



Is Google the Future of Medicine? Why Medicine has to get Back to Basics

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Recently, Marion (my wife) and I had dinner at one of our favorite local restaurants with my primary mentor during my Physical Medicine and Rehabilitation residency, Robert O'Hara, MD, who is now Chief of Informatics at Edward J. Hines Medical Center, though he still has a neurology clinic where he sees patients at the VA Medical Center weekly. Dr. O'Hara's rounds were so informative, that even when I wasn't on his rotation I would try to make his teaching rounds. All Dr. O'Hara needed was a good history and physical examination and he could figure out the patients' problems. Diagnostic tests just confirmed what he already knew. During dinner, we asked him, "What do you think of today's residents compared to residents from 20 years ago (like when I was one of his residents)?" "No comparison. Today's residents are awful! They don't know anything. They know where to find the information, but without Google they would be lost! Then when you ask them the same question the next week, they still don't know it. But they know where to Google it!" We then discussed the topic of diagnostics and how the residents of today just order a test to figure out the patients' problems. The problem with that logic is typical tests such as MRIs have a tremendously high false positive and negative rate. The results, of course, mean a lot of folks get unnecessary and ineffectual care because their diagnosis, based solely on the MRI, is wrong. Ah, perhaps it is time for medicine to get back to basics.

I was able to practice alongside (or just next door) of Dr. Gustav Hemwall for over three years. By all accounts, he was one of the primary reasons Prolotherapy stayed "alive" in the 1970s through the 1990s. He brought teams of doctors to Honduras during this time, not only to give Prolotherapy to the poor, but also to help doctors learn the technique. His work, along with his wife Helen, continues with the Hackett-Hemwall Foundation, through the guidance of Jeff Patterson, DO and his team at the University of Wisconsin. Dr. Hemwall was 85 when I joined him in 1993 and 88 when he retired in 1996. I am not sure I ever saw him order an MRI. He probably

ordered at least one in those years, but why didn't he order more MRIs? The bottom line is that he didn't need to. He knew what was wrong just by listening to the person. The physical examination just confirmed that they did indeed have a hip or sacroiliac problem, and then Prolotherapy was given. Even if someone had a pinched nerve in their neck, he knew they had a pinched nerve in their neck and he would tell them. He didn't need an MRI. His patients didn't want surgery. That is why they went to him! They wanted to get rid of the pain with Prolotherapy and/or by any other conservative means. He found, as most of us who do Prolotherapy would agree, that MRIs for many patients lead to the wrong diagnosis and inappropriate care, including surgeries.

MD'S COULD LEARN A LOT FROM DO'S

Havil Maddela, a medical assistant at Caring Medical, is applying to various medical schools and recently he asked me if he should apply to Osteopathic Medical Schools. I gave him an emphatic "yes!" Havil is one of three young volunteers that helped with the Thebes charity work in southern Illinois, who are now, or planning to become, a doctor. The elder of the three, Peter Blakemore, is already an osteopathic doctor and will soon be graduating from his Neuromusculoskeletal Residency and doing Prolotherapy and osteopathic manual therapy on his own patients. Peter teaches anatomy to medical students as part of his current training. I would venture to say that Peter's knowledge of musculoskeletal anatomy is far greater than Dr. O'Hara's residents. But how does this play out in real life patient care? Various studies have shown that osteopathic doctors, compared to their MD counterparts, spend more time with their patients and order less medications (like NSAIDs) and traditional tests for low back pain, and their care costs less.^{1,2} To be specific, consider this for acute low back pain patients: osteopathic manipulative treatment patients had 18.5% fewer prescriptions written, 74.2% fewer radiographs, 76.9% fewer referrals, and 90% fewer magnetic resonance imaging scans.³ Even with higher Tesla MRI's or ultrasound diagnostics, nothing beats

the accuracy of good ol' fashioned listening like Dr. Hemwall used to do. He did pretty well. I still know folks who Dr. Hemwall helped with Prolotherapy 20, 30, or 40 years ago.

