Prolotherapy

A Word from C. Everett Koop, M.D.
- **former Surgeon General of U.S.A.**

Prolotherapy is the name some people use for a type of medical intervention in musculoskeletal pain that causes a proliferation of collagen fibers, such as those found in ligaments and tendons, as well as shortening of those fibers.

The “prolo” in prolotherapy, therefore, comes from proliferative. Other therapists have referred to this type of treatment as Scelerotherapy. “Sclera” comes from the Greek word “sklera”, which means hard. Sclerotherapy, therefore, refers to the same type of medical intervention, which produces a hardening of the tissues treated – just as described above in the proliferation of collagen fibers.

Not many physicians are aware of prolotherapy, and even fewer are adept at this form of treatment.

One wonders why this is so. In my opinion, it is because medical folks are sceptical and prolotherapy, unless you have tried it and proven its worth, seem to be too easy a solution to a series of complicated problems that afflict the human body and have been notoriously difficult to treat by any other method. Another is the simplicity of the therapy. Injecting a small irritant solution, which may be something as simple as glucose, as the junction of a ligament with a bone to produce the rather dramatic therapeutic benefits that follow. Anotehr very practical reason is that many insurance companies do not pay for prolotherapy, largely because their medical advisors do not understand it, have not practiced it, and therefore do not recommend it. Finally, prolotherapy seems so simple a procedure for a complicated series of muscuskeletal problems which effect a huge number of patients. The reason why I consent to write the preface of this book is because I have been a patient who has benefited from prolotherapy. Having been so remarkably relieved of my chronic disabling pain, I began to use it in some of my patients – but more on that later.

When I was 40 years old, I was diagnosed in two separate neurological clinics as having intractable (incurable) pain.

My comment was that I was too young to have intractable pain. It was by chance that I learned that Gustav A. Hemwall, M.D., a practitioner in the suburbs of Chicago, was an expert in prolotherapy. When I asked him if he could cure my pain, he asked me to describe it. When I had done my best that I could, he replied, “There is no such pain. Do you mean a pain…” And then he continued to describe my pain much better than I could. When I said, “That’s it exactly,” he said, “I can fix you”. To make a long story short, my intractable pain was not intractable and I was remarkably improved to the point where my pain ceased to be a problem. Much miler recurrences of that pain over the next twenty years were treated the same way with equally beneficial results.

I was so impressed with what Dr. Hemwall had done for me that on several occasions, just to satisfy my curiosity, I watched him work in his clinic and witnessed unbelievable variety of musculoskeletal problems he was able to treat successfully.

Many of his patients were people who had been treated for years by all sorts of methods, including major surgery, some of which had left them worse off than they were before. Many

of his patients had the lack of confidence in further treatment and the low expectations that folks inflicted with chronic pain frequently exhibit. Yet, I saw so many of them cured that I could not help but become a 'believer' in prolotherapy.

I was a peadiatric surgeon, and there is not many times when prolotherapy is needed in children because they just don't suffer from the same relaxation of musculoskeletal connections that are so amenable to treatment by prolotherapy. But, I noticed frequently that the parents of my patients were having difficulty getting on their coats, or they walked with a limp, or they favored and arm. I would ask what the problem was and then if it seemed suitable, offer my services in prolotherapy at no expense, feeling that I was a paediatric surgeon and this was not really my line of work. The results I saw in those many patients were just remarkable as was the relief I had received at the hands of Dr. Hemwall. I was so impressed with what prolotherapy could do for my musculoskeletal disease that I, at one time, thought that might be the way I would spend my years after formal retirement from the University of Pennsylvania. But the call of President Reagan to be Surgeon General of the United States interrupted any such plans.

The readers may wonder why, in spite of what I have said and what this book contains, there are **still so many skeptics about prolotherapy**. I think it has to be admitted that those in the medical profession, once they have departed form their formal training and have established themselves in practice, are not the most open to innovative and new ideas. Let me give me you an example: about 15 years after I first met Dr. Hemwall and was treated by him for my lower extremity pain, I began to develop serious pain in my right shoulder girdle and upper arm. I was treated by neck traction, which made me worse, and after sleeping in an awkward position on an airplane to London, I woke up with my right shoulder arm paralyzed.

I checked myself into St. Bartholomew's Medical College Hospital where they evaluated an treated me. What I was learned was that the abnormal motion in the skeletal system can produce both sensory and motor symptoms. I had both my shoulder and arm. I was treated in London by cervical traction, but not as I had been in the U.S., just pulling my neck off my shoulders by means of a sling under my chin and my skull, but I was treated by cervical traction with my head flexed forward and turned to one side. That relieved the pressure on the nerves involved and led to my recovery. Because of the wonderful care I received at St. Bartholomew's Medical College Hospital, I began to heal the paralysis so that I experienced muscle twitching in my paralyzed arm within three weeks; by six weeks I would open a door and after three months I was back working at the operating table.

I learned from my physiotherapy colleagues in London that the head weighs 12 pounds and can be used as a means of cervical traction by lying prone on a bed with your shoulders at the edge of a mattress, letting your head hang forward (flexion), and turning it to the side of your pain. There were days that I could barely get my wallet out of my back pocket. I would have to "walk" my fingers across my hip to my pocket and then slowly extricate my wallet. That was my right hand into my right rear pocket. After five minutes of the previously described traction of the edge of the bed, I could put my right arm completely around my back and to the other flank.

I was so impressed with what I had learned that, one day, while with a few of my orthopaedic and neurosurgical colleagues, I demonstrated the improvement after hanging my head over a gurney outside the operating room. Instead of being impressed, they all walked away as sceptics, some thinking that I had faked the whole thing to impress them.

Prolotherapy is not a cure-all for all pain. Therefore, the diagnosis must be made accurately and the therapy must be done by someone who know what he/she is doing. The nice thing about prolotherapy, if properly done, is that it cannot do any harm. How could placing a little sugar-water at the junction of a ligament with a bone be harmful to a patient?

Excerpt from: Prolo your Pain Away: Curing Chronic Pain with Prolotherapy by Marion Hauser, M.S., R.D. and Kurt Pottinger.