



Prolotherapy Should Be Used in Any Condition that has Ligament Injury as a Cause, Including Reflex Sympathetic Dystrophy

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This issue is loaded with more amazing information discussing some of the more difficult pain conditions that physicians and patients alike often find daunting when trying to help people suffering with them, particularly RSD (or Complex Regional Pain Syndrome). In the words of Michael Rowbotham, MD, renowned expert in the pathophysiology, management, and treatment of neuropathic pain disorders, who wrote a nice review article on RSD, "...no other chronic pain syndrome is as shrouded in confusion and controversy, to the detriment of efforts to rigorously define an evidence based treatment strategy... (as RSD)."¹ Dr. Megan Shields, Prolotherapy physician in California recently wrote me this email:

Dear Ross,

I read with interest the data on the treatment of RSD using prolotherapy. I wanted to let you know that I have had several remarkable successes, as well.

Case #1: *The patient was a concert pianist. After a fractured wrist she developed RSD of the hand and was incapacitated. Over several months I treated the hand with prolotherapy accompanied with physical therapy. She regained full use of her hand and resumed her career.*

Case #2: *The next case involved a woman who had multiple broken bones; feet and legs from a skydiving accident. She narrowly avoided amputation. RSD developed in her feet and ankles. I treated her for a few months and the RSD completely resolved and she regained increased flexibility of the ankle and feet.*

Case #3: *More recently a post-stroke patient developed extensive neurological pain involving all limbs, most predominantly on the right side. She is being treated with prolotherapy on the spine and is improving nicely.*

Case #4: *Also of interest recently, a patient with chronic pain following a hysterectomy has responded well to prolotherapy. After an extensive medical workup and repeated laparoscopic procedures without diagnosis, the patient remained in excruciating pain. I diagnosed her with RSD and began treating the lumbar spine with prolotherapy. After three treatments, the patient is pain free.*

Best, Megan Shields, MD

In 1995, while writing *Prolo Your Pain Away!* I knew conditions such as reflex sympathetic dystrophy had to be included in the book for one simple fact: they responded great to Prolotherapy! Reflex Sympathetic Dystrophy (RSD), though currently known as Complex Regional Pain Syndrome, has gone through various name changes throughout the years. The description of the condition by Mitchell and his colleagues, Moorheous and Keen, in their monograph of 1864 remains a true classic:

...sleep is restless, and the constitutional condition, reacting on the wounded limb, exasperates the hyperesthetic state, so that the rattling of a newspaper, a breath of air, another's step across the ward, the vibrations by a military band, or the shock of the feet in walking, give rise to increase of pain. At last the patient grows hysterical, if we may use the only term which covers the facts. He walks carefully, carries the limb tenderly with the sound hand, is tremulous, nervous, and has all kinds of expedients for lessening the pain.²

I saw the condition first hand in my residency when our Physical Medicine and Rehabilitation Service was asked to consult on a 12 year-old with the condition. The pain was so excruciating for this youngster that he appeared psychotic. While nerve blocks, pain medications and the physiotherapy provided some temporary relief, they by no means provided a cure. It was then that I started collecting articles on RSD and my interest in chronic pain management was sparked. I continued to follow-up with this person even after I left that service, and it turned out that acupuncture provided him with the greatest relief.

It didn't take long once I started in private practice with Dr. Gustav Hemwall that RSD clients started coming in. I consistently found that a very small amount of pressure would elicit horrible pain, and particularly at the ligament attachments. I also noticed that basically all the patients had long periods of immobility. It then made sense that the reason for their continued RSD was unresolved ligament injury. Fortunately for the patient, I had the cure for it—Prolotherapy! Prolotherapy, along with comprehensive natural medicine, which was sometimes needed, was almost universally successful!

In this issue of the *Journal of Prolotherapy*, it should be clear to the reader that RSD/CRPS is a major chronic pain problem, and to date, there are no clinical trials on the efficacy of various treatments of RSD/CRPS available that use evidence-based-medicine criteria.³ By the way, the last reference is a quote from a National Institutes of Health workshop! The experience of Megan Shields and myself, along with many other Prolotherapists, is that Prolotherapy is a great adjunctive treatment for RSD/CRPS. It is our hope at *JOP* that this issue will educate both lay persons and physicians that before giving up on treatments for RSD/CRPS, Prolotherapy should be considered.

Generally the by the time someone finds out about Prolotherapy, their pain situation is pretty severe. The typical person going to a Prolotherapist has seen four or five physicians, tried numerous treatments, had a surgery or two, as well as numerous MRI's and X-rays, and have started to lose hope. Then they come across Prolotherapy. For many of these people Prolotherapy will indeed be the answer they have been looking for. Of course, there are times where *in addition to Prolotherapy other methods or therapies are needed*. Surely the more complicated the pain situation – the more comprehensive the care will need to be in addition to basic Prolotherapy. Many articles in this issue discuss how Prolotherapy is used as part of a comprehensive program for pain relief. One such therapy used very often with Prolotherapy is neural therapy, which Gerald Harris, DO very nicely illustrates in his article. Thanks, Dr. Harris, for the work you do to educate patients and doctors on the autonomic nervous system and how neural therapy and Prolotherapy can be so successfully utilized!

Kristin Tate, MD and David Crane, MD contribute a piece they have co-authored reviewing the science and literature of Platelet Rich Plasma grafts in musculoskeletal medicine. Thank you for sharing your expertise in this field with the *JOP* audience! Also, for those interested in PRP and stem cell research, you will want to read the interview with Nathan Wei, MD, who is working hard to

further research in stem cell Prolotherapy and proving it can cause articular cartilage to regenerate.

JOP appreciates the work of our regular columnists, Gary Clark, MD and in the veterinarian arena, Babette Gladstein, VMD. Dr. Clark's literature review column takes a look at Baker's cysts, and the use of Prolotherapy for this more unusual type of knee pain case. Dr. Gladstein details five inspiring canine cases with hip dysplasia and how Prolotherapy can help these older dogs get back to their old tricks! Also, the returning author team of Dr. Ann Auburn, DO, Scott Benjamin, PT, DScPT, and Roy Bechtel, PT, PhD demonstrate alternative positioning for iliolumbar injections in *Teaching Techniques*.

From Germany, *JOP* board member, Gunter Baehnisch, MD speaks to those doctors who are new to learning Prolotherapy. He shares his advice on how to begin implementing Prolotherapy in your practice. Another *JOP* board member, Robert Banner, MD, from London, Ontario pairs with physiotherapist, Rob Werstine, PT, to present an interesting case on grade I retrolisthesis and their combined approach to get a patient, Freddie Smith, his life back. Freddie also shares his first-hand story from the patient's perspective.

In addition to Freddie's story, Jane Meyers, OT shares her personal case study, recounting her journey from a life of full-time fibromyalgia pain to becoming pain free. Thank you to both of you for sharing your *Remarkable Recoveries* with us!

Thank you to all of our readers and authors for continuing to promote Prolotherapy! ■

Until the next injection,

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1. Rowbotham MC. Pharmacologic management of complex regional pain syndrome. *Clinical Journal of Pain*. 2006;22:425-429.
2. Shumacker HB. A personal overview of causalgia and other reflex dystrophies. *Annals of Surgery*. 1985;201:278-289.
3. Baron R. National institutes of health workshop: Reflex sympathetic dystrophy/complex regional pain syndromes-state-of-the-science. *Anesthesia and Analgesia*. 2002;95:1812-1816.