

Living Pain Free 8/07/21 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: Hi there, Dr. Darrow.

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

Nita: I'm great, and yourself?

Dr. Darrow: I'm living it up. Why not?

Nita: I was hoping you'd say that. Well, we want our listeners to live it up, and since the name of the show as you just heard is Living Pain Free, that's our goal, and this program is about orthopedic pain, or musculoskeletal pain. What does that mean?

It means muscle pain, joint pain, tendon pain, ligament pain, disk pain, back pain, neck pain, knee pain, hip pain, arthritis pain, and perhaps you have carpal tunnel syndrome, or tendonitis. Maybe you have stiff joints or dull aches, and you don't really understand where it's all emanating from, so you can call us all hour long, and speak directly to Dr. Darrow, about your pain, at 866-870-5752, that's 866-870-5752, right here in the studio. And I invite you to check out Dr. Darrow's website at www.lastemcells.com that's lastemcells.com, you can email him off of ever page on the site, and watch Dr. Darrow performing these treatments on videos. Again, that's www.lastemcells.com.

We're here Saturdays at 10:00 a.m., again at 1:00 p.m. and the biggest surprise of all 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 with over 250 scientific studies. The foreword is written by the lovely Suzanne Somers, and we want you to have that book, study it, and consider regenerative medicine, because remember the by-line of the show is we take the surgery out of pain. So, it's all about regenerative medicine today. Do you want to say more about that, Dr. Darrow?

Dr. Darrow:

Sure. The by-line of the book, Stem Cell and Platelet Therapy, is Regenerate Don't Operate. And that has been my entire medical career, which is to stimulate the body, to regrow tissue, instead of having needless surgeries, and I know that's a shock to a lot of you, what does that mean needless surgeries?

Many, many, many, many people in the musculoskeletal field, I'm going to make up a ridiculous number, it may not be accurate, but it's been my experience about 99.99 percent of people who have a surgery for musculoskeletal issues don't need it. There are many people that do need it. If you have a broken leg, you'd better get to the doctor. But if you have meniscal tear in your knee, rotator cuff in your shoulder, something of that nature, you do not need a surgery in most cases, and unfortunately my office is filled with patients who have had failed surgeries. That means they had a surgery; it didn't work out well for them.

And a lot of you folks who are listening, are my patients who have had a failed surgery, and you know what I'm talking about. That doesn't stop us from healing the area, but the problem is, you never needed a surgery to begin with. So, be careful. Surgery is invasive, there is many potential side effects. You know the most common that I see are people that get infected or just have more pain, but I have seen people die on the table and die later. I know that's radical, but it happens, from very simple surgeries that -- you know that it shouldn't happen to.

So, be careful. Always get a second opinion from doctors who want to do surgery, but don't go to the same kind of a doctor to get a second opinion, because you'll get the same opinion. Got to someone in a different field. If you've been to an orthopedic surgeon or a neurosurgeon, think of going to a physiatrist that's someone who does physical medicine and rehabilitation, as an example.

They are looking outside the box to get you healed without surgery. And that's what my residency was. After medical school, I did four years in order to learn how to do healing in musculoskeletal medicine, which means anything really from the top of the head to the bottom of the feet and in between. So neck pain, back pain, arthritis, shoulder pain, elbow pain, muscle pain, hip pain, knee pain, ankle pain, toe pain, finger pain, we treat all of those kinds of things, and we are busy doing it. I'm told that I'm the busiest guy on the planet, but being in LA, of course, that makes sense, right. Los Angeles is very, very dense with people

Nita:

Of course.

Dr. Darrow: But there are guys doing this all over the world but be careful who go to. I always tell people when I refer them to a doctor, because I don't do everything, I just do what I do. I say make sure you ask that person how many of these procedures they did today, or yesterday, or the day before, okay.

You don't want someone who's dabbling in a field, or spreading themselves out too thin, that's disaster waiting to happen. So, I'm going to ask for some phone calls right now, and if you write down - get a pencil and paper, you can write this down. We are the studio, which is at 866-870-5752, that's 866-870-5752, I know we have Loranna waiting about her low back.

Loranna, thanks for calling, I'm just going to give out my office number also, in case you're too shy to call in. I hope you're not, because we love our callers.

Nita: We do.

Dr. Darrow: But if you want to call the office anytime, and there are people typically by the phones all the time. If you don't get someone to pick up, that means they're busy, you can just leave a message with your phone number, we'll get right back to you. And the office phone number is 800-300-9300, 800-300-9300.

So Loranna, this is Dr. Marc Darrow, I understand from what you've told the call screener, that you have low back pain. How long has that bothered you for?

