

## Living Pain Free 11/27/21

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: Well, hi there Dr. Darrow.

Dr. Darrow: Yes, of course, I'm living it up. How about you?

Nita: I'm great and living it up.

Dr. Darrow: All right. You've learned. You've learned Grasshopper.

Nita: That only took 13 years.

Dr. Darrow: And a couple of minutes.

Nita: Okay. Well, we have an exciting book that you wrote for the listener who calls in today at 866-870-5752, that's 866-870-5752. Dr. Darrow's latest book is waiting for you, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate with 264 scientific studies, and the forward is written by Suzanne Somers. What do you think?

Dr. Darrow: I think Suzanne Somers is amazing. I love her. Thank you Suzanne for everything you do and helping all of us in the medial world move ahead.

Nita: And I thank you too, even though I haven't met you yet, but maybe one of these days.

Dr. Darrow: Yeah, we'll get you together.

Nita: Yeah, so we do want your calls, because this is how everybody learns about regenerative medicine by you talking about your orthopedic pain, right?

Dr. Darrow: Yeah, what we do is very simple. We take cells from your body, either platelets from the blood, or we can take your bone marrow that has platelets and stem cells, that's the buzz word today. And we can inject them wherever your injury is, or arthritis. So it

literally works from the back of the head, when people have headaches into the neck, and the shoulders, and a lot of people have pain, who have neck pain, they have pain around the scapula in the base, and that's all the way down the spine. And we have people that have problems in the low back and the hips. And obviously shoulders, elbows, wrist, fingers, what else did I miss, the bottom of the body, the toes, the feet, the ankles, the knees, plantar fasciitis is one of the things we treat. People that are runners have a lot of issue, obviously in the lower extremities. Knee pain is probably one of the biggest things we get. They always say the knees go first, and we get a lot of people that unfortunately have a lot of knee pain or arthritis that we can help.

And so many people have what they call hip problems. And when their doctor does an x-ray or MRI, they find a little bit of arthritis. And then unfortunately they send them to get a hip replacement, when it never really was needed. So be very careful before you end up in a surgery, that you check out regenerative medicine using your platelets and/or stem cells. Because most things we can help. I can't help everything, and not everybody heals. This is not a panacea or a magic wand, it just makes sense. All we're doing is growing back some of the tissue that's been injured or worn down.

So, I've been doing this for gosh, since 1998, I think it is, or '97 during my residency at UCLA. And it's been a God send for my body. I've done it on both my knees, my shoulders, my elbows, my right wrist, broken ribs, my knees and I've had a great time in sports all these years. How about you, Nita?

Nita:

Well, yes, you treated my neck and shoulder problem, I don't know 16 years ago, and then four or five years later, I had an injury with my trainer. And the same injury and you treated it again, and both times, I healed pretty quickly.

Dr. Darrow:

Yeah. I remember, you were pretty amazing.

Nita:

That was quite something, so I never experienced anything like that before.

Dr. Darrow:

And you know, the same with me, the first time that I had the experience of healing using -- back in the day, it was called Prolotherapy, proliferative therapy from the Greek word, to proliferate or stimulate. And in this case, to stimulate new tissue growth. I was at a seminar in Vegas on regenerative medicine, it wasn't called that then. It was called Prolotherapy. And the injectable, the solution that was used in the syringe was believe it not concentrated sugar Dextrose. And I went to -- there were seminars on all different parts of the body. And I went to the

workshop on wrist pain, because I had wrist from hurting myself playing golf. And it's a funny story, I like to tell it on every show. I had watched a video on how to hit a three-wood over a tree in front of you. Because three woods are -- they don't go up high in the air usually. So it was a long way to the hole and I wanted to use a three wood, because it goes farther. So the idea was to hit down on the ball and then get it up in the air. So I did hit down on the ball, but I missed the ball and I hit the ground.

Nita:

Whoops.

Dr. Darrow:

Yeah, it hurt like you know what, and my wrist was very badly injured, I could barely pick up a pencil. And I did not know what to do. My friends who are orthopedic surgeons said, let's try a steroid shot, you know cortisone, which I refused, because I knew that it actually destroyed the soft tissue, the tendons and ligaments and all that. And it also destroys cartilage in the joints. So I stayed away from that. And I just kind of suffered with it.

I remember now, I was wearing one of those black braces that come, you put your thumb through, it goes almost up to the elbow. I'd wear that all day and sleep with it at night, and it would help a little bit, but it never got better. So I was at this seminar on Prolotherapy in Vegas, I went to the wrist workshop, and I had mentioned how much my wrist hurt. And the doctor who was giving the seminar said, well, let me inject it for you. At which point, I was terrified about getting a shot in my wrist. And you know, us doctors, we like to do stuff to other people, but we don't it getting done to us.