THIS ISSUE OF *JOP* EMPHASIZES THOSE
WHOM PROLOTHERAPY HAS HELPED

Like all diagnostic tests, MRI and musculoskeletal ultrasound have their place. For the Prolotherapy practitioner, they are surely helping validate the fact that Prolotherapy indeed does stimulate the repair of tissue. To this end, I report on a couple of young patients with osteochondritis dissecans that used Prolotherapy to get back to their sports. One of the patients had MRI documentation which revealed that his lesion did repair.

The recent growth of Prolotherapy is primarily indebted to the patients that Prolotherapy has helped. This issue features some of these *Remarkable Recoveries*. Amy Price, missionary, incurred a horrible trauma including a traumatic brain injury. Prolotherapy helped her get back and now she is a PhD helping other traumatically brain-injured people. Jennifer DeLeon became disabled after a car accident where she sustained injuries to her low back, hip, shoulders and neck! Thank God she found Prolotherapy. Now, both women blog their stories to help encourage others to continue to seek care, including Prolotherapy, in order to live healthier, pain free lives. Anna Hamman's life was being ruined by pelvic floor dysfunction, until she found Prolotherapy. She is now on her second child and back to an active life, in addition to referring several close friends whose lives are also being changed by Prolotherapy.

In addition to the patient's telling their stories in this issue, there are the four-legged patients whose stories are told for them by Babette Gladstein, VMD. Her continued work through the Humane Society shows that Prolotherapy works time and again to improve, and sometimes save, the lives of those animals she treats. While some patients get better with just Prolotherapy, some require other modalities like physical therapy. Physical Therapist, Richard DonTigny, of The DonTigny Method™, gives some insight into the mobility of the sacroiliac joint. Richard has been an advocate of Prolotherapy over the years.

We have a number of interviews with Prolotherapy doctors from around the globe. These include written interviews with Stephen Cavallino, MD, a Neural Prolotherapist from Italy, David Rabago, MD, one of the most prolific

scientific writers and researcher on Prolotherapy, and Simon Petrides, MD who is a prominent sports medicine physician in England.

The last of the Thebes Prolotherapy data is published in this issue. Again, Prolotherapy at this missionary charity clinic was shown to be effective at relieving pain. This time we report on foot pain patient data. Dr. Rodney Van Pelt, one of the doctors who helped at the clinic for over 10 years, demonstrates his technique on treating the ankle and foot.

For the doctor who desires to do Prolotherapy studies in their private practice, Dr. Gary Clark addresses this subject in part two of his four part series. Additionally in *It's a Wide Wide World*, Dr. Peter Blakemore reports on the Prolotherapy Weekend in Maine, sponsored by The American Academy of Osteopathy, and licensed practical nurse Joseph Cukla reports on the Age Management Medicine Group 2010 conference in Las Vegas.

If the naturopathic, osteopathic, medical, and veterinary doctors who perform Prolotherapy in all its forms (dextrose, pumice, sodium morrhuate, PRP, bone marrow), use it on appropriate patients based on a good history and examination, it is very likely that Prolotherapy will continue to grow in the United States and throughout the world. ■

Until the next injection,
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BIBLIOGRAPHY

1. Licciardone JC. The epidemiology and medical management of low back pain during ambulatory medical care visits in the United States. *Osteopathic Medicine and Primary Care*. 2008;2:11. Available at: <http://www.om-pc.com/content/2/1/11>.
2. Sun C, et al. Musculoskeletal Disorders: Does the osteopathic medical profession demonstrate its unique and distinctive characteristics? *Journal of the American Osteopathic Association*. 2004;104:149-155.
3. Crow WT, et al. Estimating cost of care for patients with acute low back pain: A retrospective review of patient records. *Journal of the American Osteopathic Association*. 2009;229-233.