Loranna: About a month and a half.

Dr. Darrow: Okay. And how did it start, what happened?

Loranna: I do animal search and rescue, and I was unfortunately jumping a wall, and I fell and landed in the concrete drainage. And then my hip was sore, but not too bad, and I ended up in Urgent Care later that night. And they did x-rays, and they said they found a transitional lumbosacral anatomy, enlarged right L5 transverse process.

Dr. Darrow: Okay.

Loranna: I'm in chronic pain day and night.

Dr. Darrow: Okay. I'm so sorry to hear that.

Loranna: Thank you. I'm actually waiting for my insurance -- they did a mistake and I was supposed to see a doctor yesterday, a pain

management but I've been doing on my own, going to physical therapy, but it's -- anything I do, any movement I do, I am in -- and I'm not a pain person, I can tolerate pain, but not if it's in between a five and a seven all day, all night.

Dr. Darrow: May I speak a little bit?

Loranna: Yeah.

Dr. Darrow: Okay. So what they found on the x-ray is zero, okay. What you have is a -- it may be different than other people, but it's not something that causes pain, so you can forget about that x-ray as giving any information as to a problem. X-rays shows bones basically, and you might need an MRI, but not so quickly, because you didn't mention any pain down your legs. So you don't have pain in your legs, it's just lower back pain, is that correct?

Loranna: Correct, it does go into the groin area, but not down the leg.

Dr. Darrow: Okay. If it does go into the groin, I have to check that, because you may just have what's called a sports hernia from that fall, where the adductor tendon, those are the big muscles in the middle of the legs attach to the pubic bone. That might be sprained, and that's something we can help by regenerating that tissue, but using platelets from your blood, or platelets and stem cells from your bone marrow, those are the two things that I do right now.

So, I'd have to touch that area and see what's going on. I'd have to touch your low back and see what's going on. At this point, I don't think you need an MRI. I think that the x-ray shows us there's no fractures or anything, so that's important. And most likely you have a sprain.

Now, being an animal search and rescue person, have you ever sprained your ankle?

Loranna: Fortunately, no -- not -- no. This is the first...

Dr. Darrow: Okay. Well, people who sprain their ankles -- sure, people who sprain their ankle report that they have miserable pain. But that doesn't mean they get nervous about it, because it's a sprained ankle. When it gets into the back or the groin, then doctors go crazy in a sense, and they start thinking about surgery, because there's nerves back there. There's the spinal cord, there's all kinds of stuff. But most problems that people have with low back pain are really in the ligaments that hold the bones together.

So, ligaments attach bones to bones, they're pieces of collagen that do that. And then tendons attach muscles to bones. And where that attachment is, is Nita's favorite word, enthesis. So when you sprain that area, it's called an enthesopathy. Pathy just means disease, but it doesn't mean like a disease that makes you sick necessarily.

In the musculoskeletal system, it just means that something is sprained there. And those are the kind of things that I work on all day long, and people get better very, very quickly, usually.

Loranna: Okay.

Dr. Darrow: So, if you do want to call the office, I'm going to give out that number again, it's 800-300-9300, and I can tell you in about two seconds, by touching the area if I can help you, okay? I don't need imaging.

Loranna: Okay.

Dr. Darrow: I don't need imaging, fancy, expensive imaging to tell you. If there was something I thought you needed to be done, like get an MRI, then we would talk about that. But from what you're telling me, you don't need that. And you're not in a lot of trouble, okay. Again, you're not my patient, I'm just reporting back on the radio from what you've told me, that you're in pretty good shape.

Loranna: Yes. I think so.

Dr. Darrow: And if you're not -- are you getting any better in the last six weeks?

Loranna: No.

Dr. Darrow: Okay. Yeah, if you haven't healed in six weeks, then it's -- you know, it's getting into an area where you might want to think about treating it with PRP, which platelet-rich-plasma, or if we think it's severe enough, using your bone marrow, that has stem cells and platelets in it, okay.

Loranna: Okay. Thank you.

Dr. Darrow: Are you good? Do you have any other questions, Loranna?

Loranna: No, that was it. That's it.

Dr. Darrow: Okay, good.

Nita: Thanks for your call, Loranna. We appreciate it. Our number here in the studio is 866-870-5752, that's 866-870-5752. Should we go to Richard in Chicago?

Dr. Darrow: I'd love it. Richard, Dr. Marc Darrow. I'm from Chicago.

Richard: Yes, yes, I think you're a Northwestern grad, aren't you?

Dr. Darrow: I am. It's a gorgeous campus, right on Lake Michigan, just north of Chicago.

