



Center for Traditional Medicine Newsletter

560 First Street, Suite 204, Lake Oswego, Oregon 97034, (503) 636-2734

www.MyCTM.org Summer 2005

HEALING SHOULDERS

Noel Peterson N.D.

Some who read this will remember that March 19 was the 5th anniversary of my snowboarding accident at Whistler, BC, where an unfortunate encounter with a tree allowed me to experience and appreciate the high professionalism and quality of the Canadian national health care system. Doctors pieced my bones back together with plates, bolts, screws and compassion. But while it was they who gave me a second chance at life, the tendons and ligaments of my joints were restored by an increasingly respected treatment called prolotherapy.

Because of these and other injuries, I have gotten up close and personal with prolotherapy. I've had treatments to the tendons and ligaments of my lumbar spine, sacroiliac joints, left elbow, right wrist, left hip, left ankle, 3 ribs, sternum, both knees, and both shoulders. Because of these treatments my body keeps up with my two windsurfing, snowboarding, soccer playing 13 & 19 year old sons.

I've practiced Prolotherapy techniques since 1999. While I attribute much of my recovery to the benefits of prolotherapy, not many good studies have been published on this practice. Because of this I try to keep my own statistics with the hope of one day having the time to publish my results. I thought I would share the following case review of 16 consecutive cases of shoulder injuries treated with prolotherapy.

I have picked Rotator Cuff injuries because they are the most common shoulder injuries encountered. While they happen in all age groups, the risk of rotator cuff injuries and syndromes increases with advancing age. The results of the last 16 cases reveal that 14 cases treated with prolotherapy have had complete or almost complete cures without surgery and none require pain medication. All cases received between 1 and 6 prolotherapy injection sessions. All received concurrent ultrasound and sine

wave treatments. Most received at least one myofascial triggerpoint injection into taut shoulder muscles. All were taken off anti-inflammatory drugs prior to beginning treatment. Here are the case presentations. See if you can guess which 2 cases did not respond:

Case #1 - When KJ first consulted me with his rotator cuff injury, he was unable to reach up to comb his hair, or down to his back pocket. He is a fit and active 83 years of age, and he wondered if it would be possible to heal his shoulder. His orthopedist had diagnosed rotator cuff syndrome and frozen shoulder and had treated JK with 2 cortisone injections in his shoulder and months of physical therapy without benefit. Could an old guy like him really expect to return to normal activity? Would surgery be wise, or would prolotherapy restore his mobility?

Case #2 - Dr. D was a lifelong surfer who lived for the waves of his native Kauai. He had taken me to his favorite surf spots the previous winter and I'd gotten the best waves of my life. For several months after that his right shoulder was giving him fits and he'd tried all the natural treatments, including acupuncture and physical therapy. Still his pain would grab him like a snake and take his breath away. When he visited his daughter who attended Lewis and Clark College, we had a chance to give him one prolotherapy treatment. Would it cure his shoulder pain?

Case #3 - DN Had pain and stiffness in both shoulders. A retired nurse, she had declined her doctor's offer of cortisone injections into her shoulder because she preferred to treat the cause of the problem instead of covering up the pain with cortisone. Plus, she knew that cortisone weakens the connective

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COULD YOUR WEIGHT PROBLEM BE PART OF A METABOLIC SYNDROME?

Lori Horan, N.D., L.Ac.

People hate being overweight for all the wrong reasons. They think they don't look good or their clothes don't fit well. They are worried about what their friends or family think. What they may not be aware of is how much health danger they could be in from being overweight.

Metabolic Syndrome - Metabolic Syndrome (also known as Syndrome X) is a cluster of symptoms that describes the health condition of up to 75 million people in the US, many of whom are unaware of it. It is characterized by abdominal obesity, with high blood pressure, high cholesterol, and high levels of insulin in the bloodstream (a pre-diabetic state). Together, these symptoms are seen as a powerful predictor of heart disease, stroke, type 2 diabetes and many other symptoms of aging.

Inflammation - It has recently been discovered that fat cells actually produce inflammatory mediators. Uncontrolled and

damaging, these inflammatory mediators can cross tissues and cause problems in nearly every major organ system. In the cardiovascular system, inflammation can take the form of atherosclerosis. In the gastrointestinal system, it can look like an irritable bowel. In the skeletal system, it can take the form of osteo- or rheumatoid arthritis. Of course, a person doesn't have to be overweight for these health conditions to occur, but being overweight increases the likelihood and severity of these inflammatory conditions somewhere in the body.

