

Living Pain Free 12/25/21

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, Nita Vallens.

Nita: Hi there Dr. Darrow.

Dr. Darrow: Nita Vallens, good morning to you. How are you feeling?

Nita: Feeling great. How do you feel?

Dr. Darrow: I'm living it up. It's a great day as always. Glad to be on this side of the sod, as they say.

Nita: Yes, that's true. As long as we're above ground, we're doing well. That's what they say.

Dr. Darrow: Pretty good. That's right.

Nita: So we have a real for listeners today, when they call to talk to you about their musculoskeletal pain. They get a free book, it's your latest, called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, and the foreword is written by Suzanne Sommers, and you can call right now, talk to Dr. Darrow, and get your free book at 866-870-5752, that's 866-870-5752, right here in the studio.

Dr. Darrow: I like it.

Nita: Me too.

Dr. Darrow: Would you like if I go to some information that was sent out to me recently?

Nita: Sure. I would love it.

Dr. Darrow: All right. So this is an email that was sent in. And it's kind of a sad way to start the show, but it's pretty realistic from my experience. This doesn't mean that all back surgeries or neck surgeries go bad, because a lot of them turn out good. But this one turned out bad for this poor person. I'll read it.

Lower back pain has been a problem since 2012, that's a long time. Have had the following procedures, spinal fusion, L4-5, that was in October of 2012. Cervical spine surgery in 2016, and then another lumbar spine surgery 2017. And then when none of that work, I had a spinal stimulator implant in 2021. So that's fairly recently.

Results of above is that I'm much worse now than when I started. My back is ruling my life. I have no pain when I sit but increasing pain when I stand or walk. After all the spine surgeries, I decided on two things. No more operations, and no opioids for pain, you know, no pills for it. That's when I decided to try the spinal stimulator which has provided absolutely no improvement in the pain.

I'm hoping that you can finally provide some relief, and I have recently started physical therapy to help with my posture and balance.

So this is -- you know, I'm not saying this happens to everybody, because obviously the surgeries wouldn't keep going on, if all of them turned out like this. But I get enough of them, and I've had enough of them over the years, that it's not something I want to have done, and it's not something I ever recommend to my patients.

So be careful and be watchful, it's very seductive to think that a surgery is going to fix things for you, but you know I'm maybe the last stop in town after people have tried everything else, because regenerative medicine using platelets from your blood or using your bone marrow is something that is still on the forefront and is being tested every day. There is a lot of research on it. My book, Stem Cell and Platelet Therapy, Regenerate Don't Operate is all about that. There are 256 studies all through, and you can see them all at the end here, showing why surgery really is not the best thing to do. It's very invasive. Are there cases where it absolutely needs to be done? Yes. If you have a broken bone, go get surgery. You know, if that's needed. Sometimes if someone comes in with let's say a dead leg or arm, you need surgery. There is a nerve impaction. But a lot of these surgeries for necks and backs end up being failed. That means that they didn't work out right. And you know, it's a shame to say that Kathleen that called us up a couple years ago, her husband actually died from a neck surgery. Kathleen, I hope you're listening, we love you.

And these are not easy things to do, even in the best of hands, there are mistakes -- human mistakes that take place during surgeries, even little surgeries. Necks and backs are very complex, but even teeny, little surgeries, I've seen go wrong with people getting infections and having worse than what they started out with. So be

very, very careful. It's much easier to be able to regenerate tissue and get rid of pain that way, it's just injections. We call it PRP or stem cell injections. And it's very simple to do. You walk in the office, you get injected, and you walk out, even if it's your knee or your ankle or your toes, we do the whole body, necks, backs, you know shoulders, rotator cuff tears, elbows, wrists, fingers, hands, hips, knees, you name it. I do the whole body, plantar fasciitis on the bottom of the foot. And why would you consider getting a surgery, when you could potentially heal yourself -- and I say heal yourself because in essence all we do is we stimulate the body to produce more collagen, which is a major constituent of cartilage, which is in the joints. So it's a natural healing, and it's something I've been using on myself, self-injecting myself for the last about 23 years or so. And it's worked on me every single time I've done it. It's not going to work on everybody, there are many reasons why it doesn't work.