So, anyway I decided to do it. And the doctor said your wrist is going to be stiff for about 24 hours, then it's going to feel better, which is exactly what happened. It got very stiff, just like at the time of the injury, and I was a little nervous, because I didn't really know what this stuff was. And then about 24 hours later, the stiffness broke, and my wrist was a good 50 percent better, and I went home, and I was very happy. And then I took out my own syringe and injected it myself. I think I had to do that a couple more times, and my wrist was completely healed. And as you folks who listen to me on the show all the time know, I'm going to go out and play golf later.

Nita:

Yay!

Dr. Darrow:

And my wrist is great. I can lift weights, do whatever I want. And my wrist has never bothered me since. So I'm very fortunate I discovered this, and at the time it wasn't very well known. It wasn't called regenerative medicine. It wasn't being taught. But in the last

20 some years. I have taught this to all the residents at UCLA, in the Physical Medicine and Rehabilitation Department. And I've got a lot of students who are out doing this all around the country now. I train doctors from all over the world doing it. And it's been a Godsend for me, and for most of my patients. Like I said, it doesn't work on everybody for several reasons.

Actually, I'm going to ask for some phone calls, because that's more interesting than me.

Nita: We have Carl.

Dr. Darrow: Oh, we got Carl, okay, thanks. I didn't realize it, it didn't look at my call screener list here. So, let's do Carl, and then I'll get back to this. So, Carl, you have pain at the base of your neck. And how long has that been going on for?

Carl: Well, it's been quite some time, a couple of years now. I came to you. I had three appointments with you. I didn't notice whatsoever from it. Maybe it would help later I don't know, but the cost of \$800 a crack, it's kind of expensive. Then I went to a TMJ doctor, I've been wearing the mouth piece for a year, and nothing has helped at all.

Dr. Darrow: Oh, I'm sorry.

Carl: I've tried muscle relaxers, nothing has helped. I've gone to masseurs nothing has helped. I've tried acupuncture, nothing has helped.

Dr. Darrow: Okay.

Carl: What can I do to get this thing to go away, because it getting worse little by little by little.

Dr. Darrow: Okay. So Carl, do you listen to my show before?

Carl: All the time.

Dr. Darrow: Okay, good. So you know I can't tell you a thing on the radio based on what you're telling me.

Carl: Well, I'm sure...

Dr. Darrow: I have to -- no, I don't need to look at any pictures, I need to touch the area. I do look at the images, just to make sure you don't have cancer or something weird like that. But we don't -- well, when I say "we", that's wrong. I don't diagnose anything based on images, x-rays or MRIs or CTs, unless it shows a fracture or something like

that. Or it shows some kind of a growth. The diagnosis comes from moving your body around, and touching the area, what we call palpate. And if you're tender, then we know that's a pain generator. So there's a lot of things that go into figuring out where to actually inject the areas. And in some areas, I'll use an ultrasound to look inside the body, to help me figure that out also.

But I would say, why don't you come back, let me take a look, I won't charge you for a visit, and let's talk, let me examine the area, touch it, and see what's going on. Things may be different than what they were when you saw you a couple years ago too.

Carl: Well, the only thing I can say from a layman's standpoint is, the spasm is so bad that I almost can do nothing.

Dr. Darrow: Right.

Carl: But it's just that it's so tight, it's like a bow string back there, it's so tight.

Dr. Darrow: Okay.

Carl: And that's when nothing has worked by anybody.

Dr. Darrow: Sure.

Carl: And I'm not giving up hope. Something somehow, somewhere will work.

Dr. Darrow: Yeah, good, good, I agree with you. You never give up hope. So let me just tell you and the listeners, reasons why regenerative medicine fails, okay.

Carl: Um-hum.

Dr. Darrow: The number one reason is, people don't do enough of it. They think one or two or three treatments will do it. And for my experience on my own body, I've had things heal overnight literally, like my wrist was 50 percent better the next day. And then I injected it a couple more times and it was perfect. But most people either don't have the patience or they don't want to stick it, or they didn't like it, or it costs money, or whatever the reason is. So that's the number reason it fails, not enough treatment, not enough time to -- not enough treatments to grow back the tissue and stabilize the area, so that's number one.

Number two, a lot of people will take anti-inflammatory medicine for headaches or whatever it is, and they don't realize that that blocks the biosynthesis of collagen.

Carl:

I've never taken those things, no.

