

ABSTRACT

I am a long distance runner, who, over a number of years, developed sacroiliac joint pain, iliotibial band problems, piriformis syndrome, patella femoral syndrome, and pain all along my entire right side. I had sought out treatment as these problems progressed in severity, from both the allopathic community as well as extensive chiropractic and physiotherapy. Unfortunately, these treatments were all minimally successful at best, providing no real relief.

During the last run of a taper prior to running the Toronto Waterfront Marathon in September 2006, I heard a crack, and felt searing pain through the inner thigh and groin. In spite of my best efforts to seek medical attention for this problem, I was offered nothing by allopathic medicine, except an assessment of a pulled groin muscle, and stop running. Since walking was a serious problem, their advice was of no help. Months of dedicated, daily physiotherapy treatments proved mostly futile until finally the physiotherapist, a marathoner herself, informed me of a treatment called Prolotherapy. She believed this would address the laxity of the ligaments of my right SI joint, which had culminated in what was in fact a fracture of the inferior pubis ramus resulting from multiple biomechanical problems, and laxity of the ligaments of the SI, exacerbated by many miles of running.

My story takes a small turn from the typical "sports injury and Prolotherapy" route, after I was introduced to Dr. Rob Banner in the Pain Clinic at St. Joseph's Hospital in London, Ontario. Based on his experience and my previous lack of success with other approaches in trying to correct my biomechanical problems and the resulting pain, several other therapies in addition to Prolotherapy were first necessary to create an environment in my body more receptive and favorable to treatment. This article encompasses several other treatments that were essential to the ultimate success of my Prolotherapy treatments. I felt this would also present an article somewhat more unique in nature for your readers, and other practitioners as well.

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Road to Prolotherapy: An Athlete's Prolotherapy Story

Michelle Murphy

The road to Prolotherapy has been long and winding. At least for me, it has been. It may have begun some 13 years ago with 40 plus hours of unproductive child labor, and the impact that had on my pelvis. I will likely never know for sure. But it certainly was exacerbated by the countless miles of endurance training through sacroiliac (SI) pain, piriformis syndrome, iliotibial (IT) band problems, patella femoral syndrome, and entire right side pain, for which no amount of allopathic medicine, chiropractic and physiotherapy could help. It reached its point of no return on a beautiful, sunny autumn day I called my 39th birthday. During the last 100m sprint of an easy 5 km run, the final of a taper that was to culminate in the running of the Toronto Waterfront Marathon two days later, I heard a crack, quickly followed by a searing pain through the inner thigh and groin. Barely able to walk home, and bed-ridden in pain, after 1200+ kms of training, I was forced to abandon my goal.

When after several days of resting, RICE (rest, ice, compression, elevation), and ibuprofen provided no relief whatsoever, I approached not one, but four local MDs, and two orthopedic surgeons, desperately searching for anyone with some experience in sports injuries to help me with the severe and very uncomfortable pain of what I believed at the time must be a pulled groin muscle. To my dismay, these doctors provided me with nothing more than "if it hurts, don't run," which was least helpful considering even walking was a serious problem, and the ever useless RICE once again.

In spite of the lack of medical advice nor suggestions for rehabilitation, I was fortunate enough to be directed to a local physiotherapist, also a marathoner, who herself had suffered her share of injuries. I worked almost daily with her for four months to discover that I had a "wonky pelvis" as she put it, i.e. loose ligaments of the right SI joint. No matter how hard we worked to stabilize my SI, through



Figure 1. Michelle Murphy running the Detroit Marathon in October 2008—something she thought would never be possible without the help of Prolotherapy.

various exercises, breathing, pelvic stability belt, my pelvis kept slipping out. When she had done all she could, she referred me to a pain clinic in London, Ontario where I met an MD. Dr. Rob Banner, who also trained in various complementary and integrative therapies, worked with me for over a year to get me back to running form.

At the same time, complaining of the constant groin pain, my family physician sent me for an X-ray of the pelvis, which revealed that my pulled groin muscle was actually a fracture of the inferior pubis ramus that had gone unidentified until now. Doctors and physiotherapists told me to forget long distances completely, and even to stop running altogether. My offset, twisted pelvis, leg-length discrepancy, IT band and knee problems and laxity of ligaments of the right SI joint were not the makings of a marathoner, so I was told.

What makes a person look for answers when all doors appear closed is the making of another article, but life is too short to abandon with ease those things which not only bring us pleasure, but keep us happy and healthy. In the pain clinic in London, Dr. Banner worked with me through a variety of less-than-conventional therapies to get me back to training, and in the process, decrease my pain.