The most common is that people try it, and they don't get the results they wanted, and they quit. It may take one time, and that does happen, and it may take several times. We just don't know. I can never project in the future, as to what's going on with someone, even if it's something super simple, it may take a few injections to get better. So I'm going to ask for callers. I love talking to you guys instead of just shooting my mouth off. So I'd love to hear from you, and the phone number to the studio right now to talk to me, live, is 866-870-5752 that's 866-870-5752. And if you're shy, I hope you're not, because we'll be good to you, we'll love you, and we want to hear what you have to say, because you're going to help thousands of other people by calling in with your issues, or your family's issues, or your friends, whatever it is.

If you don't get to us during the show, the number to the office, and people are usually by the phones there is 800-300-9300, that's 800-300-9300. So we would love to talk to you.

Nita: Absolutely. The number again is 866-870-5752 right here in the studio. You can speak with Dr. Darrow, and you can get the free book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. Shall we go to Susie?

Dr. Darrow: Susie, yes, we should, Dr. Marc Darrow. You had neck surgery -- oh, I'm sorry, your neck hurts, and you had an injury.

Susie: Hi, thank you, doctor.

Dr. Darrow: Yeah, what happened? How long ago?

Susie: Hi. Thank you for taking my call, doctor. Happy holidays. My husband has been in a rear-end car crash. So he has neck pain. Whenever I mention your wonderful show, he gets scared and says I love what you're saying. I agree with stem cells. But I'm scared to do it in my neck, because of the danger, he doesn't want to be paralyzed. So I don't know what to say.

How can I help him understand that it is possible to cure yourself and not have surgery?

Dr. Darrow: I think the best thing is if you can drag him into the office like a lot of spouses literally drag their significant other to the office. And we can sit down and talk about it. And I can go through everything that I know about, spend as much time as you need and then he can decide what he wants to do. I have to do an examination.

Susie: That would be wonderful. Like you say, nobody ever touches his body. They don't touch his neck the surgeons. They just tell him you should do surgery. Nobody touches them, they don't examine him in any way, they just tell him let's do surgery, open you up.

Dr. Darrow: Yes.

Susie: And I would be terrified to have him go through all that and have no result or worse results.

Dr. Darrow: Yeah, I don't know how you spell the word, insanity, but that's insanity, okay? To me it is. Because -- and this happens all the time where patients come in after a failed neck or back surgery, or a knee or an ankle, whatever it is, and I always ask, did the surgeon touch you? No. They looked at an MRI or an x-ray and told me I need surgery, and then I got suckered into it and it didn't work.

So, you know, we tend to put the surgeons up on a pedestal that's been our culture for many, many years.

Susie: Exactly.

Dr. Darrow: And those days are going away because of the internet, and because we're getting smarter, and we're seeing too many of our friends and family having surgeries that failed. So I'm not making a negative statement about surgeons, because really, they do the hardest work in medicine, that's very dangerous work that they do. And they've got to be sweating all the time when they're doing it. And then dealing with the aftereffects of it.

So you know, if you turn your radio off -- if you turn your radio off Susie, if you turn your radio off we can get rid of that echo.

Susie: Yes. Thank you. Sorry about that. I feel like going to Vegas, because surgery is like being in Las Vegas.

Dr. Darrow: Well, I agree. You don't know what's going to happen. I'd say probably half the people I see who have a surgery come out good and half come out bad. And that's not good odds for me. And I'm the prime example. I was on the course of becoming an orthopedic surgeon. I had done a lot of research in orthopedic surgery, and I was offered a slot to do it. And I turned it down, because I had a surgery on my shoulder by my orthopedic surgeon, professor, and it came out awful. I didn't blame him for it at all. I loved my surgeon, but it's just what happens. And my shoulder got much, much worse, and it wasn't until a few years later that I discovered doing regenerative medicine where I self-injected my shoulder, and this is a funny, funny story.

My wife was lying in bed watching TV, so I jumped in bed with my syringe, and she goes, what are you doing, but she was using expletives, you know, kind of swearing at me. And I said, I did this on my wrist, and it worked on my wrist. I'm going to try it on my shoulder. And my wife is a Nurse Practitioner, so she put up with it, and I injected my shoulder literally sitting there in bed, and I woke up about 12 hours later in the morning and my shoulder was 100 percent pain free with full range of motion, which I didn't have before.

Susie: Oh my God.

Dr. Darrow: Now that was a real wake up call. My wrist was first, and that got better 24 hours later, about 50 percent, and then I self-injected it, I don't remember, two or three or four more times and it was 100 percent better.