Richard: It is. Yes, we're about the same vintage, though you look better than I do.

Dr. Darrow: I fake it.

Nita: He's only 17.

Dr. Darrow: 16, don't push...

Nita: I'm sorry, I'm confused.

Dr. Darrow: Yeah. So Richard, what's going on with you, your thumbs bother you. How long has that been going on for?

Richard: Well, it's gone on for probably five years, I was actually supposed to be in your office last month, but I had to put my mom in hospice, and she did end up dying.

Dr. Darrow: Oh, I'm so sorry. Oh, okay, God bless you and God bless her.

Richard: Well thank you. So, yes, you know so I have probably an usual question, I'm a golfer as you are, and rather passionate about it. And I'm wondering -- am I doing myself a disservice by playing out the golf season here in Chicago, and then coming to you say in November, December, or should I be coming to you because I don't really how long a recovery time is after the stem cell injections.

Dr. Darrow: Well, that's kind of personal preference. I don't -- I haven't seen your thumbs to know what's going on. Have you had x-rays or MRIs to assess anything?

Richard: I have -- yes, I had them in October, it shows osteoarthritis at the base of both thumbs. I'm right-handed, I'd say it's actually a little bit worse on my left thumb.

Dr. Darrow: Okay.

Richard: And I did have -- yeah.

Dr. Darrow: If you're continuing to play golf, it's obviously not killing you, right.

Richard: Right.

Dr. Darrow: It's like you're sore, but you can do it. You know sometimes getting clubs regripped with thicker grips can help that too. I don't know if you've looked into that. They are arthritic-sized grips that are oversized. They just put some extra wraps about the club.

Richard: Yes, I actually -- I do have those big grips, and I did two and a half years ago, I did have PRP injections, and the benefits were very good, they didn't last, and I had them again about seven months ago, without any results. So it worked the first time, not the second.

Dr. Darrow: See, the thing about it is it did work the second time, you just didn't get the results you wanted, or your expectations. The reason I say it like that, I'm not being facetious, but when we inject platelets into the body, it stimulates tissue to grow, and that's been proven, you know, by doing biopsies before and after in certain parts of the body.

It's not really relevant to you that it worked in that sense, because you didn't get the results you wanted, okay. I understand that. But it does work. The question is how much do you need so that you feel better, and that's a question no doctor can answer. So on my body, you know, since you know my story a little bit it sounds like, I've injected both my shoulders with stem cells and platelets, both of my knees. I've done both of my elbows, my right wrist, my neck and my back, and the stuff on my neck and back, I don't do myself. The other stuff on the front of my body, I can inject myself.

And sometimes I heal overnight, where I'm completely pain free with full range of motion. And sometimes it takes several treatments to get better. I don't know why that is. I really have no clue. It's just the way it is. So, every single patient that comes to me, his first question is, how soon will I feel better? And my answer is always I have no clue. It's a terrible answer, but it's the truth.

And then people say why are you so honest? And I go because that's the way I am. You know, they go why aren't you my cheerleader, and tell me it's going to get better quick like the surgeons told me before. Because I don't do that. We get way too many people that have come in with failed surgeries, who were told they're going to heal up quick, you know three weeks, three months whatever and then they're worse. I don't do that. So, I'm very particular about letting people know the truth, which is I don't know how you will feel after treatments. It's a terrible thing to tell people, but it's the truth.

Richard Sure, sure. But I'd say...

Dr. Darrow: So, my guess is if you had results that you liked with a doctor that you used before and you're in Chicago, you may just want to finish up with him, and just get some more treatments and see if it works for you. Or you may want to consider coming out here, and having me do stem cells on your thumbs, because that is more effective, you have more healing techniques going into you, than just one, which is the platelets, do you understand what I'm saying?

Richard: Well, I think -- yeah, I think that's what I would do, because I've heard that -- well, the doctor I had, had never done thumbs before, and I think you do thumbs every week, if that's not -- isn't that the case?

Dr. Darrow: Well, I do thumbs all the time, yeah. Thumbs are very common injuries, overuse injuries.

Richard: Then if I -- if I came to you, and I had the stem cell injections, now I want to abide by what you say, and what kind of -- how long say would you ask me to wait before I would do golf again?

Dr. Darrow: You know, that's a hard question. I haven't seen your thumbs yet. But generally, I have people come back in two weeks to assess how they're doing. And you're far away, so this won't be as easy for you, but it depends, you know, some people fly in from other countries, once a year for treatment. They're not coming back in a couple weeks.

