Living it up is a phrase that we would like all of our listeners and callers to be able to say every day, right?

Dr. Darrow: Absolutely. You can say it.

Nita: Yes. You can. But if you're in chronic musculoskeletal pain, basically orthopedic pain, you might find that a bit difficult. That's why you're going to call this program today, soon, so we don't run out of time for you. It's only an hour program. So, write this number down 866-870-5752, 866-870-5752, right here in studio, and you can speak directly to Dr. Darrow, regarding your muscle pain, joint pain, tendon pain, ligament pain, disk pain, back pain, neck pain, knee pain, hip pain, arthritis pain. Maybe you have stiff joints or dull aches, you don't know the origin of it. That's okay. You don't have to know what's going on. You can call, and maybe Dr. Darrow can help you figure it out.

When you call the program today, you also get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate, a very important by-line there. 264 scientific studies are contained in this book, and the foreword is written by Suzanne Somers, the lovely actor. And we are here Saturdays at 10:00 a.m., again at 1:00 p.m.

And please go check out Dr. Darrow's website at www.lastemcells.com, that's www.lastemcells.com. You can email

Dr. Darrow off of every page on the site and watch him performing the treatments on videos. What do you think?

Dr. Darrow: Well, I have a question for you, are you ready?

Nita: Ready.

Dr. Darrow: How did the dead brother and his dead brother resemble each other?

Nita: They were both...

Dr. Darrow: They were dead ringers.

Nita: Oh my God.

Dr. Darrow: You don't get it. You don't get it.

Nita: I never get your jokes, but I'm learning. It's good. It's a good thing. And everybody is laughing at me, and that's a good thing too.

Dr. Darrow: Okay. Here is one you'll get. And athletes because this is a show about athletes, right?

Nita: Yeah.

Dr. Darrow: If they get athlete's foot, what do elves get?

Nita: They get...

Dr. Darrow: Mistle toes.

Nita: Oh God. That's a really good one.

Dr. Darrow: I love hearing you -- I love hearing you laugh.

Dr. Darrow: I do these jokes, really just to hear you laugh.

Nita: Well, I am always ready to laugh, because if you don't have a sense of humor about life, or your pain, I know pain is difficult, but you got to laugh at some point about it. You do.

Dr. Darrow: Okay. Can I do one more joke?

Nita: Yes. One more only.

Dr. Darrow: Why do bees have sticky hair?

Nita: I didn't know they did.

Dr. Darrow: They do, because they use honeycombs.

Nita: Of course, oh my God. Okay, honeycombs. I got it.

Dr. Darrow: I could just do this for the whole show until we get some callers.

Nita: I know.

Dr. Darrow: And about callers, be sure to call in now, because once we get going, you're going to call in later, and we're going to be jammed. So, I'd love to get you to call in now, and the phone number to the studio, where you can talk to us right now is 866-870-5752, I'll repeat it for you grabbing your pens, or people driving. And if you're driving, it's a good idea to pull off to the side of the road, take off your Bluetooth so we can hear you. We don't mind if you yell at us, we just want to hear you.

So, again the phone number is 866-870-5752. And for those of you that are a little shy to call in, you can call my office and there's people there right now, 800-300-9300, that's easy enough, 800-300-9300. So, what I'd like to do is go to -- we've done enough jokes, right?

Nita: I think, yeah, we can do some more later, if you like, but we can move on from that.

Dr. Darrow: Thanks. Thanks, mom. All right. So, here's a guy trying to avoid a knee replacement.

Nita: Oh.

Dr. Darrow: Let me see what he's got to say.

Nita: Okay.

Dr. Darrow: Yeah, that's a big deal. A lot of knee replacements being done today. Hello, my name is -- I won't say her name. And both knees are diagnosed with bd problems. They say I need two knee replacements, the first one is July 14, and the second one will be after that.

Today, I heard about you. So, please help me to get a better way, I want to walk again. I want to live. So, please consult with information about what you do, and how I can sign up for stem cell procedures. My email is blah, blah, blah. My phone is blah, blah, blah. Thank you, Dr. Darrow. I love you.

Oh, I like that. That makes me -- it starts my day the right way, right?

Nita: Then he's not getting a joke, you can write him a joke.

Dr. Darrow: It's actually a lady. Yeah, ladies get knee replacements too. So, what is a knee replacement? A knee replacement is where you actually amputate the bottom of the femur bone, the thigh bone and amputate the top of the tibia bone, the leg bone, and you put metal in there, and then you have what's called a prosthesis.