Susie: Wow.

Dr. Darrow: And my wrist has not bothered me, it's got to be over 20 years now, and I can play golf, I can do whatever I want, I weight lift. So I'm not making this out to be a miracle, because it's not. Don't get the idea that it's a panacea for all things, it isn't. You've got to pick the right patient. You've got to examine them, see if it is in the right area for where this can work. So there's a lot of things it's not going to work for.

I get emails every day, please do stem cells on my multiple sclerosis, on my vision defects, you know these things that it's not going to work on. Now there are studies being done on that at universities, but I don't do IV stem cells. The FDA doesn't like that, so I don't do

it. I do orthopedics, you know musculoskeletal. But let talk to your husband, you know, drag him in the office sometime.

Susie: ...about dragging him in. I'm always waiting for his consent. I need to be a strong lady and drag him.

Dr. Darrow: Well, listen we can't change the course of other people's lives and you know your husband -- here's what one of my best friends used to say. When you get sick and tired of being sick and tired, you'll change. And maybe his isn't bad enough, it's not bad enough for him at this point. But surgery certainly is not an option until you've checked this out and had someone who does this kind of work examine him.

Susie: Thank you so much.

Dr. Darrow: Susie, God bless you, I appreciate your call.

Nita: Thank you, Susie.

Susie: I love your show. I listen every week. Love it.

Dr. Darrow: Well thank you so much we appreciate that.

Susie: I just love it. I've heard your story about laying in bed with your wife and every time I love listening, it's so funny. I just want to get you and have my husband come in, and hopefully you can have a treatment for him.

Dr. Darrow: You know what's funny also is in the beginning of my sojourn with regenerative medicine -- we used to call it Prolotherapy in the beginning days, which means to proliferate or stimulate new tissue growth. And then the trending word became regenerative medicine, which is really more accurate, because we're regenerating, we're growing back more tissue and healing the area. But it's been something so amazing in my life, and since it worked on me, I started literally begging my patients to let me try it on them. So I was experimenting on people. And it seemed to just work so often, that it became the mainstay of my practice. I stopped using drugs and physical therapy as much, I mean I rarely ever prescribe drugs to people, usually I wean them off of opioids, you know narcotics.

Susie: Yeah. The body has such an amazing ability to heal itself.

Dr. Darrow: It really, really does, yes. You know, for me when I have self-injected, and I've gotten better there is a lift that takes place when the pain goes away that is so amazing. It feels like you died and

went to heaven, but you're still alive and feeling great. It's just amazing.

Susie: That is wonderful.

Dr. Darrow: Yeah, well, thanks Susie, I appreciate it.

Susie: Like pain affects your life every day. It affects you negatively, you can't do the things you want to do with your family.

Dr. Darrow: That's right, it's depressing, it's very depressing.

Susie: Yeah, thank you so much, doctor.

Dr. Darrow: All right. Well thank you and God bless you and your husband and drag him over.

Susie: Thank you. I will.

Dr. Darrow: Make a deal that I'll just examine him, nothing he has to do, and then he can decide what he wants to do after he talks to me.

Susie: That's a great idea. Okay, I will use those words, I'm doing it. I will see you soon.

Dr. Darrow: All right. Thank you so much.

Nita: Thank you so much, Susie. Our number right here in the studio is 866-870-5752, you get a free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, and the foreword is written by Suzanne Sommers. And you're also in her new book.

Dr. Darrow: Yes. Thank goodness. Suzanne, you are a Godsend to the new medicine. I'm going to call it the new medicine because the word alternative is definitely not accurate at all. You know we stay away from drugs and surgery and things like that, but it's the old medicine. You know, it's the old medicine, but it's the new medicine, it's been around since the beginning of time, and there were people that were doing this probably back in the cave man days using herbs and things like that. And then when more modern times came along, people started creating medications and then the drug companies took over, and then the surgeries took over. And to me, it's very sad, it really, really is when I see patients who come in who's lives have been destroyed by medication and surgery. I'm sorry it's just the way it is. And again I'm going to say it. It's not a statement against surgeons. I love them, and they are needed, but

there is too many of these surgeries being done that just shouldn't be done.