Dr. Darrow:

No, I'm not blaming you, and I'm not telling you, I'm telling in generalities of why it doesn't work. Another huge reason is people are -- they still do the same activities that caused the problem. So someone will come in -- I'll give you an example. I just had a guy come in with arthritis in his knee. And we injected his knee. And he came back and he said he didn't get better. I said, were you doing anything to aggravate it? He goes no. I said, do you walk stairs? He goes yeah, I've got three flights of stairs in my house. And I've been walking that every day. And I go, we talked when you came in, and I said stairs are pretty much out, okay. That's exercise. Obviously, if you need to go up the stairs, you need to go up the stairs, but I've had patients who actually will go -- drive to their gym or their neighbor's house to take a shower, because their shower is upstairs, and they sleep on a sofa, or a futon on the floor on the first level, because they want to heal.

So, you've got to be motivated to have this stuff work. And I tell people, I said pretend you had surgery. What are you going to do? Are you going to go up and down stairs after a knee surgery? No. They're going to tell you not to do it. So it's same thing with this. It's not surgery thank goodness, and unfortunately -- I wish it were different, but the surgeries fail at least half the time in my experience. And in my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate, there is a lot of studies here. There is 250 some studies talking about the benefits of doing regenerative medicine injections versus surgery. Because the surgeries fail too much.

Now, I had a surgery, since you listen to the show, you know this, but not everybody else does, I had a surgery on my shoulder -- by the way hang on one second, I'm going to give out the phone number so we can get more callers. If you want to speak to me right now, like Carl is doing, the phone number to the studio is 866-870-5752, I'll repeat it for you, while you grab your pen, it's 866-870-5752, and for those of you who have caught the show when it's not live, the number to the office is 800-300-9300, that's 800-300-9300, you can call my staff any time you like, and maybe get a hold of me at the office. But to get a hold of me right now, I would love to talk to other people, we'll finish up with you too, Carl, so don't go away, but the number to the studio right now live is 866-870-5752. We're getting a few more callers with that.

So, Carl, there's a couple other reasons. One is some of the doctors doing this, and I'm going to say most of them, really, have not been really trained in it very well. And they don't do that much of it. So they don't know how to do it properly. So, this is all I do. You know, this is my work. I've been doing it for almost 25 years. And this is all I do. I'm not saying I'm the greatest on the planet, but I do probably more than anybody, I've been told when I go to National meetings people come up to me and go how do you do so much. You know they say I do in one day what they do in a month.

Carl:

Okay.

Dr. Darrow:

So I do tons of it. I've seen all kinds of reactions to it. And I have a lot of experience in the field of regenerative medicine with stem cells and platelets. Another thing is a lot of doctors don't know how to use an ultrasound to look inside the body. We don't need to do that necessarily on your neck, but definitely we need to do it to guide needles, to watch where the needle is going say in the hip, or the knee or the shoulder. Otherwise, you miss the joint totally. And for years and years at our National Meetings, people say why don't hips heal very well? And then we got ultrasound guidance to see where the needle was, where the hip joint is, and all of a sudden hips started healing just like everything else. So there's a lot of reasons why it doesn't work. Again, I would love for you to come in the office, I'm not going to charge you. You know the phone number, it's 800-300-9300 to the office, you can call right now and I'll get you in Monday morning if you want, or Monday afternoon. And I'll test it for you. It won't cost you a penny, I'll examine you, and we can talk and see what's going on with you. I think you know if it's stuff in the neck, that usually heals up, okay.

Carl:

Well, just one thing and then I'll get off.

Dr. Darrow:

Sure.

Carl:

The problem is, is that I came there three times, now maybe it just wasn't enough, I don't know. Then I went to a TMJ doctor, I've been going to him for a year with a mouth piece for my mouth which I even have in right now, and it's not one bit better than when I started.

Dr. Darrow:

Yeah.

Carl:

I'm kind of getting to the point of desperation.

Dr. Darrow:

Well, Carl, I hear you. You know, you've said that a couple times, and I get it. It's very frustrating. Nobody likes to have pain. I think I have the toughest patients on the planet, just because they're very

unhappy about their pain, it just nags at them all day. But pain at the base of the neck, we can usually get rid of, that's all I can tell you.

Carl: Okay. I guess I'll just have to call the office and...

Dr. Darrow: Give them a call, 800-300-9300, they're there right now, and they'll take your call, if they're busy, just leave your phone number, they'll call you right back. And I would love to see you. Tell them not to charge you anything, and I'll just see you for free. You can come in Monday, and we'll get to the root of what's going on, and have a nice long discussion, answer all of your questions. And I'd love to see you, Carl, I'd love to help you. And I want -- you know, I always tell people this. When you're unhappy, I'm unhappy. I need you to get better for me to be happy.

Carl: Well, I know there's an answer to this. It's just that I have -- no one's found the answer yet.

Dr. Darrow: Well, let's go for it, and let's keep digging, okay?

Carl: Okay. Thank you very much.

Dr. Darrow: All right. God bless you my friend. Thank you so much for calling in Carl.