The problem with that is, I get way too many new patients who come in, who have had knee replacements, where it didn't work out too well for them. I did have one patient who died from the procedure. Had a blood clot to his brain. So, surgery is a great thing when you need it. But when you don't need it, it's not a great thing. And there's way too many side-effects that I see in my office, albeit I understand people come to me after they have a failed surgery, because I don't do surgery, and they want to fix what the surgeon wasn't able to, not the surgeon's fault, and I say this every time I talk about surgeons, I love you guys. You do the hardest work there is in medicine. It has the most side-effects. It's the most invasive obviously. But it's not a good thing for people to get surgery unless it's absolutely necessary. If you break a bone, yeah, you'd better get surgery, if it's sticking out of your leg, or your arm or something like that.

But I would say probably 99 percent of the surgeries being done for meniscal tears, ACL ruptures, rotator cuff tears, things of that nature, neck and back surgeries, in my humble opinion should never have been done in the first place. And we've had people call out throughout the years, Nita, you've heard this. For you long-time listeners, you've heard people call up and go yep, I had the surgery, it made me worse. And then you hear people call up all the time, I was told I had to have the surgery. I didn't do it. And I'm better anyway.

So, surgery is invasive. Stay away from it, if you can help it. Most people that come into my office who are ready for a knee replacement or any kind of a musculoskeletal surgery, don't need to get it. And I examine them, I look with an ultrasound sometimes to see what's going on inside the joint or whatever area it is, and I start laughing, and I go you don't need a surgery at all. And they are confused. People get confused, because the surgeon put their MRI or CT scan or their x-ray up on the light board, on the wall and showed them, or put it on a computer on a disk, and showed them what's wrong with them.

But the problem is, as we all know by now, listening to me, that you cannot diagnose someone's pain, you can't decide if they have pain, based on an MRI or an x-ray. You have to examine the person.

Unfortunately, most of the people who have had a failed surgery come to me, will tell me that their surgeon never even examined them, they looked at a film to decide if they needed it. And we know this, that if you have a film that looks terrible, you may not have any pain. There's experiments done like this; studies done. And you may have an x-ray or an MRI that looks perfect and have terrible pain.

So, there's no rhyme or reason to connecting your film with your actual pain level, if you have any pain at all. So be careful, I would say go to a doctor who does regenerative medicine, that means guys like me, who do PRP, that's platelet-rich-plasma which is a procedure where we draw your blood from your arm, and we spin it in a centrifuge, and then we take out the platelets, we throw away the red cells, because they can irritate the tissue, especially if it's in a knee, because there's synovial tissue around the knee that can blow up, it produces fluid. And then the other way we do it, is by using your bone marrow. And bone marrow has platelets in it also, just like regular blood does, and it also has stem cells, and exosomes and cytokines and growth factors, and all kinds of wonderful things.

So, please, please, please, if you're thinking of a surgery, if your surgeon says you need one, get a second opinion, don't go to a surgeon to get the second opinion, because you'll get the same opinion. You go to a doctor who does something different, a different way. And this kind of work that I'm doing has been going on for more than a century. It's been used since the early 1900s, by I think they were doctors of osteopathy back then that were doing it. And then we had a couple doctors in Chicago, Gus Hemwall and another one of his buddies that were doing this for people that had neck and back pain, specifically, and getting them much, much, much better without surgery.

And I've picked up that line of work. I've been doing it over 20 years. I have amazing success. It's not going to work on everybody. I don't think it's a panacea for everything, but it sure makes sense to come into the office, get a couple of injections and walk out without really any side-effects other than you get a little bit stiff. It's a lot simpler than going into the hospital having a surgery where terrible things can happen. I've seen the worst of it all.

I trained in surgery, in orthopedic surgery. I ended up not doing it, because of my own shoulder surgery that my boss did on me, that really jacked up my shoulder and made it terrible. I never blamed him for it. It's just kind of what happens sometimes. And then I was lucky enough to have discovered what was called Prolotherapy back in the day and meaning proliferative or therapy that stimulates

tissue to grow. And my shoulder healed overnight, and I injected it myself, if you can believe that.

I had the guts to try it out, and I had been to a seminar, where someone had injected -- another doctor injected my wrist which was 50 percent better overnight, and then it was time to tackle my shoulder. So I did it myself. And it's really kind of a funny story, because my wife was watching TV and I hopped into bed with her to watch TV, and I pulled out my syringe. You know this story, Nita.

Nita: Yes.

Dr. Darrow: And she started yelling expletives at me, like what the ... do you think you're doing? And I said I'm trying this out, it worked on my wrist and I'm going to try it on my shoulder. And she said, you're going to do it to yourself? And I was like yeah, I trust myself. And so I did it. And literally I woke up the next morning, this shoulder had been bothering me for years, I had surgery on it, and I woke up in the morning, I had complete full range of motion, and zero pain.