So, Nita, I've got a couple things to mention. One is in my book Stem Cell and Platelet Therapy, Regenerate Don't Operate, there's a chapter in the back on injecting the face to make people look better, and that's called the Vampire Facelift. And it's very simple, we just draw your blood or get your bone marrow and get stem cells and put it into the face with a skinny little needle. And people look literally the next day, because it's regrowing the collagen in the face. We dry out as we get older.

And then we also do something that I'll call hair regeneration, which is growing hair on the top of the head. It won't work on Dr. Phil. He doesn't have any follicles left. But if your hair is thinning, then it's a great thing for you to stimulate more hair growth on the top of the head.

So I love what I do, and I love working on the musculoskeletal system, and I love watching people get prettier, men and women love the Vampire Facelift. So that's something that you can do also. So, Nita, it's stump the star right now. Are you ready to be...

- Nita: Ready.
- Dr. Darrow: Okay. You only get two seconds. Why were the fish's grades bad?
- Nita: Because the scales were tipped.
- Dr. Darrow: That would be a good one. They were below sea level.
- Nita: Oh, okay.
- Dr. Darrow: You didn't laugh. I'm going to have to do one more until you laugh.
- Nita: Okay, okay.
- Dr. Darrow: Why did the stadium get hot after the game?
- Nita: Because the sun was out.
- Dr. Darrow: That's good, but as good as mine. All the fans left.
- Nita: Oh. That's a good one.
- Dr. Darrow: Okay, one more. One more.
- Nita: Okay. Okay.

Dr. Darrow: And maybe you'll get this one. Because a few shows ago, you actually got two in a row.

Nita: I know. That was amazing.

Dr. Darrow: What do you call banana peel shoes?

Nita: Banana peel shoes.

Dr. Darrow: Slippers.

Nita: Oh, that's a good one.

Dr. Darrow: I knew you would love it. So let's go to a question now. Let's see what we've got.

Nita: Okay. Do you want to give the phone number first?

Dr. Darrow: Sure. The phone number is 866-870-5752, I'll repeat it for you. It's 866-870-5752, call me now. You've got a little time left here, please don't wait till the end of the show, then it gets all jammed up and we won't get to you. We love you. We'll take good care of you. And we want to answer all of your questions about musculoskeletal pain, about platelets from the blood, PRP, stem cells and how you can actually heal your body.

So, let's see everyone listening who knows me knows that I do the entire body, all the joints, necks, back, bottom of the feet, back of the head for headaches, things like that. But this one is very specific.

This question says hello. The middle finger of my right hand is very stiff most of the time now. This has been going on for a few months. Do you treat this type of issue as well? Yes, I do. There are some things that can help. There's certain things I can't help. So with a stiff finger, we can think about things like osteoarthritis, which is super common with people. It's usually from a trauma, that maybe they're not aware of. It can happen from baseball players when a ball hits the tip of their finger, and jams the finger, and then they end up with a node, like thickening around the joint. And that's something that I have very, very good success with. It can be all the fingers. There are a lot of people that come in, especially a lot of females that inherit from their moms. So if you have a lot of those nodes on your fingers and your mom had them, that's actually hereditary. But it's something that we can help. And what I see after the injections, using platelets or stem cells is that those nodes actually shrink down, and the pain goes away.

And fingers usually heal pretty quick. Sometimes people have what's called trigger finger, where it catches. And that's a little more problematic, but that's something that potentially could be healed. Sometimes people have rheumatoid arthritis, and that's very complex. We often have to change their diet to stop the inflammation and get them on what we call an alkaline diet, so the acids in the body are not attacking the joints. People can have psoriatic arthritis, where their fingers, what we call the pathognomonic sign is pencil in the cup, where the joints are actually being eaten away. We can help with that.

Sometimes get Dupuytren's Contracture where they get a thickening of the tissue on their hand. And there's things that can be done for that. So, yeah, there's a lot that potentially could be done, but as I always tell people, don't send me, don't email me your MRI or your x-ray. Bring it with you. I like to see it. But I need to examine the area to see what's going on. Nobody can diagnose based on imaging. It's a good thing to get, because you find things that you don't necessarily see. As an example, I had two trigger fingers, one on my middle finger, one on my thumb, and I went across the street to an orthopedic surgeon buddy of mine, and he did an x-ray. And he said, well I don't see anything there. And then I said, blow it up real big, and he did on his computer, and he saw a little what we call a ditzel fracture, a teeny, weeny little fracture at the end of the joint. And then we know what was going on. It wasn't really a trigger finger; it was inflammation from the fracture.