Richard: Okay

Dr. Darrow: If you were living here, or you were on vacation here, which a lot of people do. They'll come to LA, because it's nice weather, and they'll stick around for a while. I've had people come for, you know, a month or so, or a couple months even with terrible conditions. And they'll get treated every couple weeks. I had -- I've had some people will come in for a week and get treated every day. So there's no exact rhythm to this. It depends on the patient and their schedule.

So, a lot of doctors who don't really know what they're doing will treat every three months or every six months, because they read some nonsense science which says that's how long it takes to mature the tissue. What I find, because I inject people at all different periods, depending on what their needs are, timewise, I find that if people are injected you know, on average about every couple weeks, that's a good rhythm for them. If they don't get better the first time, then they re-inject again.

But people who are aggressive and need to be healed very quickly, if you're an elite athlete, or you're just someone who says I've got to get back to that golf course, you might want to come here for a week and get injected a few times.

Richard: Right, well I do -- golf is important, but I can golf, and I can play the piano, but tying my shoes, using tools around the house, that's -- those are some things that I can't do that I want to get back.

Dr. Darrow: Okay.

Richard: So I won't be satisfied until I can do repair jobs around the house again, and so -- so I do go to Arizona in the wintertime, and so...

Dr. Darrow: It sounds like -- it sounds like you're leaning toward waiting, you know for the golf season to end and then coming out, and that's fine too.

Richard: Well, I kind of do, as long as you don't think I'm, you know, hurting myself, you know damaging things.

Dr. Darrow: Well, you know you've been hurting yourself since the day you were born, and you're still alive. So I don't know what that means. I mean, you know it's up to you. You have an overuse syndrome. And golf is probably one of the causes of it. Piano is high on the list. And no one likes to hear that they should stop doing what they're doing for a while, until they feel better, because in my language is very inconvenient to people.

Richard: Yes, well, I know for yourself, you know you're passionate, I know -- I think you've hurt your knee at your golf course, and because you couldn't use carts and...

Dr. Darrow: You know everything.

Richard: And you healed that quickly.

Dr. Darrow: Are you -- do you work for the CIA?

Nita: No. He's writing your biographically.

Dr. Darrow: Yeah, exactly.

Richard: No, but...

Dr. Darrow: Yeah, look, I can cheat, because I can re-inject myself the next day. I can go out and do the sports the same day that I inject myself afterwards, because who cares, I'll re-inject myself if it doesn't feel better. But look if you're flying around to get here, you'll want to

relax a little bit and give it a chance for the tissue to grow in before you start beating it up again. What that is, we have to discuss after I examine you, and see what's going on. It's different for everybody.

Richard: Okay. Okay. Well, you know I respect what you do, so you'll be the one that I will come and see. I mean I just get...

Dr. Darrow: You're so sweet, thank you.

Nita: Thanks, Richard.

Richard: You bet.

Dr. Darrow: God bless you Richard.

Nita: And thanks for working on Marc's biography, I think that's very generous of you.

Dr. Darrow: Thanks for giving out all my secrets. All right, Richard, I appreciate you, I'm glad you're playing golf and still active and you know there's super good hope. I mean those thumbs generally heal very quickly.

Richard: That's wonderful to hear. You'll be -- you'll be the person that does it, doctor. And you know, you'll see me either sooner or later, but I will show up absolutely.

Dr. Darrow: I'm looking forward to meeting you, and you can bring your piano with you, so I can hear you play.

Richard: Maybe, my golf clubs, but the piano is a bit heavy.

Dr. Darrow: Hey, you know what we do when you get here, I'll take you out to play and then I'll inject you right afterwards.

Richard: That would...

Dr. Darrow: You know I don't know if you heard the story, Richard, but you know a lot about me, you may have. Back in the day, when I was doing a lot of Prolotherapy, using Dextrose, sugar water, which I can carry around in my car. I'd go to a golf course, I'd play, but oftentimes at the driving range, people would like up for me to inject them. And I would do it right outside.

Richard: No kidding.

Dr. Darrow: Yeah, I'd never charge anybody. It was just kind of for fun. They were my friends. And it was a pretty amazing experience.

Richard: Wow.

Dr. Darrow: Because it's easy to do the procedures, you know depending what it is, and you know I'm going to be honest, man, most golfers are injured. Anyway, Richard, God bless you, we're going to break.

Nita: Thank you, Richard.

Dr. Darrow: I'd love people to call in the studio right now, and talk to me live, it's 866-870-5752. Give me a call.