And at that point, I started doing it on my patients, begging them, saying could I please try this type of therapy on you. And they were all like well, I guess so, because I don't want surgery. And I've had very good luck over all these plus 20 years. And it's an amazing lifestyle for me. They say I'm the busiest guy in the world doing it. I'm not sure if that's true, but I am very busy, and I have -- and you know if you want to go to my Yelp review, Y-E-L-P dot com, look up Marc Darrow, MD, and you'll see what people have to say about me. You can look at it right now. Not everybody loves me, but most people do.

There is always going to some complainers and it's unfortunate with Yelp, I'm not able to respond what's really going on, because of HIPPA, which is the privacy of patients. They can yell at me, but I can't yell back. So a lot of that stuff that's on there is really just a disgruntled person, who is crabby or something else, and they take it out on me. And doctors get sometimes the worst reviews when they don't deserve it.

But I think you'll see there's enough amazing reviews about people having succeeded and healed up with regenerative medicine of platelets and stem cells. I think that's a good read. I don't know if you've ever looked at it Nita.

Nita: A long time ago. A long time ago.

Dr. Darrow: Do me a favor. Take a look at it, it's just under yelp dot com, put in Marc Darrow MD and see what you think. I want to get your

feedback. I answer all of the reviews that didn't come out the way I want, but I can't really answer them with what I remember happening in that room, with that patient, because it's an invasion of privacy for me to say that. A very unfair system. Yelp is making mega millions, because it's something like social media, were people just like to watch and hear bad things. But for the most part I'm doing pretty good. I think, you know, the last time I looked I had over 150 very good reviews.

Nita: Well, if you're inspired by Dr. Darrow shooting his own shoulder and recovering and you want to find out more about this for your own pain or that of a relative, a friend, do give us a call right now at 866-870-5752, that's 866-870-5752, right here in the studio. You can talk with Dr. Darrow and see what's going on with your pain.

Dr. Darrow: Yeah, because it's worth going out of your way to do something that may be traditional medicine doesn't like, because I'm going to just be honest with you. In my opinion, and I've been trained, I did a two-year fellowship in what's called functional alternative medicine, after my residency at my four-year residency at UCLA, after four years of medical school. So I did an extra two years to learn about things that we weren't trained in medical school or residency, because a lot of those things are really the answer, and they're typically natural treatments is why I like to do that. I like things that are natural. And I would rather do something that's not -- you know, not invasive, something that's conservative. And I have found through the years many, many, many things that have helped people that traditional medicine scoffs at.

So, I'm going to go to Jerry, if you don't mind, Nita.

Nita: Let's do it.

Dr. Darrow: He's just calling about his knees.

Nita: Yes.

Dr. Darrow: And knees are always a great subject to talk about, because everybody has them. So, Jerry, what's going on? How long have your knees bothered you?

Jerry: I'm calling, because I have to.

Dr. Darrow: Okay.

Jerry: Anyway, I was wondering with all the athletes and things like that, in you know, baseball, football, hockey, whatever, why don't they

use you instead of getting Tommy John surgery, and being out for the whole season?

Dr. Darrow: You asked an amazing, amazing question. And it's, I'm going to use the word, political in nature. It costs a lot of money to get a surgery, right?

Jerry: Well, that and the fact that a pitcher can't pitch for 18 months or whatever it is.

Dr. Darrow: That's right. But let's talk about the money aspect just for a second, I don't want to get into a lot. But you did ask the questions, so I'll respond out of respect to you. The medical system is driven unfortunately by money, just like every system on this planet is, even you know institutions that we think are totally altruistic, still have a money component.

So, let's say a hospital makes anywhere from \$30,000 to \$150,000 on a surgery, okay. If they didn't have these surgeries they would go bankrupt, okay. You talk to any hospital administrator, and says what drives the money in your hospital, they're going to tell you it's the surgeries that come in.

Jerry: Sure.

Dr. Darrow: So, I'm not going to say it's a conspiracy, but they use orthopedic surgeons as their experts, and it's just a big spider web of driving surgery and the culture drives surgery, and it's the way we were raised that the surgeons were the Gods of medicine. Not so much anymore, because if you take a look at Google, you just do a Google search on PRP, or stem cells for let's say knees, or shoulders, or whatever, you're going to see that the biggest area of investigation today is in stem cells.

And in my book, which I'm showing to the camera right now, is -- you know, it's called Stem Cell and Platelet Therapy, and then the by-line is Regenerate Don't Operate. Now, I'm not making this stuff up. This book is all full of studies, Nita, how many studies in this book?

Nita: 264.

Dr. Darrow: She's right. I'm looking at it right now. This is just a book full of studies.

Jerry: Dr. Darrow, can I interrupt for just a second?

Dr. Darrow: Of course. I love you, go ahead, Jerry.