So medicine is complex, guys. There's a lot you can do -- hang with us, we're going to a break, and you can call us on the show, 866-870-5752, and we'll talk to you very soon. Hang on with us. Don't go away.

Nita: Stay with us, you're listening to Living Pain Free with Dr. Marc Darrow. 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](http://jointrehab.com) or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host Nita Vallens and we're taking your calls right here in the studio

at 866-870-5752. And when you phone, 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 the foreword is written by the lovely Suzanne Somers. What do you think?

Dr. Darrow:

I love it. And Suzanne Somers, I love you. I hope you're doing great. She has written some of the -- I think about 18 books, or 20 books about -- they're mainly interviews with doctors, who do what I'm going to call natural medicine, things that actually help people without hurting them. No medications, no surgeries. So God bless you, Suzanne Somers. And besides being a great advocate for natural medicine, Suzanne Somers is just an amazing, loving person. I've known her and taken care of her and her family pretty much since the beginning of my career in medicine. And they're all amazing people. They have her spark and her lovingness. So God bless all of you.

So I'm actually looking on my computer right now at x-rays that were emailed to me, and the person says, Hi, I have a lot of issues, and I'm interested in stem cells and PRP. So I'm looking at these x-rays, and they look absolutely fine, but the person goes on to say, my surgeon wants to operate on my neck and low back. Do you agree? Well, obviously I haven't examined this person. They're not my patient. But these x-rays don't really tell me much of anything. The person has what we call a loss of lordosis in the neck. The vertebrae do not have the normal curve, and that means the person has a sprain.

Do you know what a sprain is? Tissue is stretched out. Does that mean you get surgery, because you have a sprain, and it hurts? No. But when it goes to the neck or the back, doctors get really antsy about it. It's a very sexy area to operate on. No. There's so many of these people that come in, that have these nothing things that can be healed, by just injecting platelets and/or bone marrow to regrow the ligaments around there and strengthen them up and thicken them up. But instead some of them -- actually, most of them end up getting a surgery, when they don't need it. So be very, very careful. I wish I could share what these x-rays look like to you. But if you ever come in the office I can show you some of them and show you that it's not really a surgical issue.

Now, it obviously if I am a surgeon, and I was in training to do that, everything looks like it's a surgery needed, everything. So we have to be very careful, and again, I'm not putting down the surgeons, but if something looks wrong in the x-ray, even the straightening of the lordotic curve and the person has pain, that doesn't mean you get surgery for it. It means you try to heal the area and a lot of these sprains can be healed.

So, you know what I always tell people when they have neck or back pain, and a doctor has told them, or a surgeon said you need surgery, I say, when I examine them, and it's a sprain, I go you have a sprained ankle in your neck or back, and they said what are you talking about. And I go it's the same thing as a sprained ankle. Do you want to get surgery for a sprained ankle? And they go, of course not. You know, a lot of athletes have had five or six or ten sprained ankles, and they say I don't know, it just goes away after, you know, three to four to six weeks. Unfortunately, neck and back, sometimes these sprains don't go away for a lifetime unless they're treated. I have had people who have had neck sprains in backs for 50 years. That's five-zero years, who have healed up with regenerative medicine using platelets or stem cells. And in the beginning when I did this, I used to go that was a miracle that it healed. Now, it's so common for me to see this that it isn't a miracle anymore. It's just what happens when you inject the area with cells that strengthen the area, thicken up the ligaments.

There are lot of things that surgery is needed for. If you have a giant herniated disk and it's sitting on the sciatic nerve or the plexus that goes to the sciatic nerve, you may need surgery. But I've got to tell you this. I have a lot of people with herniated disks who really are not having big problems. For me, and I was in a pretty bad car accident three years ago, I was hit 50 miles an hour, and had severe neck pain, herniated disks, right? Did I get surgery? Nope.

Nita:

No.

Dr. Darrow:

Nope. Did I get injected? Yep.

Nita:

Yes.

Dr. Darrow:

Am I better? Yep.

Nita:

You're all normal now.

Dr. Darrow:

I don't know about all normal, but I'm doing...

Nita:

Well, okay, mostly.

Dr. Darrow:

My wife doesn't say I'm normal, you know. God bless her.

Nita:

Well, as your radio wife, I -- I probably have to concur with her, but you know.

