

PROLOTHERAPY TREATMENT GAINS ADHERENTS

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If you haven't heard of prolotherapy, you're not alone. In fact, many mainstream physicians aren't aware of this controversial approach to treating chronic pain, especially back pain.

"It's kind of way out there," said Dr. Howard Smith, director of pain management at Albany Medical Center. "I don't think it will ever be completely standard."

A small, yet growing group of patients and doctors, including former Surgeon General C. Everett Koop, swear by it. They claim prolotherapy is often a better and more affordable alternative to cortisone injections, expensive surgery and narcotic pain killers.

Here's how it works: A trained prolotherapist injects an irritant solution into damaged ligaments and tendons. The theory is that such injections, usually a sugar or salt solution, are helpful because they prompt the body's inflammation response or the process by which we heal. The body increases the supply of blood and nutrients to the bothered area and, eventually, constructs new tissue.

On the surface, prolotherapy seems kind of far-fetched, especially because we spend billions of dollars in this country to fight inflammation with medications such as cortisone and over-the-counter remedies. Prolotherapy proponents, however, say it makes sense when treating chronic problems, such as sports injuries, osteoarthritis, sciatica, fibromyalgia and other painful conditions.

Most pain is due to weakness around damaged ligaments and tendons, according to Dr. Ross Hauser, a Chicago physician and the author of "Prolo Your Pain Away!" a new book on prolotherapy. "Prolotherapy strengthens those structures."

Jayleen Angellotti, 57, said prolotherapy has helped her to walk and sit again after waking almost two years ago with severe hip pain. "There were times I had to eat a bowl of cereal half-standing and half-sitting," said the retired Illinois schoolteacher. After visiting a series of internists, neurologists and physical therapists, she tried prolotherapy. Today, more than a year after getting regular injections, she feels almost like herself again. "Now the hardest thing is carrying and lifting," she said.

Smith describes the strengthening induced by prolotherapy as a form of nonsurgical support to the problem area: "It's kind of like bracing it medically with soft tissue," he said. Why then aren't more physicians opting for prolotherapy? Koop, who served as surgeon general under President Ronald Reagan, answers that question in the introduction to Hauser's book:

“Medical folks are skeptical and prolotherapy, unless you have tried it and proven its worth, seems to be too easy a solution to complicated problems ...” Adding to the skepticism is the fact that prolotherapy isn't part of the standard medical school curriculum, even though it was first developed in the 1950s. Estimates place the number of experienced practitioners in the United States at only between 300 and 1,500. Dr. Ken Knott, a physical medicine and rehabilitation specialist in Marietta, Ga., has been practicing prolotherapy for 15 years. He believes attitudes are finally changing because patients are seeing good results. “It's certainly something to consider other than surgery and the results are permanent,” he said. Side-effects also are rare, practitioners say, because prolotherapy injections aren't toxic and, if properly administered, are harmless. Possible problems include allergic reactions or temporary soreness. Though patients differ in their healing response, Knott said most of his patients feel permanent pain relief after three to six series of injections. Smith, at Albany Medical Center, is more cautious. He treats three to five patients a year with prolotherapy, usually as a last resort. He emphasizes that prolotherapy isn't for everybody. “I'm certainly on the stingy end of using it,” he said. Hauser is optimistic physicians will become more generous with prolotherapy as people learn more about it. “I think in the next five years prolotherapy will be state-of-the-art pain management.”