Jerry: I feel loved, believe me. But I'm the General Manager of the Dodgers, and a kid with a wild red hair, just ruined his elbow, and is going to go for Tommy John. I'm the General Manager. I don't -- you know the hospital can say what they want, they don't -- they don't own the Dodgers.

Dr. Darrow: You're right. But Jerry, you being -- you being the man who's running the show, you tell me, I'm not going to tell you, because the answer, but you do too. You tell me, why your guys don't do this, and they get surgeries?

Jerry: Yeah, well, I think I would try it.

Dr. Darrow: You're driving it.

Jerry: But I think I would try it, if I was a pitcher.

Dr. Darrow: But they don't -- they can't. They can't do it; they have to go behind closed doors to do it. I'll be honest with you. I get a lot of pro athletes who come in, and they go please do not talk about me to anybody, you cannot tell my manager, you cannot tell my orthopedic surgeon that I am doing this, because the orthopedic surgeons are the ones that are driving these surgeries obviously and they're the ones who are the -- I don't know the right word -- but they're the ones managing the injuries, okay. And you know that.

Jerry: Wow.

Dr. Darrow: I'm not telling you anything new. So, most of these guys are just going to get the surgery because they have to.

Jerry: Yeah, I mean everybody's got doctors on call in the dugout or whatever, well you know I don't -- well, there's a lot of things...

Dr. Darrow: Well, you heard what I have to say. I'm not lying to you. I get a lot of pros who say please you cannot tell anybody that I'm getting this procedure, I'm paying out of my own pocket.

Jerry: Wow.

Dr. Darrow: So you and I will have another conversation after the show, because I know that you're a man who cares about people, just by you calling in about this. But at the same time if you really care, you are the one who can do something about it and change the system. And we would love to have you to that, obviously. We don't like people getting surgeries, that don't work, and especially athletes who can't get back to their sport. And especially when you do a surgery like a

Tommy John's or anything else, you're disturbing the natural tissue.

Jerry: Right.

Dr. Darrow: And they don't need to be done.

Jerry: Right.

Dr. Darrow: I've had endless people ready for Tommy John's surgeries who have come and had stem cells or platelets and heal up.

Jerry: Okay. I, you know, so many things in life I don't understand. I'll add this to the list.

Dr. Darrow: Well, life is a mystery, but this is one that I think you do understand.

Jerry: Okay, Dr. Darrow. Thank you.

Nita: Thanks for your call, Jerry.

Jerry: Jerry, but that's okay.

Nita: Okay. Our number is 866-870-5752, 866-870-5752.

Dr. Darrow: You know this -- Jerry, if you're still listening, I'm going to tell you a quick little story. One of my very best friends was Joe Weider, who was -- we'll call him the father of bodybuilding, he owned all the magazines, Muscle and Fitness, and whatnot, and he used to spend a lot of time at my office, we'd just hang out all the time. We just loved each other. He didn't have a son, and he looked at me as one of his sons. And he always wanted to help me. He used to put -- he used to have photographers come out to my office and do photo shoots with me and famous bodybuilders and put them in his magazines. And he used to always complain, kind of like you are, Jerry, where he's said, I don't know why these guys have to take steroids, that's the way Joe talked. They shouldn't be taking steroids; you know testosterone and whatever else they used. And I said Joe, they take it because of you. And he goes what do you mean?

I said you're seeing the magazines, you're putting them in these magazines, and they are competing for who is the biggest, and who is the most cut. You're driving the steroid business. And he goes, my God, I never realized it before. And that's the same thing with the guy who is running the athletes, sending him to surgery. You know we all got to wake up.

Nita: Good point.

Dr. Darrow: All of us on the plant, have to wake up every day to what we're really doing. Because human nature makes us you know many things. It makes us greedy; it makes us lazy. It makes us follow rules, that shouldn't be followed. I'm going to just say it. I'm a Maverick. No one's ever liked me for doing this work, except my patients.

Nita: Exactly.

Dr. Darrow: The doctors -- no, the doctors all -- and especially when I first started, I was the devil. You know every doctor in town who did surgery would bad-mouth me. Time for the break, Nita.

Nita: Well, it's time for the -- you're listening to Living Pain Free with Dr. Marc Darrow. That's Marc with a "c". Please grab a pen or a pencil, write 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. We're taking your calls right here, right now at 866-870-5752 right here in the studio, 866-870-5752. When you phone the show today, you get Dr. Darrow's latest book for free, Stem Cell and Platelet Therapy, subtitled Regenerate Don't Operate. It has 264 scientific studies.

And check out the website at www.lastemcells.com, that's www.lastemcells.com, where you can email Dr. Darrow off of every page on the site and watch him performing the treatments on videos. Do you want to go to our first caller?