Dr. Darrow:

Yeah. I know I'm not normal, but I don't know any human who is normal.

Nita: Maybe there just is no normal. Maybe it's just a word. Somebody made it up.

Dr. Darrow: Yeah. I think so.

Nita: Well, if you want to talk to Dr. Darrow about your pain right now, please give us a call at 866-870-5752 right here in the studio, 866-870-5752. You get your free book, Stem Cell and Platelet Therapy. There's 264 scientific studies in this book. So if you skeptical, give us a call, get the book, and you'll see. Start reading. What do you think?

Dr. Darrow: So, I think it's time for a question.

Nita: Go for it.

Dr. Darrow: All right. The person says, hello Dr. Darrow. I've been medically diagnosed osteoarthritis in my left hip. And I expect the same in my left knee. I have some pain, and a notable loss of function in that hip. I have both a physically demanding job and lifestyle, both of which are centered around high-level athletics. Sounds like fun. I would like to set up an appointment with you hopefully for the first of the year, if you're available. My number one question is how long will the treatment sideline me for work as I can't really take off much time. Would standing and walking be a problem after a few days of rest? By the way, I'm 55, I'm not overweight and otherwise relatively healthy. I live here in Los Angeles, thank you. Thomas.

So I wrote back to Thomas, and I think he had another reply. Let me see. Yeah, I sent him some studies on stem cells and platelets for the hip and knee, so he could read about that. And a lot of these studies are my website, which we haven't really talked about much yet. But the website is [www.lastemcells.com](http://www.lastemcells.com), I'll repeat it while you write it down, it's [www.lastemcells.com](http://www.lastemcells.com). And there are just endless numbers of studies on it, and endless numbers of videos of me doing these procedures, so you can actually watch me do stem cell, bone marrow aspiration, and things like that, and watch me inject different parts of the body, and see if it's something that you would like to do. I work on that site, every single day of my life. And I have a big of staff of people that work on it. We try to keep it very current, add a lot of new information every day, and again, I'll repeat it. It's [www.lastemcells.com](http://www.lastemcells.com), and a bonus for the site is that every single page has a spot to email me. So I get emails from all over the world, every day. And I answer every one of them.

So let me see what this person said, as I wrote back, they responded quickly. And they said thank you for such a prompt reply. Everybody says that. You know the other thing that people marvel

at, my patients marvel at is I give everybody my cell number. Every patient has my cell phone and I admonish them if they don't call me with any issues, I'll be angry with them, the opposite of what most doctors do.

Do you know I have some doctors and I can't even reach them?

Nita: Yeah, exactly.

Dr. Darrow: I mean it's crazy.

Nita: It's crazy.

Dr. Darrow: It's crazy. I have a doctor who's actually, I known -- he's worked with me for years. And I called him four weeks ago on Sunday, okay. Actually, I texted him, I didn't call him. I texted his cell number and he texted back it's Sunday. I don't work on Sundays. He said contact the staff. So I emailed the staff. It's been a month. I have not heard back from them.

Nita: Wow.

Dr. Darrow: Do you think I'm going to go back to that guy?

Nita: Never.

Dr. Darrow: No. Do I like him? Yeah, I like him, but you know most doctors have these boundaries, which I don't understand. I didn't go to medical school to get boundaries. I went to medical school to serve people and help people. And I don't get what it is with doctors, and I'm not putting them down, it's just they have this culture of boundaries. Don't bother me, I'm too busy. And I need a personal life. Well, I have a personal life, and a lot of it has to do with my patients. My patients are my friends. So anyway, this guy writes back, and goes the arthritis in my hip was diagnosed from an x-ray about two years ago. And hip replacement is not recommended yet but will be on the table soon. Well, that's silly. It's not going to be on the table soon.

My knee has not been evaluated, but there is some pain on the medial side, that's the middle side during activities. When my doctor diagnosed the hip arthritis, advice was take three Advil every time I train. That is a terrible idea. Studies show that when you take anti-inflammatory medicine, hip arthritis accelerates faster. Oh, okay, he goes on to say, which we know is terrible advice. The only thing I found to help is the soy avocado -- I don't even know what this word is -- which has made a big difference, some kind of supplement I guess. I'm not expecting PRP to be a magical cure,

but I'm ready to give it a try. Thank again. I look forward to meeting you.

