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Is prolotherapy safe and effective for back pain?

Q: I've been hearing comments from patients and even some of my colleagues about prolotherapy and its usefulness for the common complaint of low back pain. From what I can gather, the method is based on the premise that low back pain is often caused by weak back ligaments, which can be treated with injections. Is prolotherapy really effective? Is it safe? If it's really beneficial, why isn't it better known?

Family physician, California

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A: Prolotherapy involves injection of a solution of dextrose, often mixed with local anesthetic, into soft tissues for management of chronic soft tissue injury and pain. It is most often used for ligament and tendon sprains and strains. The theory behind prolotherapy is that chronic soft tissue pain is the result of tears in the tissue, especially where it attaches to the bone. The periosteum is very pain-sensitive tissue, so unresolved tears or sprains continue to produce significant pain.

The dextrose solution used in prolotherapy produces an inflammatory response, which is followed by formation of new blood vessels and increases in collagen structure. The result is stronger tissue and reduced pain. Typically, three to six injections at intervals of 2 to 3 weeks are required. Success rates of 80% to 90% are reported when injections are performed by doctors trained in diagnosis, patient selection, and appropriate technique.

Prolotherapy has been around since at least the 1950s, but early reports of adverse reactions limited its acceptance. Recently, it has experienced a rise in popularity, especially among patients and physicians interested in alternative medicine. It is safe and often effective in patients with chronic soft tissue pain, but it does not work for everyone. An Internet search using "prolotherapy" as the key word reveals a tremendous number of sites, as well as postings on pain-related message boards about prolotherapy—both for and against.

I have two suggestions about use of the technique in your patients:

- Prolotherapy can be considered for chronic pain conditions, but in most of our patients, low back pain is acute. Nearly 90% of back pain complaints resolve within 6 to 8 weeks with standard conservative treatment and do not require additional evaluation or specialized treatment. The clinical practice guideline on acute low back problems in adults¹ is an excellent resource for evaluation and management.
- Prolotherapy should be performed only by physicians with expertise in this method. Several organizations provide training and education for interested physicians. The American Association of Orthopaedic Medicine* is an excellent resource, and their Web site has a search

continued

*90 S Cascade Ave, Suite 1190, Colorado Springs, CO 80903; 800-992-2063 or 719-475-0032; fax, 719-475-8748; <http://www.aaomed.org>.

engine for locating experienced physicians who use prolotherapy in their practice.

This is an interesting topic and treatment option for some very difficult pain problems. I expect to see more about prolotherapy in the literature in the future.

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Reference

1. US Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research. Acute low back problems in adults: assessment and treatment. Bethesda: Dept of Health and Human Services, 1994 Dec; AHCPH publication No. 95-0643



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In clinical trials, compared with RHINOCORT Aqua, there were epistaxis (8% v. 2%), bronchospasm (2% v. 1%), and nasal irritation (2% v. 1%). Incidence of adverse effects was similar to that of placebo.

Please see brief summary.

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