Nita: You're listening to Living Pain Free with Dr. Marc Darrow. Write this number down, 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. I'm your host Nita Vallens and this is where we talk about musculoskeletal pain. That's orthopedic pain. That's knee pain, joint pain, ligament pain, disk pain, back pain, neck pain, hip pain, knee pain, arthritis pain, carpal tunnel pain, tendonitis, stiff joints, dull aches, give us a call right here, right now 866-870-5752 right here in the studio, 866-870-5752.

We're here Saturdays at 10:00 a.m., again at 1:00 p.m. and when you call the program 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, I counted. So, again that number is 866-870-5752, and you might want to look at the website which is www.lastemcells.com you can email Dr. Darrow off of every page on the site, and watch him performing the treatments on video, that's www.lastemcells.com.

What do you think?

Dr. Darrow: I think I'm living it up. How about you?

Nita: I think I'm living it up. I think I learned it from you.

Dr. Darrow:

Yeah, you may as well. You know I have an affirmation. Affirmations are phrases of commitment and so one of mine is I commit to joy. So every morning I wake up, you know like other people do, and I'm like in a fog, and you know the negativity kind of sweeps in, like oh no, my body, I have to go to work, blah, blah, blah, I'm tired.

And then I remember my affirmation. I go, I commit to joy, and then I fill myself with joy and love, and energy. And I think that it's important for people to know, especially those of you that are in pain. That you have some ability to monitor how you feel inside, and how you deal with it. Because way too many people come in the office, and they feel like their life is over, because they've got arthritis, or they've got a meniscal tear, or rotator tear, neck pain, or back pain, or something like that. And I do work with people quite a bit on what I'm going to call the spiritual aspect of healing, which has a lot to do with putting yourself in a frame of mind where you create your own endorphins. Endorphins are like heroine, in a good sense though.

They make you feel good. And you can create that. So, if you're down in the dumps about your pain, you know it's worth calling in right now. The phone number to the studio is 866-870-5752, I'm going to repeat it for you, it's 866-870-5752. We love our callers. We would love to hear from you, and see what it is that's going on, because every time you call in, there are thousands of people that get to hear how to heal themselves without surgery.

And that is sort of the white horse that I ride. I don't let my patients get surgery.

Nita:

And I don't blame you.

Dr. Darrow:

I can't remember the last -- I can't remember the last person that I told to get surgery, even though they've been to, you know, three or four surgeons, orthopedics or neurosurgeons, who have said you have to get surgery. You have bone-on-bone, or whatever it is. And I show them that they're not really that bad off.

I did have a woman come in yesterday, I'm just flashing back, who had according to her x-ray advanced hip arthritis, like end stage they call it, end stage is another one of those words that -- that I'm going to use the word slims you into thinking you need a surgery. Bone-on-bone is another term. And the sliming part is you feel like you have to do it, because someone tells you something. So, you get implanted with the fact and it's not a fact, but with the thought that you are broken and the only way, the doctors know what to do is to replace that joint or do a surgery.

So anyway, this woman comes in, and she's depressed, and she goes I've bone-on-bone, blah, blah, blah. And I examined her, and I said this joint moves so perfectly, it's got great range of motion. When I'm moving it around it doesn't even hurt you. And she goes no, I feel pretty good, when you're moving it around. It's just you know certain things make it hurt, and that's why I went to the orthopedic surgeon.

So, we injected her, and I am very, very hopeful that she will never need a surgery. It doesn't look like she will to me. I'm not saying her x-ray doesn't look terrible, but we don't treat x-rays, we don't treat MRIs. We treat the body and the person. So many times what the surgeon will do, and look I'm not putting down surgeons, okay. Don't get me wrong. I love surgeons. They do the toughest work in medicine, as far as I'm concerned. It's dangerous for the patient. There's a lot of side effects, and it's physically hard work for the surgeon. It's an exhausting life for surgeons who do orthopedic surgery.

Many of them coming up through the ranks of becoming an orthopedic surgeon are athletes, because they're used to you know working out quite a bit, begin on their feet, running around and doing all that stuff. Most guys who go into -- into medicine will not become orthopedic surgeons, because it's too tough. Orthopedic surgeons to me, are the Navy Seals of medicine. They do the tough work.

It's just that it's not needed in most of these cases. So we have to be very, very, very careful. So anyway, I see people all the time like this woman who came in yesterday, she was told she needed to have a joint replacement. I showed her that she does not have to. And I'm very, very, hopeful that by using bone marrow and platelets, she is going to be able to heal up, and do very well, with just some injections, rather than opening up the body, and having surgery that could totally fail her. I see way too many people with failed surgeries.

