

## REMARKABLE RECOVERIES

# Knee Coronary Ligament Injury and How it Can be Cured Successfully with Prolotherapy!

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A very common knee problem, especially with sports men and women, is a lesion of the coronary ligament. Nevertheless, many doctors and even knee experts have never heard of this specific ligament and its problems. The coronary ligament runs from the meniscus to the tibial plateau edge (medial and lateral), on the inside and outside of the knee, and the symptoms can be very similar to a meniscus lesion or meniscus tear. (See *Figure 1*.) In this case, the doctor has to find the tender point right beneath the meniscus and secure his/her diagnosis with a test injection of anaesthetic. If the pain disappears the diagnosis is correct and Prolotherapy can be administered very successfully.

## A TYPICAL CASE

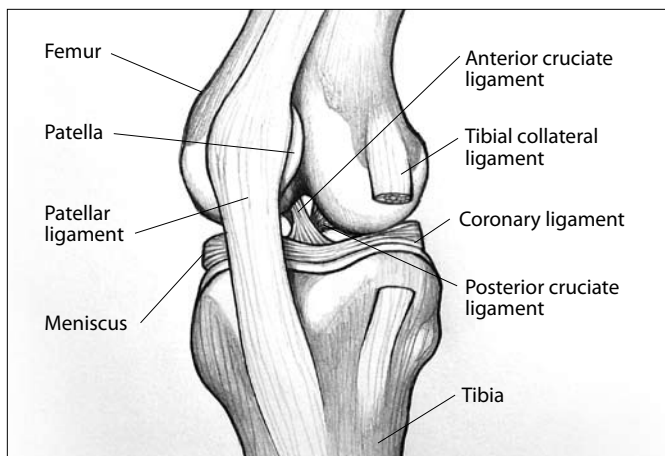
Patient RB, a woman friend of mine, was suffering from severe knee problems since the year 2000. At this time, a first X-ray was taken. The pain steadily got worse. In 2005, at the age of 71, she was not able to go on hiking trips in the hill country anymore. Her family doctor prescribed NSAIDs. Due to her ongoing pain, she decided to seek help at the University of Luebeck medical school in that year. She thought that maybe she was suffering

from a rheumatic disease. However, the doctors at the clinic found only small signs of arthrosis, no arthritis, and were unable to offer any real solutions.

When RB came into my office, I found a very small tender point on the inside of both knees where the medial (inside) coronary ligament is situated. The coronary ligament produces pain at the junction of the meniscus and the tibial plateau and a painful lateral rotatory movement can mislead you, because this test could also be a sign of a torn meniscus. Pain distal to the joint line indicates ligament injury, while pain more cephalad can be of meniscus origin. The test injection with a local anaesthetic secured the true diagnosis on both knees in this single case, because after 20 minutes the patient was able to climb stairs without pain. Right after this test, she got the first Prolotherapy injection on both knees.

The Prolotherapy needle was directly aimed at the tender point, just under the skin, and done in the typical peppering style of Dr. Cyriax, the father of Orthopedic Medicine. I used 2mL of proliferant at each side. (See *Figure 2*.) As the proliferant, I always use 40% glucose, mixed down to a 15% solution with lidocaine. Three months after five sessions of Prolotherapy, received at two week intervals, she told me that she could walk again without pain. Now in 2010, five years after this event, I called her by phone and she informed me that she continues to walk without pain.

From the year 2000 until 2006, I counted 120 knee treatments in my private office in Luebeck. Three months after the treatment with Prolotherapy, 102 patients told me that it had been successful, 12 patients failed, and eight patients were not able to be reached. ■



**Figure 1. Illustration of knee showing the coronary ligament.**



**Figure 2. Injection sites for Prolotherapy to the coronary ligament.**