



The World Needs This Journal

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W elcome to the second issue of the *Journal of Prolotherapy*™! It was a long road to get here, and I thank all who worked so hard to accomplish that goal! I am more convinced now than ever that the world needs this journal. Pain is destroying a lot of lives and many of them in the prime of life! One of those lives is Terri, who I just met in November, 2008 as a new patient in my office. She has three teenage boys and is happily married. She has suffered with neck pain for 16 years. She attributes the development and continuation of her pain to holding the phone between her neck and left shoulder for her job. In the course of 16 years, she had the following treatments: several hundred high velocity chiropractic manipulations, at least 15 separate courses of physical therapy, about eight trigger point injection sessions, more than five cortisone-type facet injections under fluoroscopy, 20 different medications, and visits to over 50 different health care practitioners.

Though only in her forties, Terri looks much older than her stated age. Pain does that to a person. She and her husband have literally spent tens of thousands of dollars out of pocket for her care. Her MRI does show extensive degeneration, but she has no nerve involvement. On physical examination, Terri exhibited numerous trigger points and tender points throughout her neck and upper back. She received her first Prolotherapy session on her first visit and I gave her a 90% chance of getting rid of all or greater than 75% of her pain with Prolotherapy.

The next week after seeing Terri, I saw another client, Joan, who has had at least 15 separate cortisone shots in her shoulder. By the time she saw her first Prolotherapist (me), she was suffering with a nearly completely frozen left shoulder. She had no abduction (moving the arm away from the body) and no external rotation. When I say none, I mean none. I told her it was doubtful Prolotherapy was

going to help her with her range of motion at this stage in the game, but we should be able to decrease her pain. She was okay with that. I should mention the fact that she had massive muscle atrophy in the front of her shoulder. I am confident the doctors who had been treating her had no idea just how much damage the cortisone shots have done to this woman. Had she first seen a Prolotherapist with her shoulder problem, she would most likely be back to full function already.

William is another interesting case. He has experienced successful Prolotherapy to his ankle, and both feet, shoulders, and knees, yet the treatment to his neck was only partially able to cure his neck pain. But he is very pleased with his progress nonetheless, as he is no longer left to live a life of total body pain and pain meds. Here is what he told me, “Many, many times I’ve talked to my other doctors about Prolotherapy and there was no interest whatsoever! They advised me not to pursue Prolotherapy as a treatment because it isn’t proven!”

You can see why the world needs this journal. What I am about to say may sound odd, but once I explain it, it will make sense. *The same reason doctors give cortisone shots is the same reason they don’t do Prolotherapy. Let me say it again: The same reason doctors give cortisone shots is the same reason they don’t do Prolotherapy injections!* The reason you ask? Because you cannot sacrifice human beings! Yes, that is the reason. Let me explain.

If a panel of traditional doctors reviewed the animal research on corticosteroid injections and the animal research on Prolotherapy, the conclusion would have to be that corticosteroid injections directly into joints **causes articular cartilage degeneration**. In degenerated joints, cortisone injections further the degeneration. I am talking about degenerative arthritis (or

commonly known as osteoarthritis), not inflammatory arthritis (like rheumatoid arthritis). The animal evidence on Prolotherapy, on the other hand, is overwhelming that this injection therapy **stimulates regeneration of structures**, such as ligaments or tendons. The obvious question becomes, “Why don’t more traditional doctors do Prolotherapy and why do they give so many corticosteroid shots to already degenerated joints?” The reason is as before, you can’t sacrifice human beings.

This issue of the *Journal of Prolotherapy*[™] contains a scientific review on what corticosteroid shots do to animal and human articular cartilage. Corticosteroids degenerate articular cartilage. Unfortunately, because of the acceptance of corticosteroid injections in traditional allopathic medicine, it is just assumed that, for the most part, they are safe. As it relates to osteoarthritis, the preponderance of evidence is to the contrary. It is generally accepted that over time a degenerated joint becomes more and more degenerated until a person needs a knee or hip replacement. This begs the question, “Why?” What is causing so much cartilage breakdown? Why haven’t more researchers or doctors thought to make the correlation that perhaps the substance(s) that are degenerating these knees and hips at such an alarming rate, are in fact that very substances that have been injected into the joints and are prescribed to relieve the pain of osteoarthritis?

It is easy to prove that anti-inflammatory injections or medications are damaging to the articular cartilage in animals because you can biopsy or sacrifice the animals and look at the articular cartilage under a microscope. The problem is you can’t sacrifice a human being to look at his/her articular cartilage under the microscope a month or two, six or twelve months after a corticosteroid shot! Likewise, it is difficult to prove Prolotherapy because modern medicine wants to see microscopic or X-ray data. What if most ligaments do not show up on X-ray and what if we cannot look at the Prolotherapy-treated ligaments under the microscope? Shouldn’t the resolution of patients’ symptoms be proof enough? The *Journal of Prolotherapy*[™] welcomes and hopes that future microscopic

Animal studies prove that Prolotherapy stimulates regeneration of ligaments and tendons.

Corticosteroids degenerate articular cartilage, yet they are generally accepted as safe by traditional medicine.

and X-ray data will show that Prolotherapy in human beings to the various structures, such as cartilage, ligaments, menisci, labrum and tendons regenerates them. But let us not forget that the most important evidence in all of this is whether the patients’ pain and lives improve? Does in fact, regenerative injection therapy cause people to achieve long-term pain relief to the point that they regain exercise ability and enjoy life again? We believe at *JOP* that the resolution of a patient’s symptom (especially those who have suffered with pain and other symptomatology for years and even decades) is the best kind of proof! You do not need a double-blind study because the patient is basically their own control. Degenerative joint disease or disc disease is a progressive condition. These conditions do not spontaneously remit. For the person suffering from knee pain for 10 years who receives Prolotherapy, what more proof does one need if the pain stops and the patient is back to playing tennis?

This second issue of the *Journal of Prolotherapy*[™] is packed with great articles, remarkable recoveries, and experiences with Prolotherapy from around the world! Here is what you will find in this issue: Two doctors’ personal Prolotherapy journeys, a Remarkable Recovery story from an endurance athlete, Prolotherapy study on chronic hip pain, Prolotherapy skill enhancement for hip treatments, a review of the literature on elbow tendinopathies, and much more!

Thanks for all of your comments on the first issue. Remember that our goal is to educate the world about the life-changing effects of Prolotherapy. This will only happen by you telling how your life was changed with Prolotherapy. Tell us **your** story!

Until the next injection,

Ross A. Hauser M.D.