Dr. Darrow: Absolutely. This is Dr. Marc Darrow.

Nita: Dr. Darrow, are you there? Hello.

Dr. Darrow: I am here. Hello.

Nita: Do you want to go to our first caller, or do you want to say something first?

Dr. Darrow: I do. Can you hear me?

Nita: I hear you fine. Here comes Vicky in Marina Del Ray.

Dr. Darrow: Vicky, Dr. Marc Darrow. How are you today?

Vicky: Hi Dr. Darrow, I'm in my car, can you hear me?

Dr. Darrow: Beautiful, yes.

Vicky: Oh good. Over the pandemic I started to text and play games on my phone. I've never had problems with my wrist or my thumb until probably about -- it started a year ago, and it's gotten worse. I'm wearing a brace on my wrist and my thumb. I'm also a Pilates instructor, so I'm in pretty good health. And I heard you talking about Joe Weider. I probably am the same age as him. And I'm very aware of him. I've been in the fitness industry for 40 years. But I'd like to know -- I'm petrified of needles. And I went in, and I had cortisone injections in my thumb, and my wrist. And I went through the roof. It was so freaking painful, that...

Dr. Darrow: How high is roof?

Vicky: Oh my God, I screamed. I mean, oh God, don't ask. I'm so afraid of needles.

Dr. Darrow: All right. So first of all, look -- Vicky listen. No one likes getting a shot, you know. The needles I use are the smallest possible, the one I would use on your wrist and your thumb joint, or wherever else it is, are what are called 30-gauge needles, so it's like an acupuncture needle. Have you ever had acupuncture?

Vicky: Yes.

Dr. Darrow: Not a big deal, you survived that. The other thing we can do, and we don't have to do it often, but when someone comes in, well actually, most people who come in like you, who give that story, they don't have a problem at all. And we also freeze the area with a cold spray, so that's another additional thing. But if someone really is really anxious, we'll give them some Xanax, which is a sedative. It comes on in about five minutes, and it leaves the body pretty much in a couple hours.

So, no, we don't have problems with people getting injections. And I inject...

Vicky: That sounds wonderful.

Dr. Darrow: I mean it's still -- you're still not going to love getting poked. No one loves it. I've had acupuncture done on me, probably 50 times, and I don't love it, but you do things that work, you know. And you put aside your fears sometimes to get the better benefit.

Vicky: That's true.

Dr. Darrow: I have had a couple of people come in over the last 20 plus years, who when they find out that my procedure is using needles, they go I'm just going to get surgery, I don't want a shot. And I laugh and I go if you get surgery, you're going to get plenty of shots. So, you know I understand your mental point of view. I don't think you'll have a problem. No one so far has had a real problem with this. You've heard me say this, if you ever listen to the show. I inject myself, when I injure myself.

Vicky: Yes, I heard you, yes.

Dr. Darrow: So, you know, it's not a big deal. Yeah. So wrist and thumbs usually heal up very, very quickly. My first injury that I used this treatment -- you know, regenerative medicine on my right wrist, and it healed 50 percent overnight. I was useless for a long time. It was so painful. And there is -- if you ever get a chance to look my wrist, if you come in, I'll show it to you, there's a great big lump on it from the injuries, I've had -- you know, I'm going to probably say I've had, I'm making up a number. I've had over 100 injuries to my wrist, because I do sports very, very heavy.

Vicky: Right.

Dr. Darrow: But I can honestly say, I can't remember the last time I had any pain in my wrist, and I play golf, and I lift weights, and do whatever I want to do. So, my wrist is good. Back in the day, when it first was injured, I had to inject it myself, you know, maybe five times or so to get it healed up. It was pretty bad. So, there's good hope for your wrist and your thumb, and don't put steroids in there.

If you look up cortisone on Google, you'll see that it dissolves away the tissue and makes it worse. It makes it feel good for a little bit, but it's not going to last in most cases, and it's not healthy for the tissue, and I have had people that had their tendons dissolve away completely, from multiple steroid or cortisone injections. So, it's something I stay away from as much as possible. Once in a blue moon, I might do it, but it's not my mainstay.

My mainstay is growing the tissue back, using platelets and stem cells, and other things that are in those -- you know, in the marrow, in the bone marrow which we use. There's platelets and stem cells, and exosomes and cytokines and growth factors of all kinds. So, it's a really great treatment. I've been doing this on myself for over 20 years.

Every single place I've injected, which is a lot of places, I've done both of my knees, both of my shoulders, my elbows, my right wrist, I had broken some ribs, I fell on my back, I injected those, and what else. I've had other people do my neck and back, because I can't reach back there, but every single area that I've done regenerative medicine on in my body has gotten better, every single time.