Nita: Thank you Carl.

Carl: Have a good day.

Dr. Darrow: Yes.

Nita: And I'm unhappy too. So call, 866-870-5752, we don't want you in pain, 866-870-5752, right here in the studio. Do you want to go to Susan?

Dr. Darrow: I would love to. Hi Susan, it's Dr. Marc Darrow. And you've had different types of therapy years ago. For what part of your body?

Nita: Susan are you there? Can you hear us?

Susan: So I'm so sorry, I had bad reception. Yeah, I -- started years ago, I had my back -- I have four herniated disks in my back. I had Prolotherapy done, the one you were talking about with the Dextrose solution.

Dr. Darrow: Okay.

Susan: And I just wanted to call in and just say I had an amazing experience, and that before they were doing the stem cell injections that you're doing now. And I wanted to show you, I had a friend back then, who was an MRI technician, and he saw MRIs every day of people that had had surgery, and showed me the scar tissue that builds up after repeated surgeries and that many times people have to go back and have scar tissue removed, because the scar tissue ends up creating more of a problem than what they had that caused the surgery in the first place. So I had an amazing experience. I ended having my neck, shoulders, hips and the lower back done. And it was amazing.

Dr. Darrow: Wonderful.

Susan: So if anybody is thinking about it, or on the fence, I would definitely seek out getting Prolotherapy with the stem cells now, than I ever would going to get surgery. Because I was -- the doctors had recommended -- three doctors...

Dr. Darrow: We lost you, Susan. Do you want to repeat that, you went three doctors that recommended surgery, which is typically what's done. Now, I have to say this. I have herniated disks in my neck, okay. Who cares? I have no pain down my arms from it, and too many surgeries are being done today for the wrong reasons. You don't look at an MRI to decide if you're going to do surgery on someone. You look at what the symptoms are. And I can tell you this for the last 20 some years. I've had patients, new patients come in saying just like you did. I went to one, or two, or three surgeons who said I had to have surgery. Some have said I'll be paralyzed if I didn't get a surgery. And they didn't do it. And we get callers like you all time. They said yeah, I was told I had to get surgery. I didn't do it and I'm fine.

Susan: Well that was -- you kind of get panicked, because you're told all these terrible things that I still have four herniated disks but I don't have any back pain. And I went to Dr. [inaudible]. He was the guy that brought it to this country. And when I had it done, it was before so many people got trained to do this. Now, they're -- you know, people like yourself, there's many choices now. I have a knee that's bothering me right now that I'm going to give it some time, but I may be seeing you about my knee.

Dr. Darrow: Okay.

Susan: But I wouldn't put it off at all getting Prolotherapy though, or what do you call it now regenerative therapy?

Dr. Darrow: They changed the name to regenerative medicine, but it's all Prolotherapy even if it's stem cells, meaning we're there to proliferate or stimulate new tissue to grow.

Susan: Yeah, that's a bonus.

Dr. Darrow: So you could call it PRP Prolotherapy, you could call it Dextrose Prolotherapy, you could call it stem cell Prolotherapy. And I've used many other stimulants like that, proliferants, I should say, to grow the tissue. Sodium morrhuate is another one I've used. Zinc sulphate, I've tried a lot of things. And they all work to some extent. There's a doctor who used to be Milwaukee, I don't know if he's still around, who use Saline, concentrated, Saline. But the problem is with Dextrose or Saline, things like that. They can work somewhat, but they're not very strong. They're not as efficacious as the newer things being used. And I know, because I injured my knee, I haven't told this story for a long time.

But Dakota, my 85-pound Husky was running full speed in the dog park, I didn't see him coming, and he hit me on the side of the knee, on my left knee. And it loosened my whole knee, my patella was loosened up from what's called retinaculum which is the covering. And my knee would not bend without catching. And I did Dextrose Prolotherapy on myself about a dozen times or so, and it would help, but anytime I ran, it would loosen up again. Then I did one PRP on it myself, and it just tightened right up.

So my experience and it was just me, is that Dextrose is not as strong as PRP or stem cells, and I've done stem cells on my knees too. It's probably about one-tenth the efficacy as these newer modalities. It's good, but it's not as good, okay.

Susan: Yeah, understand if it gets done -- before I got my Prolotherapy I had a terrible sciatic pain, to where I was in tears because I couldn't get out of my car. So it was just like something had to happen. But I would definitely do Prolotherapy. So anyway, I just wanted to share my story.

Dr. Darrow: Thank you so much. I really appreciate you calling in. Susan, you helped a lot of people today by calling in. Because all the people listening...

Susan: I hope so, because people are scared, and it's something that's [inaudible], but just don't overlook this because this is a -- it's a game changer.