Assess Your Risk Factors - If you have a family history of diseases related to insulin resistance, such as heart attack, hypertension and type 2 diabetes, you have a much greater chance of developing Metabolic Syndrome. As important as genetics are, lifestyle factors such as improper diet, lack of

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Metabolic Syndrome

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physical activity and cigarette smoking are even more important. The fact that our behavior plays a role in the syndrome is good and bad news. We can't alter our genetic heritage, but we can change our diets and daily habits.

Lifestyle evaluation and lab testing are valuable components to determining how much your weight problem is part of the Metabolic Syndrome. We can assess your complete cardiovascular profile, which includes not just the usual cholesterol values but the increasingly important C-Reactive Protein (a marker for inflammation in the body) and homocysteine (an enzyme that is toxic to arterial walls). Calculating your Body Mass Index is another important indicator of whether your weight is actually considered dangerous to your health.

Weight Loss - Most people who are overweight have some history with dieting, some degree of success in that area, but eventually failure. If you have Metabolic Syndrome, you MUST be on a diet that will lower your insulin levels or you cannot lose weight. The popular low-fat approach to weight loss is now seen as the most dangerous diet for anyone who is overweight with heart disease risk factors. If you are concerned about your total cholesterol level and try to control it by eating less fat, this is not a bad idea, but restricting these foods will not lower elevated insulin levels. Your optimal diet must include specific strategies for keeping your blood sugar balanced with protein, nutrient-rich carbohydrates, and fiber, or your insulin levels will remain high and continue to promote weight gain.

The great news about eating to improve your metabolic health is that excess weight comes off as a welcome by-product. Treating the insulin problem hits the core of the Metabolic Syndrome and it treats all the other symptoms that make up Syndrome X, helping you lose weight, leaving you feeling better, more vibrant, and much more likely to live a longer healthier life.

Adequate diagnosis and treatment for Metabolic Syndrome means you may finally be able to shed those unwanted pounds. Besides looking better in your clothes, more importantly, your bathing suit, you'll reduce your risk of this progressive, silent and lethal condition. If you are overweight and have some history of heart disease or type 2 diabetes in your family, call Dr. Horan for your Metabolic Syndrome evaluation and treatment today.

UltraGlycemX®: A Great Solution for Busy People

By Dr. Lori Horan

I would estimate that a minimum of 60% of the people in my practice are concerned with being overweight or share some feature of the Metabolic Syndrome profile. The most common complaints among them are 1) sugar cravings, or 2) being too busy to cook healthy foods. For them I recommend UltraGlycemX, which is a great meal replacement with complete nutritional support for blood glucose management.

UltraGlycemX is a medical food that uses high-quality soy protein, along with specific fibers, vitamins and mineral, and phytonutrients that nutritionally support a healthy insulin and glucose response. It has high doses of chromium and vanadyl sulfate, both of which both improve insulin sensitivity. The net effect is significantly reduced sugar cravings and a much more controlled appetite. UltraGlycemX can be easily mixed with water or alternative-milk product for a satisfying smoothie.

UltraGlycemX has been clinically tested with insulin-resistant patients. The test showed a statistically significant improvement in insulin, triglycerides and total cholesterol, as well as weight loss in these patients on UltraGlycemX over the 8-week clinical study.

If you have a family history of type 2 diabetes, and you eat refined sugar or processed carbohydrates, your pancreas responds by making an overly large quantity of insulin to help clear the excess sugar from the blood stream. If this pattern happens over and over again, your cells that receive insulin become resistant to repeated exposures.

Because of this resistance, your pancreas is forced to make more and more insulin to keep your blood sugar levels under control. Those higher levels of insulin work for a while, but then the receiver cells become even more resistant, so your pancreas must make even more insulin, and the "more insulin/more resistance/even more insulin/even more resistance" spiral continues until the insulin simply can't overcome the resistance at all. At that point, the blood sugar can't be regulated, and Type 2 Diabetes is the result. Weight gain is certain.

If you claim to be too busy to eat right, UltraGlycemX is an excellent meal replacement solution to help fill you up with great nutrition, keep your sugar cravings under control, and balance your blood sugar and insulin production. Try a canister today.



