

DISEASES TREATED BY PROLOTHERAPY - PERIPHERAL JOINTS

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TMJ

Temporo-Mandibular Joint Syndrome is more often diagnosed by the dentist than the doctor. Symptoms include clicking of the jaw joint in front of the ear, fatigue with chewing, jaw locking and spasms in the throat. Symptoms at a distance include all the symptoms of Barre'-Lieou, headache and vague dizziness.

The dentist can grind down a high tooth with occasional relief. A denture designed to put a space between the back molars can also help. If these fail, major medical centers will cut the jaw and re-align it though not with very good success. A single injection into the joint once every two weeks for five visits can relieve most if not all the symptoms in a majority of cases. If the ligament is completely torn, it cannot be repaired because Prolotherapy only strengthens existing ligament; it will not bridge a gap.

Shoulder Pain and the Rotator Cuff Tear

The shoulder starts at the sternum and thoracic spine. Ligament injury to the shoulder is usually broad and weakens all structures. Therefore, Prolotherapy works best on the shoulder when it is all inclusive of these areas. Ligaments of importance attach the collarbone to the breastbone, the collarbone to the scapula (shoulder blade), and the scapula to the humerus (the upper arm bone). There are a dozen small ligaments holding the acromion process, coracoid process, clavicle and humerus in position. If these are weakened, the space is narrowed with subsequent Thoracic Outlet Syndrome. The humeral head drops in the socket causing arthritis and clicking and grinding begin. Many injured shoulders are associated with a ruptured cervical disc in the neck. Shoulder pain evaluation should always include a neck x-ray. A large rotator cuff tear on MRI in the middle of the ligament cannot be repaired with Prolotherapy. The healing effect will not reach that far across the long ligament. Surprisingly, many patients with mid-belly tears improve anyway because the Prolotherapy lifts the humerus back into the fossa relieving pressure on the cuff. Tennis Elbow or Lateral Epicondylitis is one of the simplest things to repair with Prolotherapy. Because we have recently (five million years!) become bipedal or upright, we have restructured our elbow to allow better use of tools rather than knuckle walking.

This resulted in the forearm muscles attaching at the elbow over a very small surface area. Wrenching at heavy objects such as knobs, pliers or repeatedly hammering with the fingers on a keyboard rips the attachment off the bone partially leaving a chronic tendonitis. It is the tendonitis that makes this easy to fix. Since the ligament is already inflamed, the Prolotherapy shots don't need as many injections to start the fibroblast formation. The injections permanently make the attachment wider and stronger.

Carpal Tunnel Syndrome

Carpal Tunnel Syndrome is the number two cause of missed work after back pain in the American worker. The cause of CTS is that repetitive use of the forearm and wrist as with Tennis Elbow tears the ligaments over the back of the wrist. The wrist is an arch of bones in two rows that create a tunnel through which pass the tendons, arteries, nerves and veins to the hand in order of compressibility.

The most sensitive structure in the arch is the median nerve supplying the index through ring fingers. As this arcade collapses, the patient starts to suffer numbness and tingling at night, shooting pains in the hand and forearm, minor hand swelling and finally weakness and muscle loss as the nerves are permanently ruined.

Remember that the back of the wrist is injured as proven by many autopsy studies. The surgeon goes in and cuts the only good tendon on the front of the wrist so the bones are equally weak front and back to relieve the pressure! He even warns you will be weaker after surgery. No surprise the surgery has a high failure rate. Injections into the ligaments on the back of the wrist can rebuild the damage and correct the problem in most cases.

Early management is superior to waiting until the muscles are ruined. The same wear and tear that wears the elbow and wrist can break down the delicate ligaments stabilizing the joints in the fingers and especially the thumb. Years of continued use wears the cartilage in these joints causing pain and weakness. Prolotherapy can create remarkable relief in even badly worn joints.

Hip Pain

Hip pain is a very complicated work-up. The obviously worn hip on x-ray frequently is not the cause of hip pain. Before performing Prolotherapy on the hip or surgical joint replacement, thorough attention needs to be paid to the lumbar discs, sacroiliac joint and knee. Every one of these diseased joints can refer to the hip. Sometimes, remarkable relief comes just from inserts for a fallen arch or a shoe lift for a short leg. Hip pain also can arise from inflamed structures in the pelvis such as ovarian cysts, diverticulitis or bowel cancer.

Knee Pain

The knee is the most common joint to undergo joint replacement after the hip. A disappointing number of patients are dissatisfied with the results. The rehabilitation is long, the surgery is expensive and the socket comes loose and needs redone with injury as minor as a fall. Once the knee is replaced, there is no going back, the joint has been disposed of and if the implant infects, the knee is useless and months of antibiotics will be required.

The role of knee ligaments is to keep the flat plane of the tibia in perfect alignment with the moving curved surface of the femur. If the medial or collateral ligaments in the knee are stretched by injury or repetitive use, the joint starts to wear on one edge rapidly eroding the cartilage and then bone.

As the joint narrows, the process is compounded by instability, as the ligaments that spanned the joint are now too long to keep the joint tight.

Prolotherapy directly addresses the problem by restabilizing the joint ligaments. The kneecap or patella also becomes loose and rides erratically down the groove wearing out the back of the kneecap. All these ligaments are rebuilt together with surprising success. Continuous use of Glucosamine keeps the little remaining cartilage continually healing to allow the patient to avoid surgery. No knee joint is too damaged to try Prolotherapy in our experience. While Prolotherapy cannot repair a torn cruciate ligament, the knee ligaments are rarely injured one at a time. If the cruciate is no more than torn half through, stabilizing the other ligaments can postpone or completely cancel surgery. Prolotherapy is commonly used by veterinarians to keep thoroughbred horses racing after significant injuries. James Matthews MD of New York is an Orthopedic Surgeon who has principally been performing Prolotherapy for decades in his practice prior to surgical management. He published a fascinating study in the Journal of Orthopedic Medicine.

ABSTRACT: "This is a preliminary report on a new approach to the treatment of osteoarthritis (OA) of the knee. Patients with OA of the knee, having no history of significant injury or inflammatory arthritis, were examined for evidence of sacroiliac joint (SIJ) ligament laxity and SIJ mal-alignment. Sixteen patients meeting these criteria were treated with ligament Prolotherapy of the SIJ ligaments. Improvement in knee pain was noted in 15 of 16 patients. In the 8 cases with significant loss of range of motion and effusion (fluid in the joint), objective improvement occurred in 7.

This is the reason why hip and knee pain evaluation must include x-rays all the way up to the back. Every one of these patients had pain directly as a result of back pathology. Knee replacement would most likely have failed in every case.

Ankle Pain: The most common cause of adult chronic ankle pain is failure to follow instructions at the time of relatively simple ankle sprains in youth. The ligament ceases to be painful in 10-14 days but the ligament is not healed for weeks after. If the patient doesn't rest and wear and Aircast for eight weeks, the ligament heals in a lengthened position and now the ankle is even more prone to re-injury.

Chronic weight bearing on the joint out of alignment causes premature arthritis. The second cause of adult chronic ankle pain is ligament injury at the time of fracture. While the bones knit nicely, the associated ligaments are disrupted by the swelling and callous formation of the fracture. Ankles show excellent response to Prolotherapy regardless of age. Foot pain and deformity is most often better handled by the Podiatrist with inserts in the shoes but when conservative measures fail, the foot should be evaluated for permanent ligament laxity. Heel spurs, bunions and mid- foot pain can all be partially relieved by Prolotherapy.

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