Dr. Darrow: God bless you, Susan, we're going to a break right now, if anybody wants to get to me, call the studio now at 866-870-5752 and go to the website, you can watch the procedures, [www.lastemcells.com](http://www.lastemcells.com).

Nita: 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 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. And this is where we talk about musculoskeletal pain. Call the program right now and get your free book, 866-870-5752. The book is Dr. Darrow's latest called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, and the foreword is written by Suzanne Somers. And would you like to talk to James in Claremont?

Dr. Darrow: I would. James, Dr. Marc Darrow. How are you today?

James: I just want to say your book, I received it recently, and I'll be making an appointment for my knees. And I just wanted to say, I know that you can work on my body and make a shout out to Nita. When I first met her on the radio, I thought she was related to Richie, but I found out later she's not. But you do my body, and she does my brain.

Dr. Darrow: Absolutely, wonderful.

Nita: I'm in.

Dr. Darrow: Tell me how long your knees have bothered you for, James?

James: Well, I had a football injury years ago, and although it's funny, it's the other knee that bothers me the most.

Dr. Darrow: Okay.

James: So I'm going to come in, and you can do your thing on me.

Dr. Darrow: What's your age?

- James: 57.
- Dr. Darrow: Okay. So you've had 30, 40 years of pain in your knees?
- James: No, no, it's -- I haven't really had a lot of pain, but recently going up and down stairs it has affected the knees.
- Dr. Darrow: Okay. The main reason that people have pain up and down stairs, the main reason, not the only reason, because the knees are complex, is what we call patellofemoral syndrome, where the patella, which is the bone in front of the knee, and it fits in a groove, called the trochlear groove in the femur, which is the upper leg bone is kind of worn down a little bit. There is another part of that syndrome, if that's what it is, we call it the theater sign, so when you go to a movie, not that people are doing it right now, but sitting on an airplane, wherever you're kind of cramped up, the knees start to ache a little bit.
- And it's usually something pretty easy to fix, especially yours doesn't sound too bad, so I'd have to...
- James: Yeah, I don't have much pain, like you said while sitting and so forth. But I notice sometimes that getting up from sleeping at night the knees will be a little swollen.
- Dr. Darrow: Okay. Well, I'd love to see you. I appreciate you calling. Have you been to a doctor about it?
- James: No.
- Dr. Darrow: So, we'll take a look at it, examine it and if I think it's worthy, we might get an x-ray or an MRI to see what's going on there. I'll look with my ultrasound also.
- James: Okay, one comment out of your book there, looking at the picture from Thanksgiving, that's quite a clan that you have there with the family.
- Dr. Darrow: Oh, yeah, yeah, it keeps growing too. Yeah, here's the picture, I'm showing it to the camera right now.
- James: Yeah, that's quite a picture. That takes up almost the entire picture itself, everybody there.
- Dr. Darrow: Yeah, we have -- our family is from Chicago. And I'm going to guess there's a thousand of us, it's a giant family.
- James: Is that right? Oh, my that's tremendous.

Dr. Darrow: We used to have a cousins club when I was a little kid, and my parents would rent out a big hall, because there was so many people that would show up. It was so much fun, I had so many cousins, and uncles and aunts, and you name it. So life was good.

James: Even though Nita is not related to Richie, maybe every once in a while she can sing a little bit.

Dr. Darrow: Yeah.

Nita: Absolutely.

Dr. Darrow: We're going to go to Tom right now, James. I appreciate your call.

Nita: Yeah, thanks for your call, James, take good care. And do you to give out the phone number real quick before we pick up Tom?

Dr. Darrow: Yeah, 866-870-5752, please call me right now. I want to talk to you, and find out about your musculoskeletal complaints, arthritis, neck pain, back pain, anywhere around the body. So the number again is 866-870-5752.

Tom you also have a knee issue, how long have you had it for?

Tom: Oh, probably about 15 years.

Dr. Darrow: Okay, and how old are you, sir?

Tom: 75.

Dr. Darrow: Okay, so you're a young guy. And are you an athlete, or were you an athlete?

Tom: I used to be, but I haven't been since this knee probably. I have been able to learn how to walk again well. Because I did see you about 10 years ago. And I was you know I was your patient zero for stem cells. I was the number one first patient, and then you came -- you became the greatest expert.

So one thing you told me to do was to lose 40 pounds which I was very disobedient in and didn't do that.

Dr. Darrow: Okay.

Tom: So now I have lost about 25 of it, and I have learned to walk well. But I do have problems going up stairs.

Dr. Darrow: Okay.

Tom: And you were saying earlier that one of the things you ask your people to do is not go upstairs. But I thought that I should be able to go upstairs again, don't you think?

Dr. Darrow: No, I'm talking about you don't go upstairs during the treatment. Let it heal.

