Prolotherapy Physician Listings • Find Prolotherapy Doctors Get our free weekly e-newsletter

Find out when doctors are added and other information on Prolotherapy!

4,061 Subscribers have opted-in as of September 6, 2004 How To Subscribe

PROLOTHERAPY:

CREATING INFLAMMATION IN AN AREA THAT IS ALREADY INFLAMED

MARC DARROW, M.D.

We already have inflammation that is causing chronic pain, why do we want to inflame it some more (with Prolotherapy)?

Most of these areas of chronic pain have a constant level of low level inflammation. The ligaments and tendons in these areas, because they have a very small blood supply going to them, never heal properly. These ligaments and tendons, which are made of collagen, need to be stimulated to heal and what we do is give them a little kick start (with Prolotherapy) so the inflammation we create doesn't last very long but it raises it up to a threshold, it starts the healing process, it brings cells called fibroblasts to the area and those cells produce collagen. Without that little kick start, people stay in a smoldering type of pain and low level inflammation.

The key to the treatment of Prolotherapy is its ability to stimulate the growth of collagen and therefore, the growth of new ligament and tendon tissue. Grow stronger ligaments and tendons and you repair the injury and reverse the degenerative cycle of arthritis and wear and tear disorders.

In non-injured ligaments or tendons, our collagen fibers are flexible and have some elasticity, but, they are not supposed to stretch very far. Injuries can stretch these fibers beyond their designed lengths or wear and tear through repetitive motion can fray or tear them.

When these tissues are stretched beyond their normal limits, worn out, or torn, pain is perceived.

Injured, loose, or stretched out ligaments are often referred to as the condition of ligament relaxation, or ligament laxity. This is what produces the pain and discomfort, especially with movement because the connection of the ligament or tendon to the bone may be inflamed and the joint may move beyond its normal range of motion.

In cases that require Prolotherapy, the ligaments and tendons, whether through the use of antiinflammatories, or because of a weakened immune system, or because of the severity of the injury, did not heal right.

This is where chronic problems begin, because the conventional medical practice with its emphasis on pain relief, treats the symptom—pain, and not the problem—laxity. Most likely, a patient will be told to take anti-inflammatories, which may often be the wrong thing to do because inflammation is the first part in the body's healing process. By blocking inflammation, anti-inflammatories never allow complete healing, and instead, aggravate the situation. Nonsteroidal anti-inflammatories (NSAIDS) and cortisone (an anti-inflammatory steroid) may give immediate relief, but also, the possibility of long term injury with chronic pain.

If we allow the inflammation process to run its cycle without interference, we see that inflammation leads to granular tissue formation which results in new collagen tissue being created. The new collagen forms new threads, which attach themselves to the damaged tissue.

New collagen fibers are short, they lose water and shrink, and as they attach themselves to the old ligament, muscle, joint capsule, or tendon, these tissues become more dense. Denser tissue is stronger tissue.

Introduction to Prolotherapy
Why Get Prolotherapy? Donna Alderman, D.O.
What is Prolotherapy? Alvin Stein, M.D.
Introduction to Prolotherapy Ross Hauser, M.D.
How Safe Is Prolotherapy? Ross Hauser, M.D.
The Importance of an Experienced Prolotherapist Ross Hauser, M.D.

Non-Surgical Tendon, Ligament and Joint Reconstruction William J. Faber, D.O. How Does Prolotherapy Work? Marc Darrow, M.D. When Prolotherapy May Not Work David Harris, M.D. Twenty Common Questions About Prolotherapy David Harris, M.D. The History of Prolotherapy Ross Hauser, M.D.

Curing Chronic Pain with Prolotherapy Scott Greenberg, M.D.
Why So Many Turn To Prolotherapy David Harris, M.D.
Prolotherapy and Chronic Pain Ross Hauser, M.D.
Peripheral Joints & Prolotherapy Jay W. Nielsen, M.D.
Orthopedic Medicine: A Non-Surgical Approach to Chronic Pain Lawrence Cohen, M.D.

The Difference Between Prolotherapy, Trigger Points, and Acupuncture Marc Darrow, M.D.J.D. Prolotherapy: Creating Inflammation in an Area that is Already Inflamed Marc Darrow, M.D.J.D. Growth Factor Basis of Prolotherapy David Harris, M.D. What Does It Take To Heal Connective Tissue? Dave Harris, M.D.

Getprolo.com home page Prolotherapy Physician Listings

Sign up for the free getprolo.com e-newsletter

PRIVACY NOTICE: We do not sell, trade, or provide any information about you to anybody, period.

The physicians listed in getprolo.com referral program have paid for membership in the program. Their listing here does not constitute an endorsement. Books, Publications, Audio or Video Tapes, Supplements or any other material offered for sale by physicians listed in getprolo.com are offered by those physicians and not by getprolo.com. Getprolo.com is not liable or responsible for any transactions made at those physicians websites or affiliated sites. Getprolo.com cannot guarantee the accuracy of any resources or information from the physicians listed on this website.

A medical testimonial is intended to represent that everyone will obtain the same favorable results from a given therapy. Getprolo.com disclaims any such intention. Prolotherapy is a medical technique. As with any medical technique, results will vary among individuals and there are risks. Prolotherapy may not work for you. This information is offered for educational purposes only.

This site is operated by Beulah Land Corporation.
715 Lake Street Suite 600 Oak Park, IL 60301 ©2001-2004 Beulah Land Corporation