

Why Haven't I Heard About Prolotherapy From My Doctor?

Prolotherapy is not taught in medical schools; though it is taught in post-graduate courses. Moreover, most doctors are too busy in their own private practices to spend the time necessary to take this specialized training.

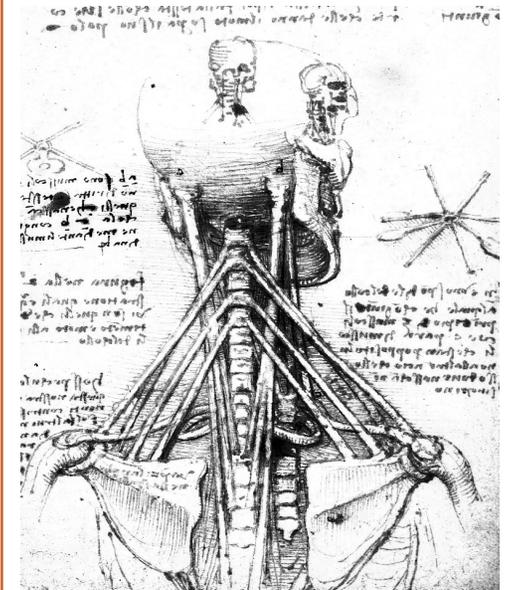
In addition, an overwhelming percentage practicing physicians in the United States are not aware of prolotherapy because the injection solutions, although pharmaceutical in nature, are beyond patent and of little interest to the pharmaceutical industry marketing to physicians.

Finally, many have heard of Platelet Rich Plasma (PRP) or stem cell injections which have been made popular by sports stars like Tiger Woods. Unfortunately, what is not advertised is that these techniques are also prolotherapy, but using far more expensive proliferant costing thousands of dollars compared to the several hundred dollar cost of dextrose prolotherapy.



Dr. Safayan has been practicing prolotherapy since 2005. He received his prolotherapy training through the Hackett Hemwall Patterson Foundation, the premier prolotherapy training organization. Since 2008, Dr. Safayan has been a senior faculty and clinical instructor in prolotherapy with HHPF.

Prolotherapy



**Non-Surgical
Alternative
For Chronic Pain**

What is Prolotherapy?

Prolotherapy is an injection technique developed by George Hackett, MD in the 1950s and is used for acute and chronic pain management. It is theorized that many pain problems arise from ligament and tendon injury. The *entheses* is the junction where a ligament or tendon attaches to bone and is often the site of injury. When trauma occurs, this attachment can be disrupted. Conventional therapy aimed at reducing pain, swelling and tenderness is not helpful in repairing the *entheses* because of the relatively poor blood supply in this area. Dr. Hackett theorized that injecting a substance of high concentration into the *entheses* would force the surrounding tissue to release, via an osmotic gradient, repair factors into the injured site. What results is an inflammatory response or proliferation aimed at repairing the damaged *entheses*.

Although many different proliferant agents are available today, Dr. Hackett and his colleague Gus Hemwall, MD found high concentration dextrose to be a very safe and effective solution. Patients usually require four to six successive treatments, spaced approximately one month apart to allow the proliferation (fibroblastic repair) to be complete.

Given that prolotherapy is an injection therapy, patients will initially have swelling and some discomfort at the treatment site. Therapeutic response is often appreciated within the first two sessions and the benefits may last for months to years after the prolotherapy treatments are complete.

If you would like more information about Prolotherapy research, please visit www.GetProlo.com.

Who Is Most Likely To Benefit From Prolotherapy?

- Persons with shoulder pain, or those who have trouble sleeping on their shoulders.
- Sufferers of joint dislocation.
- When a joint is generally worse with activity and better with rest.
- When chiropractic adjustments help but don't last.
- Grinding, popping or clicking in a joint.
- Shoulder pain when moving or lifting one's arm.
- When muscle relaxants, arthritis medication, cortisone shots or nerve blocks fail to resolve the problem within six weeks.
- When surgery has failed, as in Failed Back Syndrome
- When a joint is aided by a sling, brace or splint.
- If ligament or tendon sprains or tears have been diagnosed.
- If there is a deep aching or pulling pain in the joint.
- Shooting pains, tingling or numbness.
- Whiplash injury not responding to conventional care.
- Patient diagnosed with osteoarthritis of any

joint, especially the knees.

What About Side Effects?

Most commonly patients experience swelling, soreness and stiffness at the treatment site for several days. This is an appropriate response and will resolve.

Other common side effects include bleeding and bruising at the injection sites. Some people may have a sensitivity, in the form of headache, nausea and tiredness, to the proliferative agent and/or the anesthetic. This is rarely the case when dextrose and preservative free lidocaine are used. If such rare reactions occur, they are temporary and resolve in a number of days.

More serious but rare side effects include infection, puncture of the lung and nerve tissue damage.