Tom: I see, okay.

Dr. Darrow: After you're healed go run up and down stairs all you want. Good point.

Tom: Okay, good. Well, I'd like to get healed again, so I think maybe I should make an appointment with your office.

Dr. Darrow: Okay, well the number the office you can call there right now is 800-300-9300, you can call now and someone will pick up, or just leave your phone number, they'll get right back to you.

Tom: Okay, 800-300 and what's the last four digits?

Dr. Darrow: 9300, 800-300-9300. So let me say one thing before you run. Ha, ha that's a pun, Nita, you're supposed to laugh.

Nita: Ha ha.

Dr. Darrow: Oh, you can do better than that. So every pound in excess on your body is about five pounds extra pressure on your knee biomechanically.

Tom: Yes, I know.

Dr. Darrow: So, if you are 40 pounds in excess, 40 times 5 is an extra 200 pounds. So if you weighed 200 pounds, then you've got about 400 pounds of pressure on your knee. And people cause their own arthritis by being overweight. That's been shown. So, yeah I have everybody go on a ketogenic diet, those that will, most do. And believe it or not, I give them -- everybody gets my cell number. And I have people text me every morning when they wake up after they weigh themselves. So they can be accountable to me. It keeps them on track. I've had people lose 100 pounds doing this.

Tom: Wow. Well, like I said I've got 10 more pounds to go, and I'll be making an appointment soon, okay?

Dr. Darrow: Okay, yeah. God bless you, Tom. I appreciate your call.

Tom: Thank you.

Nita: Yes, thank you, Tom for your call. Do you want to talk to Nick?

Dr. Darrow: I do, Nick. This is Dr. Marc Darrow. I understand that your back and your hip bother you. Let's go to your hip first, tell me about it.

Nick: Yes, doctor, hello. Yeah, I have three herniated disks, a slipped disk and a tear in my L4-L5, back pain and hip pain in both hips, I've lost 70 pounds, I'm in real good shape, work out, four days a week. Strengthen the core, and that's helped me with the back, but you know back pain and hip pain, and I ride horses, and sitting on the saddle, you know it causes a lot of pain. I wonder if you can help me out.

Dr. Darrow: Well, I can't tell you right now over the radio, but normally those things we can help. It sounds like you're already very active, so you're not that terrible. And I'd have to examine you like I tell everybody, I've got to get my hands on the areas that bother you. Can you turn your radio off Nick, so it doesn't reverb back in my ear? Thank you.

Nick: Yeah, I'm having a hard time hearing you.

Dr. Darrow: Yes, your radio is on, it's reverberating.

Nick: Okay. There we go.

Dr. Darrow: Thank you so much. So I have to examine you, the herniated disks are not really an issue unless you have radiating pain down your arms or legs. All the things you have are pretty normal to an active person. So I don't get all alarmed and send you to a surgeon for the things you have, because I don't think that's necessary. I think that using platelets and/or stem cells from your own blood, you know, PRP or bone marrow can help you in healing.

So I have to see you. Have you been to a doc? Yeah, you must have if you know you have herniated disks. What did your doctor tell you?

Nick: They -- I chose exercise and work out and strengthen my core instead of doing surgery on the back and the hip. I've had MRIs and it shows a little arthritis, but and that's not it. They just tell me I have to deal with it, or you know...

Dr. Darrow: Well, they tell you have to deal with it, because they don't know what to do to heal it. And surgery is definitely not the answer for you, because you're active already.

Nick: They don't recommend -- I've got a lot of flexibility, because you know I stretch every day for an hour or so, I've got a lot of flexibility in the hips. But the pain is just -- I have to do a deep -- I do my own deep massage on my hips or I can't move very well.

Dr. Darrow: Yeah, yeah, I got it. Well, look riding horses is not easy, and does keep stretching out the hip capsule, even if you didn't have arthritis, you can have problems with the hips. So I rode horses very heavily for one year, when I was in my internship in Denver, and I would get sore hips, I got sore knees. It wasn't a problem, but they get sore from riding. And lot of people come in with these things that they're ready to have surgery for, and then sometimes they just stop the activity and they get better, but obviously no one wants to stop their activity...

Nick: I'm having a hard time hearing you.

Dr. Darrow: Okay. Can you turn the radio back on and we're going to take you off of the air and you can listen to what I'm going to say, okay.

Nick: Thank you.

Nita: Thank you, Nick.