Okay, sometimes it takes more than one treatment. I'm not going to say this is a panacea or magical wand, it definitely is not. And you have to listen to the doctor because people want to go back to their sport immediately. That's the biggest thing I hear about in LA, is how soon can I get back to exercising. And sometimes, it's very frustrating, because you have to wait a little bit for the area to heal up, before you beat it up again.

So, you know, that's how it works. You've got to let it heal. You've got to let the tissue grow. We know tissue grows. We know cartilage grows, but how soon you feel better is always an enigma to me, I don't have the answer. Everybody says how soon? And I go I don't know. Sometimes it's over night. I've had people walk out of the office. I just had someone two days ago, I injected them, and as soon as I injected them, they said I can't believe this, my pain is gone.

Vicky:

Wow.

Dr. Darrow:

I haven't heard back from them yet. I follow up with patients, they come back in two weeks. Hopefully, they're the miracle one. But it's always like that. It's rarely like that. It's usually -- you know, people usually take about six weeks or so to heal up, sometimes more. My worst injury was my right shoulder, that took several months. And I was getting very frustrated with it, and I'm going to be honest, I didn't rest it the whole time, like I would tell other patients to do, because I always know I can just inject it any day I want.

So, I didn't take the best care of it, but it did take a few months for it to heal. And for those of you looking on the video right now, my arm is up in the air, and I'm flaying it around. It feels great.

Vicky: Well, that sounds wonderful. I'll definitely make an appointment because that injection I got, the needle was so big, I mean when I tell you those cortisone shots, those needles are huge, and I didn't even look, but I could feel when he injected me, and he held it there for at least five seconds, while he was injected, I said oh my God, I just never felt that kind of pain in my life.

Dr. Darrow: Well, I don't have that issue with injections. The needle I use, you probably won't even be able to see it, it's so small.

Vicky: Oh, good.

Dr. Darrow: It's a 30-gauge needle. It's very, very teeny.

Vicky: Well, I will call you.

Dr. Darrow: And then we're going to freeze it, if we do it, because we know that you're sensitive. And if you're really anxious, some people get anxious, we give you some Xanax, to chill you out, and you just have to have someone drive you to the office and drive you home.

Vicky: Okay. Okay.

Dr. Darrow: All right, Vicky. God bless you.

Nita: Thank you, Vicky.

Vicky: Bless you too, thank you.

Dr. Darrow: There's good hope for you. I can't promise anything, but there's good hope that you can heal up from what you're telling me.

Nita: Thank you, Vicky. And our number is 866-870-5752, hurry up, we're running out of time, and let's go to John in Camarillo.

Dr. Darrow: Hey John, Dr. Marc Darrow, and I understand that your hip bothers you. How long has it bothered you for?

John: Yeah, doctor, the reason -- I think you may have answered my question already, I was calling to find out if Prolotherapy or Stem Cell therapy could repair any damage that may have been caused by tissue or cartilage -- tissue or cartilage, by a series of cortisone shots, that I had administered on my hip over a year of -- every year for about four years.

Dr. Darrow: Okay, yes.

John: And I think you answered that question.

Dr. Darrow: Yeah, the -- I'm not telling you exactly what happen to you, because I don't know, but generally, and again, Google the word, cortisone. And look for side effects. And you'll see that I'm telling you -- I'm not making this up.

John: Yeah, I've heard you talk about it.

Dr. Darrow: A lot of times people are okay, you know they have some pain, but their okay. They get a cortisone shot, and then they get terrible down the road. Or people like you have had it every year, get terrible. So, it's not something that...

John: Well, I know. I felt great, I had great results, and because -- it was because of a cyst at L4, a synovial cyst on my spine.

Dr. Darrow: You had hip pain because of the synovial cyst?

John: Pardon me?

Dr. Darrow: You had hip pain because of a synovial cyst in your back?

John: Yeah.

Dr. Darrow: That doesn't make sense to me. That makes no sense.

John: No, I had a -- I had a pain in my back, not on my hip, necessarily, but that's where they gave me the shot.

Dr. Darrow: So you had a shot in your back.

John: Yeah -- no, my hip, my right hip.

Dr. Darrow: In your hip, okay, well I'm not sure.

John: He went in there under an ultrasound on it, watching a screen.

Dr. Darrow: Okay, okay.

John: And carefully placed it.

Dr. Darrow: Okay. So, when people talk about parts of their body, they're often mistaken. So when you talk about your hip, you may be talking about the part of your buttocks, that's up high, right below the low back.

John: Yes, that's right, it's about the iliac crest, or the ilium.

Dr. Darrow: Yeah, okay. So, that's a little different, that's not really your hip.

John: Okay.