So, I get people literally every day with arthritis or told they need a knee replacement or hip replacement, shoulder replacement. We work on them, and they become pain free and don't need the surgery. Just because a surgeon or a doctor says you need a surgery does not mean that. I have to keep hammering that in. People don't get it. You don't listen to your x-ray to decide if you need a surgery. You do an examination, and you talk to the patient. I have a lot of people who come in with "arthritis", but they have very minimal pain. So what's going on? It's not the arthritis that they have that's causing the pain. It's a strain.

And we have people that come in with labral tears. Labrum means lip in Latin, I had to take four years of -- actually I loved it, I didn't have to do it. I took four years of Latin in high school, so it's kind of cool, because most of the medical terms I know have either a Latin or a Greek root to them, so I know a lot of the words just by looking at them. But anyway, there's hope for you guys with pain and I don't treat pain for other reasons, than in the musculoskeletal reason. People have strokes and can have pain from that. I don't treat that, unless it's also -- I do have a woman actually who had a stroke, and because of the weakness in her leg, her knee started hurting and I think I treated it twice and she is pain free in the knee now. So that's a case that I'm backstepping and saying yes, even with a stroke, there are joint issues that can happen, that I can help. I get a lot of people that have had brain trauma, or in wheelchairs, strokes, other things, and people that are in wheelchairs, often burn out their rotator cuffs, because they're using their arms constantly to get around and we can help that too.

I actually did a study on that and published it years and years and years ago, when I was doing my residency at UCLA, I worked at Rancho Los Amigos Hospital which is a very amazing hospital for brain trauma and spinal cord injury. That taught me a lot being there.

So, Nita, I'm going to go to another question, unless you have something to add to us, now?

Nita: Oh, I just wanted to give the phone number again, 866-870-5752 right here in the studio and you get your free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy.

Dr. Darrow: All right. Here is one that says options to knee replacement, let's see what's going on. Greetings, Dr. Darrow. I would like very much to speak with an individual regarding knee replacement or

treatment, or any potential options at this time. Well, knee replacement is at the bottom of the list as far as I'm concerned. I think I may have sent one person or two people in my entire career for a knee replacement, and that's when that knee was so arthritic or smashed or broken, that there was nothing left to it. But generally we can help people where doctors say they need a knee replacement. Typically, what we do if there's arthritis, we'll inject platelets from the blood, or bone marrow aspirate which has platelets and stem cells in it, and we get great results with that.

A lot of you know my story, back during the heavy COVID time when we couldn't use golf carts, we had to walk. And I play at a golf course that's called Mountain Gate. And as an acronym, we call it Mountain Goat, because you've got to be strong to climb those hills. It is in the mountains, behind the Getty Museum in LA, and it's a tough walk, I've done it many times. And during the time during COVID, when we were not allowed to use golf carts, you know to ride in them, which almost everybody does there, there's very few people that will walk that course, because it's just so hard, it's all up and down. There is not one flat lie. Not one on the course. So anytime you're hitting the ball, you're hitting you know from an angle, which is fun for me, I like that. I don't like regular flat golf courses anymore, after playing this course. You have to calculate in your head, and I watch my brain as I'm getting ready to hit a shot. There are so many calculations that I do, before I hit that ball right in the middle of the swing even, because it's such a complex course.

But at any rate, I was using a pushcart, and pushing up and down the hills, and we have what's called kukulia (phonetic) grass which is very thick. And it's getting harder and harder to push, and I'm pushing and pushing, and I was running everyday in the mountains where I live, and all of a sudden my knee just went boom. And I couldn't walk anymore. I literally quit and limped off the course, drove down to my office which is right down the hill across from UCLA on Wilshire Boulevard. And I put an ultrasound on my knee, and I had 45 ccs of fluid that I saw inside the joint. And I knew I was screwed.

So I injected it with platelets and stem cells, four times in one week, and guess what. I'm good. I saw a meniscal tear, it's gone. My knee is almost 1,000 percent healed. I still baby it a little bit, because some of these things you have to take care of. There are sort of weak spots in the body. I have a few of them for over -- from over exercise, being a gymnast and wave skier, surfer, you know, to me sports is where it's at. I love sports. I'm 73, but it's rare a day that goes by that I don't do some sports, when it's raining out, I have a push-up bar in the house. I have an ab program to get my

six-pack going more. Most people have a one pack, I still am working for a six-pack. I do mostly a keto diet. So I'm skinny. I'm about six feet and about 165 -- anywhere from 162 to 165 pounds. And a lot of my patients are like that too. But you know guys like us get a lot of injuries, it's just part of doing sports. And a lot of us come back. I've had patients who have come back for over 20 years, who have reinjured themselves, because they're so active. But it does stop them from doing sports. And I admonish everyone, I think I told this story once.