Dr. Darrow: So for Nick, the answer is most likely to get some PRP or some bone marrow with stem cells in his hips and maybe his low back to help regrow some of the tissue that's been worn out by his activities. And all of us, as we age, dry up a bit. You know people get shorter. The disks in the low back or in the neck, and actually the whole spine starts to dry out a little bit. Then we get a little bit shorter, and it's so weird to see people like my dad, was about six-one when he was young. And I don't remember how tall he was before he left the planet, but he was a lot shorter than me. And then he died when he was 90. So that's very common. And it's common to have a lot of pain in your body if you're super active, as you age. When we're younger we have a lot of extra tissue that we don't get beat up as much, but as we get older, people always say I don't heal as fast. Well, that's true.

All the system and body as we age start to slow down a little bit. So, sometimes it's good to replenish hormones in the body, testosterone for men and for women, estrogen, progesterone, testosterone to keep things working the same way. There's a lot of things that could be done. I think the most important things that we can do is be on a ketogenic diet, which is basically low carb, and keep active. I think I told this story on the radio before, Nita, but I was running up my mountain here where I live with my Husky, Bella, and we came upon a shrunken up little couple, and I am very

gregarious so I stopped him, and I said how old are you guys. And the woman took over the conversation. She said well, I'm 90 and he's 92. And both of them had this message for me. And they repeated it over and over. They said keep active. I kept saying you guys hike up here? They go every day, a few hours a day. And they kept saying be active and you'll stay young. So that's my motto always. It's always been like that. I've always been seeking Ponce de Leon, do you remember him, Nita?

Nita: Oh, yes, he was -- he had a couple boats or a ship or something. Didn't he travel the ocean blue or something?

Dr. Darrow: He did. He traveled the ocean blue, and he came from Spain to America. And he was looking for what? The Fountain of Youth.

Nita: Ah, yes.

Dr. Darrow: And I read about him when I was a little guy. And I've always been searching for the Fountain of Youth. And I have youth inside of me. I always tell people when they ask me how old I am, I say I'm 16. And they laugh. And I think the key to life is keep searching for youth, joy, happiness and all of those things. And just living from your heart the best way you can, because everything's inside, all the good stuff is inside. The world has a gravity in decay and we have to live in it, but we have to regenerate. I meditate one hour every day. Okay? So, I'm about to do that after the show.

Nita: It's all in our attitude isn't it?

Dr. Darrow: Pretty much. And attitude is something we can generate. It's a choice in every moment. So if something happens you don't like, you go inside and you clear it. And you go I like it, it gives me something, you know it might be a lesson. There's always something good out of everything.

So, I'm going to take some questions here, if you don't mind, Nita.

Nita: Sure.

Dr. Darrow: I'm going to mention something else we do.

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

Dr. Darrow: Absolutely. The phone number to the studio right now, if you want to talk to me, we've still got a few minutes left, 866-870-5752, grab your pencil, 866-870-5752. And another number to my office if you catch us live and hear the show another time is 800-300-9300. You call and we will get right back to you. That's 800-300-9300.

So let's go to some questions till we get some callers.

Nita:

Okay.

Dr. Darrow:

Let's see here, ah, this one says 90 years old, do not want surgery or cortisone. That's a smart guy or woman. This person says I have had two cortisone injections that did nothing. That's good news. X-ray indicates right side of knee is bone-on-bone. That could be good news, because I rarely ever really see a bone-on-bone. I see every doctor saying it's bone-on-bone, and then when I examine the person, I can move them around and it's not bone-on-bone. Bone-on-bone is a seduction to get surgery, to have a joint replacement. It's not real in most cases. It could be real, but I rarely, rarely ever see bone-on-bone. Bone-on-bone to me means the joint is fused, it will not move. The person says I'm 90 years old and do not want surgery. Well, being 90 years old and having a surgery leads to disaster, okay. A lot of the systems are shut down, there's more infections, more problems, more pneumonias and less healing. So a surgery is not the answer for a 90-year-old, unless it's an emergency. Pain is constant both at rest and in motion. Interested in PRP, or stem cell treatment. So the big key to what this person wrote is the word, motion.

If they're in motion, they're doing pretty good, and usually regenerative medicine using bone marrow with the stem cells and platelets or just platelets from the blood is going to be the answer to help them. Does it mean they're going to heal? No. I can't predict. I always tell people there's no guarantees, but most of the people that I treat are pretty happy. If they don't completely get better, if they get a little bit better, they're happy.

Nita:

Would you like to talk to Chandler in Huntington Beach?

Dr. Darrow:

Yes. Chandler, are you on the Friends' show on TV?

Chandler:

Yes. Yeah, I got -- today I'm getting an MRI on my left knee, on my meniscus.

Dr. Darrow:

Yes.

Chandler:

And it's swollen in the back and I'm just wondering what do I do after the MRI?

Dr. Darrow:

Well, I don't need your MRI to treat you, but you can certainly bring it in, and I'll take a look at it with you. The fact that you said meniscus and swelling in the back does not really medical impress me, because that's not a big deal necessarily.

