

HOW SAFE IS PROLOTHERAPY?

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In his study published in 1961, Abraham Myers, M.D., states that in treating 267 patients with low back pain with and without sciatica from May 1956 to October 1960 "over 4,500 Prolotherapy injections have been given without the occurrence of any complication."

Dr. Hemwall, who treated more than 10,000 patients with more than four million injections, had not one episode of paralysis, death, permanent nerve injury, or infection. In the words of Dr. Hemwall, "not even a pimple" has formed at the site of the injections. It is common however, to experience muscle stiffness after the injections for a few days. This can be remedied with moist heat and natural protease enzymes such as bromelains.

In the last 38 years no serious side effects from Prolotherapy have been reported in the medical literature despite millions of Prolotherapy treatments given. Prolotherapy is not dangerous, Prolotherapy cures chronic pain.

The Journal of the American Medical Association reported a fatality from Prolotherapy in 1959. The patient had a history of terrible low back pain and sciatica on both sides for 15 years. She received injections of zinc sulfate in 2.5 percent phenol solution. She immediately developed some lower extremity paralysis and was hospitalized. The report states that she regained almost complete use of her legs within a few days. Apparently some four months after the Prolotherapy she goes to the hospital because of nausea, vomiting and low back and leg pain. She is taken to the operating room and exploratory neurosurgery is performed at the base of her head. She had a marked hypotensive (low blood pressure) episode during the operation and an adrenaline compound was needed to keep her blood pressure up. Immediately after the operation her pupils were barely reacting to light. The author noted that he thought this was due to cerebral anoxia due to the prolonged period of hypotension during the operation. Several hours later the patient died. Does this look to you like a patient died after Prolotherapy? She did not develop the symptoms that led to her hospitalization, on October 27, 1957, until four months after she received the Prolotherapy. She obviously died because of the surgical procedure causing her blood pressure to drop—the author of the article admits it in the text. The author noted, "An attempt at surgical correction of this apparently hopeless situation resulted in death. This technique of precipitating fibro-osseous proliferation [He is talking about Prolotherapy] appears to be neither sound nor without extreme danger."

A similar erroneous conclusion might have been "neurosurgery appears to be neither sound nor without extreme danger." I would not, of course, say this because neurosurgery can save lives. However, a case of a Prolotherapy side effect is reported. The side effect appears to have resolved within a few days. The person is then admitted to the hospital four months later and dies during surgery. Because of this, "experts" considered all Prolotherapy as extremely dangerous. This, of course, is published in one of the most prestigious medical journals to "warn" everyone about it.

Another prestigious medical journal, Journal of Neurosurgery, published a report of three cases of side effects related to Prolotherapy in 1961. Never did the physicians state what was injected in any of the three cases. In reality, an improper solution was used. The typical

Prolotherapy solution was not what was used in these cases. But because one physician used a different solution, the natural conclusion was that all Prolotherapy is highly dangerous. The conclusion in this article was "...it is clear that injection of sclerosing solutions into the region of the spine is a highly dangerous procedure." Imagine if a totally incompetent neurosurgeon was performing brain surgery, not following standard protocols of treatment and people were dying or left paralyzed. Would it be right for someone to write an article in a medical journal regarding these cases and then state that neurosurgery is a farce and extremely dangerous because everyone is going to die or become paralyzed?

How could Dr. George Hackett, a great pioneer of Prolotherapy, have a 90 percent cure rate without even one side effect, yet these other physicians report four cases of people receiving significant side effects? The answer is easy. The physicians who caused these side effects did not follow the cardinal rule of Prolotherapy. Do not inject around the spine unless the needle is touching the bone. Additionally, they did not use the standard solutions of the day, such as Slynasol. The authors of these articles (including the editors of J.A.M.A. and Journal of Neurosurgery) should have made it extremely clear that standard Prolotherapy protocol was not followed in each of these cases. A more reasonable conclusion would have been that all Prolotherapists are not created equal. Prolotherapy is a very safe procedure if standard protocol and solutions are used, but serious side effects are possible if these are not followed.