

THE IMPORTANCE OF AN EXPERIENCED PROLOTHERAPIST

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Because of the numerous calls we receive, we have a good idea, (the good, the bad, and the ugly) about what is happening with Prolotherapy around the country. Remember that not all Prolotherapists are created equal and the proof is some of the things our patients have told us and what we have heard from other physicians:

"I do lots of injections, I can do Prolotherapy"

We can't tell you the number of doctors who have read our first book and call and ask, "Is there anything else I need to know before doing Prolotherapy?" Perhaps they forgot to read the disclaimer in the front of the book that states, "Physicians should use and apply the technique of Prolotherapy only after they have received extensive training and demonstrated the ability to safely administer the treatment." Before doing Prolotherapy Ross worked in the office with Dr. Hemwall for about six months. In March of 1993, we went to Honduras with the Hemwalls and several other doctors and treated about 1500 patients with Prolotherapy. Do not let a doctor inject you if your doctor learned the treatment only by reading a book.

The doctor says to the patient: "I can treat your shoulders with Prolotherapy, but not your back"

We have heard this over and over again throughout this year. Patients come to our office in Oak Park, Illinois because the Prolotherapist in their area does not do injections around the spine. If a physician does not feel comfortable giving injections around the spine, would you consider the physician an expert at shoulder Prolotherapy?

"Prolotherapy did not work for me; the doctor gave me two shots"

When someone tells us that Prolotherapy did not work for them, before going into shock, (because it works for just about everyone - and we mean that) we ask them how many shots the doctor administered during the treatment of the area. Inevitably, the response is something like the response above, "The doctor gave me two shots in the back." Two shots is not Prolotherapy. Prolotherapy starts the growth of tissue where the needle hits the bone, and essentially nowhere else. The lower back typically requires about 50 injections minimum. Yes, these are given all at one sitting!

"The doctor said I was too inflamed to get Prolotherapy"

The only diseases that cause inflammation for which Prolotherapy may not be appropriate is the autoimmune diseases, such as rheumatoid arthritis and systemic lupus erythematosus. Remember, however, that anyone with these conditions is much more likely than the average person to have poor healing, and thus, ligament and tendon injury and chronic pain. If someone with these conditions has a normal or almost normal ESR, erythrocyte sedimentation rate, which shows that the amount of inflammation is under control, then Prolotherapy is appropriate. This is assuming that the pain can be reproduced by palpation over a ligament or tendon on physical examination.

"I cannot do Prolotherapy until you get an x-ray"

X-rays are occasionally requested, but in our experience, as well as looking through the medical literature, x-rays very seldom help change the treatment that is needed for the patient with pain. Sometimes physicians tell patients that x-rays are needed to see the alignment of the

spine. This is good if you are going to get manipulation, but there is no study that shows proper spinal alignment has anything to do with a good response to Prolotherapy. If anything, research shows the opposite, that x-ray findings have nothing to do with pain complaints and do not correlate with who responds to Prolotherapy.

The person who responds to Prolotherapy is the one whose pain is due to ligament and tendon laxity. The person may be in good vertebral alignment or bad alignment. In the patients we have treated with Prolotherapy who also see a chiropractor, we are universally told how wonderful their alignment is after Prolotherapy. What likely happens is that by tightening up the ligaments that hold the vertebrae in place, the alignment improves on its own without manipulation. Again, if the physician believes that a broken bone or cancer may be present, x-rays are appropriate. Of course, a person who is not responding to Prolotherapy may require x-ray studies to determine other problems. X-rays are most definitely not something that should be routinely done on every patient just to pay for the x-ray machine. It is unethical at worst and not helpful at least.

"The doctor gave me a 50/50 chance of Prolotherapy working."

50/50 chance! Ridiculous! There is an 85 percent chance for the chronic pain sufferer to achieve complete healing. It is more like 95 percent for the young athlete. Someone with chronic musculoskeletal pain has an 85 percent chance.

Prolotherapy is tremendously successful. For an appropriate candidate the success rate may be closer to 100 percent.

"The doctor said that Prolotherapy could not help a herniated disc."

A disc is like a jelly-filled donut. The hole where the jelly comes out is the herniation. The jelly part is the nucleus pulposus and is the part that is herniated. A ring of ligament tissue called the annulus fibrosis surrounds this area. Since by definition a disc herniation is when the jelly stuff herniates or breaks through ligament tissue, what would likely be the best treatment? Prolotherapy.

Prolotherapy strengthens the annulus fibrosis and other ligaments that support the disc, helping the condition resolve without surgical intervention. If the disc material is pressing on the nerve, then other treatments in addition to Prolotherapy may be indicated, including nerve blocks or epidural injections to decrease the inflammation on the nerve. This type of inflammation is bad, so this is one instance when we might use corticosteroid injections around the nerve for symptom relief, but would do Prolotherapy to ultimately cure the problem. Almost all disc herniations can be cured with Prolotherapy.

"I was not a Prolotherapy Candidate"

It is amazing how many people are experts on who is and is not a Prolotherapy candidate. We have had patients be told by chiropractors, physical therapists, orthopedic surgeons, their fathers, and a host of other so-called "experts" that they were not Prolotherapy candidates. The only person that is qualified to determine the appropriateness of a candidate is an expert in Prolotherapy.

"The doctor said I would need at least fifteen sessions of Prolotherapy"

Every Prolotherapy doctor has patients who required many treatments. By and large, however, most people usually require four or five sessions. For an athlete who has had an injury for just

a few months (or less) and is in excellent shape, the number of sessions may be even less. If someone comes to our office and is not significantly better by the third session, we will usually try increasing the strength of the solution or recommend doing some diagnostic nutritional/hormonal testing to see if we can find the reason why the person is a slow healer.

Prolotherapy starts the growth of ligament and tendon tissue, but an individual's own immune system grows the tissue. If the immune system is in a depressed state due to nutritional, hormonal, or stress-related factors, these could be the reasons why the response to Prolotherapy was less than ideal. Generally two out of three patients feel some pain relief with the first Prolotherapy treatment session. A physician who routinely treats every area 15 times is typically either using a very weak proliferant or not doing enough injections at each visit.