- Chandler: Okay.
- Dr. Darrow: And there's still hope that you could heal. And I certainly wouldn't jump into a surgery which has a high risk of failure.
- Chandler: Okay.
- Dr. Darrow: And terrible sequelae. I don't know if you know my story. I had a shoulder surgery when I was in medical school, that completely ruined my shoulder and I was miserable for a few years, until I learned about regenerative medicine, and I injected myself. And my shoulder healed the next morning. And it doesn't work like that. I'm just telling you my story. It was pretty miraculous, but it's not like that for everybody. Sometimes we need several treatments to get better.
- So if you want to come in and bring your MRI with you, 800-300-9300 is the office number, I'll repeat it, it's 800-300-9300.
- Chandler: Okay.
- Dr. Darrow: And I'd love to examine your knee. The fact that there's swelling in the back may mean that there's what's called a popliteal cyst, or a Baker's cyst. And if you want that aspirated or drained, you make sure that that doctor uses an ultrasound, it's a very dangerous thing to aspirate, because there is the nerve that goes to the bottom of the leg that could be tweaked, and you could lose your leg. And there's -- you could actually die from it. There is a major artery back there.
- So never a needle in the back of the knee without ultrasound guidance, okay.
- Chandler: Okay, doctor yes. Thank you.
- Dr. Darrow: And the other thing is typically when someone has a popliteal cyst, that's fluid in the back of the knee. It's not a problem in the back of the knee, it's a problem in the front of the knee. And the front of the knee when it builds up with fluid, the fluid has nowhere to go, so it pops out of the back, okay.
- Chandler: Yeah, they drained fluid off my knee before.
- Dr. Darrow: So the goal for you is to treat the front of the knee and when that starts healing, the knee will not produce fluid anymore. So the fact that you're still blowing up with fluid indicates your knee still needs some work to regrow the tissue. Just draining it, does no good at all.

Chandler: Okay.

Dr. Darrow: It's just going to come back.

Chandler: Okay, thank you.

Dr. Darrow: God bless you, Chandler. There's good hope for you.

Nita: And our number is 866-870-5752 right here in the studio, and here's Valarie in Sun Valley.

Dr. Darrow: Hey, Valarie, Dr. Marc Darrow. I understand you have a swollen joint in your fingers. How many fingers are swollen?

Valarie: I do, Dr. Darrow. I'm noticing it mainly on my pointer fingers on both hands. And I'm starting to notice a little bit of swelling on the other fingers also.

Dr. Darrow: Okay. And have you been to a doctor about it. Did they do an x-ray? Did they do any blood tests?

Valarie: No.

Dr. Darrow: Okay, there's no deformity, it's just a little swelling?

Valarie: There's a little bit of deformity on the pointer fingers.

Dr. Darrow: Okay.

Valarie: On the joint closest to the fingernail.

Dr. Darrow: Yep, yep, yep. So I'd have to look at it and see what's going on. What's your age, Valarie.

Valarie: I'll be 75, Dr. Darrow in a couple months, yikes!

Dr. Darrow: Congratulations, congratulations, happy birthday.

Valarie: Thank you.

Dr. Darrow: Most likely we would just inject those joints and stabilize them and get rid of the swelling.

Valarie: Okay.

Dr. Darrow: I'm not a big believer in cortisone, because it literally destroys the tissue. It feels good for a while, it's a great anti-inflammatory, but long-term I think it's a bad thing. I think it causes problems. So I wouldn't do that. And I have one story that I tell every once in a

while about a woman who was a tennis player, and she had tennis elbow, and she had so many cortisone injections at her lateral epicondyle and the tendon, the extensor tendon was worn down to nothing. She could barely even extend her wrist backwards.

Valarie: Wow.

Dr. Darrow: And I had to inject her many, many, many times to regrow that tissue. And she's back at playing tennis now, so she's happy. But it took a lot of work.

Valarie: Dr. Darrow, a quick question. Does the injection, that reduces the swelling, does it prevent further swelling?

Dr. Darrow: No, generally it doesn't create more swelling. It will create a little bit of stiffness for a day or so.

Valarie: Okay. But does it prevent it from occurring again?

Dr. Darrow: That's the goal. I can't promise you one thing.

Valarie: Okay.

Dr. Darrow: You know we all know that there's two things that are promised in life, you know what they are, death and taxes. Hey, Irving, we can't you. But you can email me through the website at [www.lastemcells.com](http://www.lastemcells.com) that's [www.lastemcells.com](http://www.lastemcells.com). There a spot on every page to email me. And I will get back to you probably the same day. Or you can call the office at 800-300-9300. Thank you Nita Vallens, you're a great host. Thank you Alex, and Suzette, and the rest of the staff. God bless you all, and God bless the world.