And I've mentioned this on the show before there is actually a diagnosis that insurance companies use called failed back syndrome. What does that mean? It means you had a back surgery, and it came out bad, it didn't work. If there is a diagnostic code for something like that, that means it's happening all the time. Insurance companies don't make a diagnostic code up unless it's so prevalent that they have to categorize it. So be careful. I'm not telling you surgery is terrible. I'm just saying it's not needed in most of the cases, it is done for, in the musculoskeletal system.

Nita: So, the hour goes quickly. Please give us a call right here in the studio, at 866-870-5752 that's 866-870-5752. Check out the website at www.lastemcells.com that's lastemcells.com. You can see Dr. Darrow performing the treatments on videos on the site, and you can email him off of every page, as well.

And so my question is, what else is going on around the office?

Dr. Darrow: Well, we do something called -- write this down, if you can't remember it, but I think you'll remember, it's called the Vampire Facelift. It's very popular around October 31st, when the Vampires come out. No, it's -- actually, it's popular every day. And it's very simple. It's just injection of platelets or platelets and stem cells into the face, very simple, very quick. And it regrows, just like I regrow tissue in the musculoskeletal system, it regrows the collagen in the face. So it makes people look a lot younger very quickly, by growing the collagen back. Because as we get older, we dry up, all the collagen in our body dries up, people get shorter. Why do they get shorter? The disks between the vertebrae dry out and they shrink down, it's degenerative disk disease.

Now, for those of you that have low back pain, and the doctor says you have degenerative disk disease, that doesn't mean you should have pain because of it. Don't get duped into that. Everybody's disks kind of shrink down as you get older, but not everybody has low back pain. But anyway, the Vampire Facelift, is amazing for the face. My wife takes care of those people.

And we also do hair regeneration using platelets and/or stem cells on top of the head. It's not going to work for guys like who, Nita?

Nita: Well...

Dr. Darrow: Your favorite -- Dr. Phil.

Nita: No, he's hopeless, I'm sorry.

Dr. Darrow: But you love him anyway.

Nita: Love him anyway, but the hair thing you know, just accept it. It's how it is.

Dr. Darrow: So, you know how I torture people that want to call in that don't call?

Nita: No. How?

Dr. Darrow: I tell them terrible jokes.

Nita: I knew we were coming to this.

Dr. Darrow: So, the first one, Nita is, and don't think about it too much, if you don't know the answer, just say it.

Nita: Okay.

Dr. Darrow: Never trust atoms, do you know why?

Nita: No.

Dr. Darrow: They make up everything. I love your laugh.

Nita: Oh my God, I was going to all off into biology. It's a good thing you stopped me. Okay. What? You got another one?

Dr. Darrow: What is -- sure, other one, I have a whole hour's worth.

Nita: Uh-oh.

Dr. Darrow: If you don't call in, and stop me...

Nita: Oh please come on, you guys got to call, because I'm getting tortured, 866-870-5752, please, 866-870-5752. Please call now. Please call now.

Dr. Darrow: So, what's the secret to a good elevator pitch?

Nita: The elevator's running?

Dr. Darrow: Well, kind of, it has to work on many levels.

Nita: Okay, I think -- we're about to get a caller, I'm so excited, 866-870-5752.

Dr. Darrow: It worked.

Nita: Now you get a free book when you call the program today, that's very important, Dr. Darrow's latest. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. That means regenerative medicine is less invasive, and you want to go with that first, see. So you can ask questions about that, again the number is 866-870-5752 and that's what we talk about here. And if you're in pain, chronic pain, chronic musculoskeletal pain, or orthopedic pain, we like to say, do give us a call, like maybe of joint pain, ligament pain, back pain, neck pain, we had thumb pain today. We had lower back pain today. There's all kinds of pain, I mean we age, and things wear out and that's how it goes.

So, like what 30 to 40 to maybe 50 percent of Americans are in chronic musculoskeletal pain, I don't remember the statistic, you know more about that I do.

Dr. Darrow: Well, that's the -- you know, that's the statistic. But I think it's really a lot higher than that. Oh, we just lost a new caller, that's a shame. I'll have to tell another joke.

Nita: Oh. Oh, gosh, okay. I can take it.

Dr. Darrow: Nita.

Nita: Yes.

Dr. Darrow: What does a house -- what does a house always wear to a party?

Nita: Paint?

Dr. Darrow: A dress.

Nita: A dress, oh gosh, I should have known that one, that's a good one.

Dr. Darrow: You did know it; you just didn't think of it right then.

Nita: That's right. That's right. Oh, yay! A call, look at who -- we have Irv in Los Angeles.

Dr. Darrow: No, I want to do one more.