Where I was running in the mountains here where I live with my Husky dog, Bella, and there was a couple who was ancient looking, and I stopped and talked to them. And they were hiking, they had those ski pole type things to hike with, because they needed it for their balance, and I said God, it's so great that you guys are hiking. How old are you? And the woman spoke up and said, I'm 90, and my husband is 92. And I said how often do you do this? And they said we do this every single day. And then the man said, and you'd better start doing it every single day too if you want to stay young. And I was like so enamored with this couple, because they know the key to life. The key to life to me is staying young. How do you do that? You think young things, you stay happy.

I meditate an hour every day to go to that happy place, and then I do my best to bring it out. And you know I always say this to my patients. They go how do you stay so happy all the time? It's not like you're a doctor. And I go because when I walk in the door of my office, I put on my Superman cape. And my person life disappears. I am here for my patients. And like I said, everybody gets my cell number, I have some patients who actual text every single day. When I put people on a ketogenic diet, I want to know how they're doing. And they tell me their weight every single morning. If they haven't lost weight that day, I make them text me what they ate, so we can figure out what it is that is blocking them from healing their weight issue.

So at any rate, let's see here, what's going on, Nita. I'm going to tell you again about the website, which is [www.lastemcells.com](http://www.lastemcells.com) watch me on the videos of me doing the injections for regenerative medicine healing the body, all over. And I'm going to go to another question if you don't mind, Nita. Anything else, for you?

Nita:

No. Hit it.

Dr. Darrow:

Hit it. Boom, ba-da-boom, ba-da-boom. This says lower back issues okay. Let's see. Would like a consult -- have been generally impressed with your radio information, Dr. Darrow. My problem is lower back at L4-5 vertebrae. I have neuropathy in both legs and

feet. I saw two surgeons through Loma Linda University Healthcare. They would use plates and screws to stabilize my spine. Quite frankly, I believe your procedure makes much more sense for true recovery and wellness. Thank you, then he gives his name and number. And we already spoke to this nice gentleman.

So, yeah, I'm with you on this thing and just because an x-ray or MRI shows that there's a problem with the vertebrae, doesn't mean there's a problem with the vertebrae. Neuropathy in the legs and feet can come from other things than the vertebrae, it can be from too much alcohol, too much carbohydrates, yeah, that's right. Over obesity, you know, diabetes -- Type II Diabetes, a lot of people have it, don't know it, but if you're overweight drop it. It's real important to be skinny. If you want to be healthy, and you want to live long, the only studies we know that actually give extra years of life are people that on very low carbohydrate diets. They live about eight to ten years longer. If you've got Type II Diabetes, you are cutting off years of your life. That's what the studies show.

So, to me it's simple. People go it's so hard, I can't give up my wine. Give it up.

Nita: My chocolate.

Dr. Darrow: Well, you can get chocolate with no sugar in it too, Nita.

Nita: That's true. That's true.

Dr. Darrow: And it tastes pretty darn good. Over the years, I have learned to eat what's the -- the bittersweet chocolate. I love it.

Nita: I do too.

Dr. Darrow: There's hardly any sugar in it.

Nita: Yes.

Dr. Darrow: And I will buy chocolate with no sugar in it, no carbs. There's other types of sugar in it that don't raise up your insulin. Okay, so that keeps you healthy. So yeah, you can all the chocolate you want and just keep it to kind that doesn't have the high sugar in it. Stay away from carbohydrates. So, another issue here, when this person says my problem is a lower back at L4-L5 vertebrae, that doesn't mean that that -- oh, the show's over.

Nita: Wow.

Dr. Darrow:

We love you all. Give us a call at the office, 800-300-9300, I'll repeat it for you. I'm waiting to hear from you at the office, 800-300-9300 and go to the website, [www.lastemcells.com](http://www.lastemcells.com). Thank you, Nita, Suzette, Alex and the rest of the staff. We all love you so much.

Nita:

And we'll see you next time. Thanks.