And so began the road to Prolotherapy in earnest. I went to the pain clinic in hopes of receiving Prolotherapy treatments and getting back to running as quickly as possible. Unfortunately, the doctor's experience and my impatience did not see eye to eye on the approach to healing. The road took a sharp turn when he pointed out

that prior to receiving any treatment, I would first need to rid my mouth of the mercury filled amalgams that had been releasing this toxin throughout my body with each bite, essentially clogging up my cells and preventing my body from responding favorably to the many treatments I had sought to rectify my multiple biomechanical problems over the previous years. After removing all amalgams, it took 10 months of chelation using NDF- nanocolloidal detox factors, which eliminates heavy metals in the body through urination, to remove enough of the mercury from my system for other treatments to have their desired effect. Once the mercury level was low enough, Dr. Banner used acupuncture to perform vital alignment, to bring about a more neutral realignment of my body after years of favoring the previously strong left side, versus the weakened and misaligned right.

In addition to these, several different treatments were involved to bring about the healing necessary to get me moving again, most notable amongst them were neural therapy and Prolotherapy. Neural therapy is a process by which procaine is injected into scar tissue to unblock interference fields (barriers in the body's natural ability to heal itself). Approximately four treatments injecting scars including ear piercings, a childhood vaccine, a c-section scar and a scar on the knee resulting from a bike accident were required to return the resting membrane potential of these scar tissues to their normal -70 mv, and again, create within my body an environment more receptive to treatment.

At some point during these treatments, my pains had decreased enough that I was able to slowly and gradually return to running, all the while noticing other areas of pain in my body had also started responding favorably to these many treatments. Unfortunately it wasn't long before I discovered that the right SI joint was still causing significant pain and discomfort radiating down the leg, indicative of the continued laxity of those ligaments.

Finally, on to Prolotherapy, what I had been waiting for all along. Prolotherapy involves injections of procaine, bupivacaine and glucose into lax or torn ligaments causing an inflammatory response, resulting in the growth of new and stronger ligaments. At this point, in addition to the SI joint laxity, I had injured my left Achilles tendon while turning to cycling in the absence of running, and had also torn the anterior talo fibular ligament in the same foot. The patella femoral syndrome of the right knee was still

troublesome, so come time for Prolotherapy, all of these four areas were treated. The Achilles tendon was by far the most painful injection, followed by the SI.

I was informed to refrain from all vigorous activity for 48 hours as to not add any additional stress during that healing period, followed by no impact activities for two weeks. In the two days or so immediately following, I walked with a slight limp from the injection in the Achilles, and at night, could feel the sharp pain of the needle poking around in the region of my SI. For the first few nights, a three-point turn was necessary to roll over in bed because of the burning sensations radiating deep at the injection sites. (Anyone who has ever been pregnant knows what a three-point turn is.) Having trained for many endurance events and knowing well the “good” feeling of muscular pain, versus the “bad” feeling of pain associated with biomechanical discrepancies, I was constantly questioning which of these two categories of pain the Prolotherapy sensations fell into.

In spite of the initial discomfort, I was able to get around mostly with ease, and returned to cycling and swimming after 48 hours. Following that, sharp, shooting sensations in the region of the SI often had me wondering if I was again hurting myself through my activity, or if those macrophages which had failed me in the past, were now busy at work creating the new and stronger ligaments that would reunite me with my passion.

After two weeks of refraining from running, I gently eased back into my routine, seeing increased strength and decreased pain. Several months later, I had trained for and completed a half marathon, although with some SI pain. Another Prolotherapy treatment and several more months of smarter training, and I registered for, and completed the marathon that I had fractured out of and was sidelined from almost exactly one year earlier. Arguably, 42.2 kms of impact is about as good a test as you will find anywhere to demonstrate the efficacy of a treatment. (See *Figure 1*.)

In the two years since that pelvic fracture and subsequent Prolotherapy treatments, I have run four marathons, competed in numerous other road races of varying distances, as well as several triathlons. After a year of continuous training, I required one isolated Prolotherapy treatment for the same SI joint. Considering the amount

of stress I have put on it with my running, if a minor tune up is called for in order to keep me moving and being an active participant in my own life, then so be it.

Mine is not the typical story of sports injury followed by Prolotherapy. That may be in part because I did not present with only one distinct problem, nor was I treated by a typical doctor. When other medical professionals provided no options, Dr. Banner, through his commitment to healing, education, the value of a multi-disciplinary approach, and unique ability to reach for solutions beyond the boundaries of allopathic medicine, provided the options of which life transformations are made. Although I was skeptical, and impatiently wanted my Prolotherapy and to get back to running, his ability to skillfully and appropriately not only decrease my pain but return me to my life, not as I was forced to live it, but as I choose to, is invaluable. The possibilities for those suffering with needless pain and limited mobility which infringes upon every aspect of their lives can be demonstrated through my experience. In spite of the discomfort associated with all of these treatments, the short term pain has far been worth the long term gains. It is my hope many others will be able to see the true benefits of Prolotherapy far outweigh any of the risks, in reclaiming their lives. ■

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