Nita: Oh no.

Dr. Darrow: Hey Irv, Dr. Marc Darrow. They want to do vascular surgery, and that's a question about the musculoskeletal system, no. That's a question about your vascular system. I don't take care of that, but I'll answer it anyway. What's the question?

Irv: So that won't help for claudication?

Dr. Darrow: No. I don't do claudication. Claudication means that you're having problems, because your arteries are clogged up. And you know, you probably have other issues, heart disease and other things, you know high cholesterol maybe, although they're finding now that cholesterol is not really the cause of it.

Irv: Well, then you answered my question.

Dr. Darrow: But there is something you may be able to do for all of that. Write this down, EECP.

Irv: EECP. And what is...

Dr. Darrow: You got it man, look that up -- look it up on Google, it's a procedure where you lie on a table, and you have compression stockings put on that go all the way up from your feet to your groin, and they pump at diastole, that means when your heart is at rest, they pump all the blood from your legs back up through your heart. They open up coronary vessels, but they can also heal claudication in the legs, okay. That's the answer I'm going to give you. It's not related to what I do, but I do know a lot of little things that can help people, and that is one of them. I've seen people after heart attacks with dead spots in their heart that revascularize. And that may help you with your legs too, okay?

Irv: Okay, thank you very much.

Nita: Thank you Irv, we appreciate your call.

Dr. Darrow: Yeah, surgery is definitely not the first thing to do when you have claudication.

Nita: And I guess that EECP also gets blood back to the heart too?

Dr. Darrow: Well, it goes all the way up from the legs to the heart, all around the body, a lot of athletes actually use it so they can go do their sport every day and not have any pain. Because it re-oxygenates everything too. But it's used mostly for heart disease.

Nita: Well, getting back to musculoskeletal issues, we are waiting for your call at 866-870-5752, right here in the studio. That's 866-870-5752 you can speak directly with Dr. Darrow about your pain. And this is a big deal. Because it's free.

Dr. Darrow: This is a big deal.

Nita: And then I don't have to be dumb about the next joke. So I really need you to call now. I mean...

Dr. Darrow: Okay. I'm going in a different direction, Nita.

Nita: Okay. Okay.

Dr. Darrow: So, this question is about shoulder pain after surgery, oh wow. Okay. So, this person wrote I have shoulder pain and tightness, 18 months after rotator cuff surgery.

Nita: Ouch.

Dr. Darrow: The surgeon now suggests -- this is a second surgery that the surgeons suggests, cutting the biceps tendon to relieve the pain, and luckily the smart guy who wrote in, says I'm looking for a non-surgical alternative.

So, folks, get this. Rotator cuff tears don't always cause pain, okay. Rotator cuff tears, there are four rotator cuff tendons in the shoulder, that help move the arm around. And supraspinatus is the most common tear. I have one, I don't have pain in my shoulder, okay. I have a subscapularis tear also, that's another rotator cuff tendon. I don't have pain in my shoulder.

Am I going to get surgery? No. What am I going to do when I have pain? What did I do when my shoulder was locked up years ago? I injected myself with platelets, okay. I also injected myself with stem cells. Do I have pain now? Nope. I'm waving my shoulder around all over in front of the camera, it looks pretty good.

My point is this. Don't think because your image, MRI, x-ray shows something that that is the pain generator. It generally is not. Be careful. Don't jump to a surgery. This poor guy -- actually, it's a woman who wrote in, after this failed surgery on the rotator cuff, now the surgeon wants to do a really drastic surgery, by cutting that biceps tendon, to relieve the pain. That's -- to me, I'm not going to put the guy down, but to me, you don't have to go that path. You can inject the area where the pain is, and usually heal the area.

So, we do have some callers here, that I do want to get to.

Nita: Yes.

Dr. Darrow: So, if you don't mind, Nita, I'd like to go to Don, really quickly, he's got a neuropathy which is another thing that I do not treat, but I will tell you about it. Is it your feet and hands, Don? Or just your feet, or where is it?

Don: In her feet and legs.

Dr. Darrow: Your legs from where to where?

Don: Maybe from her knees down.

Dr. Darrow: I'm not sure that's a neuropathy? Okay? It's not typical the way you're describing it. Have you ever been -- the two main reasons for neuropathy, are excess of alcohol and diabetes. Have you ever been part of any of those two practices?

Don: Yeah, diabetes.

Dr. Darrow: So, if you have diabetes, is it Type II Diabetes, where you're just overweight?

Don: No, it's Type II.

Dr. Darrow: It is Type II or Type I?

Don: I believe it's Type II.