Dr. Darrow: The hip is a joint, people that have hip pain, it's generally in the groin area, not always sometimes it can be in the butt. But generally it's in the groin area. And the cyst, I'm not sure if that has anything to do with your pain. Low back pain and where the attachment is on the iliac crest that you're talking about, the pelvis, the top of it, is generally from Nita's favorite word, an enthesopathy. If you look up enthesitis on Google, you'll see what that is. It's where the ligaments and tendons and muscle attaches to bone.

John: Oh, okay.

Dr. Darrow: And a steroid shot there is much better than a steroid shot in the hip joint, because there's no real cartilage there to destroy, like there would be in the hip joint, or the shoulder joint, or the knee joint.

John: Okay.

Dr. Darrow: Or the finger joints, or wherever.

John: Well, I do have an arthritic hip.

Dr. Darrow: Okay. That's a different story though. You know, you got two for the price of one, it sounds like, you poor guy.

John: Well, great.

Dr. Darrow: I'd have to -- you know, if you're having issues, come on in. The phone number to the office is 800-300-9300 and I need to touch the area and see what's really going on. And then move you around, do an examination, and see where the pain is really being generated from. If it is a hip problem, that's the joint I'm talking about, not where you're talking about. And then there's all kinds of other areas where people call their hip...

John: It isn't a hip problem.

Dr. Darrow: Okay, good, good.

John: I'll be very honest with you. I came in to see you, and you examined me, and you said -- you looked at two x-rays and an MRI on my hip, and you said yeah, you have an arthritic hip, but I don't see it as a problem.

Dr. Darrow: Exactly.

John: And you were kind of enough to me on the table, move me around find out what it was. And you found, you said the pain area is right over your ilium, the iliac crest.

Dr. Darrow: Okay, okay, good, good. That's how I roll. Old fashioned medicine. You know touch the patient.

John: So, my question is you know what I want to -- I haven't had a [inaudible], excuse me an MRI a while back, and the cyst is no longer there, but the pain is still there. So, I thought perhaps it was damage caused by the...

Dr. Darrow: Okay. I don't think it's from the cyst. If you had a giant synovial cyst, and it was pressing on a nerve, you'd have leg pain, not typically back pain, although it's possible. And a lot of people have cysts all over their body or in the bones or whatever, and it's not really an issue. So, and especially that it's gone. I mean a cyst is fluid-filled sac, it probably was never an issue to begin with.

John: Oh, wow.

Dr. Darrow: But I don't know. I'm not your doc, you know, we're just surmising, talking on the radio. And all I can tell you is God bless you, and if you want to come in, you know how to get me.

John: I sure do. Thank you, doctor, very much.

Dr. Darrow: All right, John, yes, thank you so much.

Nita: Thanks, John, appreciate your call. Our number here in the studio is 866-870-5752, and we'll go to Michele in Frazier Park.

Dr. Darrow: Hey, Michele, Dr. Marc Darrow, how are you today? I understand your shoulder bothers you.

Michele: Yes. I call myself a walking cadaver. I have had everything...

Dr. Darrow: Don't do that.

Michele: I am. I wait until I can't stand it anymore, and then I go get it fixed.

Dr. Darrow: Okay.

Michele: But just recently, I had a back surgery, because I had a synovial cyst leaning on my sciatic nerve, so for seven months I was in extreme, terrible pain, before I finally decided I have to do something, to go see the surgeon finally. I tried everything, physical therapy, I thought I was going to die in physical therapy. Anyway, the bottom line is while I was trying to get through that, I couldn't get up unless

I used my arms to get up from a chair. I had about an hour's window, before I'd have to run back to that chair, take a pill, so I could get an hour and a half relief. The bottom line, I retore I think is what happened I retore my rotator cuff which I had surgery on the year before.

Dr. Darrow:

Okay.

Michele:

So I don't want to have another surgery. I am sick of being a cadaver.

Dr. Darrow:

Okay, I understand.

Michele:

I'm listening to your show, and I'm saying this -- this has to be a way, something for me to get help.

Dr. Darrow:

Okay. Well, first of all, Nita and I right now are going to pray for you, and we're going to put light all over your body and wake it up, and give you a lot of hope and joy, and make you feel good. And Nita and I both are very philosophical, and we believe what you say you become in a certain sense. So, I would stop using that walking cadaver business analogy.

Nita:

Really.

Dr. Darrow:

And just say, you know you've had some pain in your body, and you've had you know surgery, rotator cuff surgery on your shoulder, that didn't come out the way you expected, but the good news is, we can probably help you with that and heal it up. I haven't examined you yet, so I don't know the answer to that. But most people that are moving their arm around a little bit, I can help. Sometimes people have frozen shoulders. Some people have frozen shoulders...

Michele:

I'm trying to use it as little as possible, but here I go again.

Dr. Darrow:

Okay. Well you ought to be stretching your shoulder out every day.