Dr. Darrow: Okay, if it's Type II, then you're causing it by what you eat, which is excess of carbohydrates, and you're the one causing the problem with that neuropathy. That's all I'm going to say about it on the show, because that's not something that I deal in directly. I mean I can help you, if you want to call into the office and come in, I can help you. It's 800-300-9300, 800-300-9300. But be aware, I'm going to ask you to change your food, and you may not want to do that. We're going to move onto Dominic, who's got tennis elbow. We've got a whole bunch of callers, just like every show right at the end, so I'm going to move quick.

Dominic, tennis elbow is lateral epicondylitis. It's the extensor tendon. Very, very easy to fix with platelets and/or stem cells. Do you have any questions beyond what I just told you?

Dominic: Actually, I had a shot on each elbow, one is golfer's elbow, I guess that's the inside and then tennis elbow is on the outside.

Dr. Darrow: Yes, that's medial epicondylitis. Yeah, yeah. You had what kind of shots, steroid shot? Cortisone?

Dominic: Yeah, cortisone. I've only done it once; I mean it really helped. It just doesn't last very long.

Dr. Darrow: Well, it didn't help. I mean, here's what it is. It's like winning the battle and losing the entire war. Because when you get a cortisone shot, it actually destroys the tissue. So, yeah, it worked for a while in terms of working. It didn't work, it just rid of your pain, it's a band-aid.

Dominic: Right.

Dr. Darrow: And it makes the condition worse, it comes back worse, and it's not something I do. You can go to just about every traditional doctor in the world, and that's what they're going to do. I know traditional medicine. I was trained at UCLA. That's the basis of all medicine is traditional medicine.

But look, if your doctor doesn't go beyond traditional medicine, he's doing you a disservice and cortisone shots to me are a disservice to people, okay? We're going to move onto to Julian. Julian in Long Beach, Dr. Marc Darrow. Your thumbs are bothering you? How long has that been going on for?

Julian: Well, hi doctor. It's -- I think it's from constant use, you know from the use of a computer mouse, but the bone, between my thumb and my wrist, it's a big -- it's probably osteoarthritis, there's a -- the bump is getting bigger and bigger. But in terms of the pain, the doctor that I spoke to said he could give me a lidocaine injection. Now, the previous fellow was talking about you mentioned cortisone...

Dr. Darrow: I wouldn't waste my time with either of those, okay? That's just my opinion. I mean you're calling to ask me, so I'm going to give you my opinion. I'm not -- I'm not the God of medicine, so you don't have to listen to me. It's just my opinion. Don't stick lidocaine in there, it's not going to do anything except numb it up for a little bit. And don't stick a steroid in there, because it's going to make it worse over time. You'll feel great for a while, but long term, it's not a good thing to do. If it were me, and it was my problem, I'd be sticking some platelets in there, called PRP, or using your bone marrow to get platelets and stem cells and heal it up, okay.

Julian: All right. Thank you very much.

Nita: Thank you for your call Julian.

Dr. Darrow: God bless you, man. So, Michael, we're going to you next. You've got low back pain. I'm going to give out our phone number, because the callers seem like always to call in right at the end of the show. If you want to call in, it's 866-870-5752, I'm going to repeat it, 866-870-5752. If we get real busy, just call my office later which is 800-300-9300.

So, Michael your low back has bothered you for how long?

Michael: Probably going on now for about four or five years, you described it when you were talking to other callers. It is a pain that goes down the right leg, it almost feels like a cramp, and then I just have to sit down. Then it goes away. They did do an MRI, and I'm doing everything that you're saying not to do, and that's the funny part of it. I did get a cortisone injection, and I'm a 70-year-old diabetic and boy did that shoot my sugars up, and it didn't do a darn thing. And so, I'm thinking that maybe you might be the answer. Maybe this was a providential thing that I turned on the radio this morning.

Dr. Darrow: I hope so. I love helping people. And I like to do it naturally. I don't like to use drugs. I don't like to use surgery. So I think those things are not usually necessary, I mean if you...

Michael: So, let me ask you then, obviously something's pinching the nerve, but it doesn't do it all time. If I go through physical therapy...

Dr. Darrow: I wouldn't count on -- I wouldn't count on that, Michael. It may not be something pinching a nerve, got to the website, you can ask me a question there, www.lastemcells.com, or call the office at 800-300-9300, not all leg pain or arm pain is a pinched nerve.

Nita: Thank you, Dr. Darrow. Thank you, Alex. Thank you, Suzette. Write down this important information coming your way. I'm Nita Vallens and we'll see you next time.

Dr. Darrow: God bless you all.