Michele:

What?

Dr. Darrow:

You know what we're going to do, we're going to take you off the radio right now Michele, and we're going to talk about your issues, so I can say something. No disrespect, by the way. I know you're excited. So, the rotator cuffs are a series of tendons that come from muscles, that attach to the humerus bone, which is the arm bone, that move the shoulder around.

And if you're in pain and have a shoulder pain issue, you still need to move that shoulder around and what I do, is I have people use a

golf club or a broom, or a pole, to push it up in the air, gently, because if you don't stretch your shoulder out, there's a very high probability you'll end up with adhesive capsulitis, which is very, very difficult and slow to heal, because the capsule around the shoulder just tightens up, and then you can't move it at all. And I had that happen to both of my shoulders, before I knew what was going on.

I've healed both of them, with platelets and stem cells, okay. I've injected both of my shoulders and healed them up. But you want to make sure -- I actually stretch my shoulders every single day, at least a couple times a day. I'll do it in a doorway, I'll grab the door jam, whatever it is, when I'm showing patients how to do it in the office, I do it also. And I have to keep my shoulders limber, because they get injured all the time, because I do sports hard.

And shoulders have the biggest range of motion of any joint, so they have more difficulty in staying intact without being injured. So, the rotator cuff injuries that I see, the tears, the labral tears, the rotator cuff tears, all that stuff, we generally can heal up. It doesn't mean the tear heals, because the tear doesn't equal pain. When studies are done of people's shoulders who have zero pain, they find rotator cuff tears.

My personal shoulder, my right shoulder, has a subscapularis tear, it has a supraspinatus tear, and it has a labral tear, and I have no pain in my shoulder. So go figure that out.

Nita: That's amazing.

Dr. Darrow: In other words, don't jump to the surgeon. I did jump to the surgeon when I was in medical school, and it came out bad. And no fault of the surgeon, it just happens my arm blew up like a balloon full of fluid, probably a lymphatic was cut inadvertently. And I had a high fever, and I was terrified. And it just never healed, until I injected it myself back in the day when I first learned about regenerative medicine.

And that made me a total believer in this kind of medicine. I've done my wrist; I've done my elbows. I've done my shoulders, my knees, my neck, my back, some broken ribs, and I'm out ready to go -- I live in the mountains, I'm going to go running up there today, and do exercise as much as I want. I'm in good shape. If I injure myself again, guess what I'm going to do? I'm going to inject it and get it better.

So, there's good hope for all of you that are suffering from musculoskeletal pain. There's good hope for people that think they

need surgery, that really don't. But you have to go to someone who is not a surgeon to find out. You can go to ten surgeons, and they're all going to tell you pretty much the same thing, because that's how we're trained as surgeons. We think surgery is the best thing in the world.

And unfortunately, the studies show that it isn't. And my book, which you guys who call in are getting a copy of, regenerative medicine is something that can heal you without surgery. Not everybody. It's not for everybody. It doesn't heal everything. You've got to pick your patients properly just like surgeons should properly pick their patients, and not just do all these little surgeries on meniscal tears.

By the way, studies show that getting a surgery, a real one on a knee, versus a fake one in a knee for meniscal tears comes out the same. So why take the risk. Go get a fake one. Nita, you're supposed to laugh.

- Nita: Well, I'd get the fake one. Do you want to talk to James in Santa Monica?
- Dr. Darrow: I do. James, your neck is bothering you. How long has that been going on for?
- James: Well, I have a most [inaudible] spine MRI of a bone spur on my C3-C4, into the spinal canal, it's actually compressing my spinal cord.
- Dr. Darrow: Okay. The big question is, do you have pain down your arm? Which arm is it?
- James: I have numbness actually in my hand, left.
- Dr. Darrow: Okay. Where does it go? Where does it start, where does it finish?
- James: The little finger, and the ring finger are pretty well -- well involved. The index finger is numb not so much. Middle finger a little bit.
- Dr. Darrow: Okay, so C3-C4 is generally not involved with where your pinkie is, okay. That's usually like C7-C8.
- James: I understand.
- Dr. Darrow: So, I'm not so sure that that bone spur has anything to do with what's going on with you. Have you had a nerve conduction study and an EMG?
- James: Yes.

Dr. Darrow: And what did they show?

James: The difference in and transmission of the ulnar nerve.

Dr. Darrow: Okay. You're going to have to -- you're going to have to email me. And we'll get more information. Actually, we'll call you at -- you know, we'll get a hold of you. Our number at the office is 800-300-9300, if you want to email me, the email address is www.lastemcells.com I have a lot more information for you, James, and hopefully we'll keep you from a surgery.

God bless you, Nita, and everyone else on the show. Thank you.

Nita: Thank you.