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to benefit from
UltraGlycemX®
are those with:

- Hypoglycemia
- Metabolic Syndrome
- Type 2 Diabetes
- Obesity
- Hypertension
- High Triglycerides
- A Very Busy Lifestyle

Healing Shoulders

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tissue and causes loss of cartilage. She wanted an alternative to surgery and even though she had never heard of prolotherapy she was willing to give it a try.

Case #4 - MM had lost control of her car and slammed into a concrete wall one night on her way home from her nursing job at a local hospital. She woke up the next day with a frozen shoulder. Prior to the crash she had been fit as a fiddle and her doctor prescribed exercise and physical therapy routine. Months later she still could not lift her arm above the level of her shoulder. Her MRI had revealed fraying of the rotator cuff attachments and surgery was looming over her head like a piano in a Laurel and Hardy episode. Could prolotherapy provide relief?

Case #5 - SJ was a high school competitive gymnast whose shoulder had not responded to months of physical therapy, rest and ibuprofen. His parents had taken him to several physicians and none had offered any options besides more physical therapy, rest, and possibly surgery. Meanwhile, the pain was interrupting his sleep and limiting his workouts. Could prolotherapy injections really help?

Case #6 - AT had overworked her shoulder while staining and polishing the floor in her home studio. Months had passed, and yet her shoulder was still in pain. X-rays revealed calcific tendinitis. Would prolotherapy help?

Case #7 - NC had fallen on ice and caught herself with her right arm extended behind her, tearing her rotator cuff and her posterior capsule. 8 months had passed and she still had limited use of her right arm because of shoulder pain and limited ROM. She would have to drive from her home at the coast to get treatment, but she was willing to make the effort if she could avoid arthroscopic surgery.

Case #8 - LD had torn her rotator cuff when she was 55, and now at 57 she had become used to not raising her right shoulder past a horizontal level. She could not lift her cast iron skillet, take dishes down from their shelf, or use her right hand to shampoo her hair. Constant nighttime pain had been depriving her of a good night's sleep.

Case #9 - MD had 2 cortisone shots in her right shoulder to try to relieve the constant pain she'd had for over 6 months. Physical therapy had not helped her regain her strength or relieve her pain. She had seen 4 physicians and had x-rays, as well as had contrast dye injected into her shoulder for a MRI. She took ibuprofen like it was going out of style, 6 to 12 tablets a day just to be comfortable. Even with this heavy dose, sleep was interrupted by a deep, aching pain.

Case #10 - CS was 40-something and full of energy. But her shoulder had frozen up on her and was keeping her from doing just about any overhead activities, from pruning her fruit trees to painting the kitchen. Her doctor had diagnosed adhesive capsulitis but the therapies were not working. Their home remodel almost complete and she worried it would have to be put on hold because of her shoulder pain. She would need to drive from the coast for treatment in order to avoid surgery.

Case #11 - NT coached a high school La Cross team. We had used prolotherapy to resolve his longstanding knee problems the year before, and so when he injured his shoulder and the pain had persisted for several months he decided to give prolotherapy a try.

Case #12 - DY was a 40-year-old professional athletic trainer. He had the strong and balanced physique of a former competitive gymnast. For over a year his shoulders had tweaked with pain during his weight routine and he was losing strength and having to back off his exercise routine. He wanted to be stronger in his shoulders, not weaker.

Case #13 - LW's shoulder gave her such pain at night that sleep was interrupted. She had tried limiting her morning workouts to just her legs but the shoulder pains had persisted. We'd already tried a course of triggerpoint therapy and PT without much benefit. Prolotherapy was her next option. But would it cure her rotator cuff syndrome?

Case #14 - LC had been referred by her chiropractic doctor for her frozen shoulder pain. She had already had cortisone shots years before, as well as months of physical therapy. Surgery had been suggested for her pain, Ibuprofen had caused stomach pain and had to be discontinued. Could prolotherapy free up her shoulder?

Case #15 DP had worked most of his adult 56 years in concrete construction and his right shoulder had finally torn pounding stakes with a cutoff 5 lb sledgehammer. Not having to swing that hammer any more was OK with him, except the pain kept him from his golf game and kept him up nights in pain. He brought his X-rays and an MRI report to his first visit. Was he able to cancel his surgery?

Case #16 - JR was a 42-year-old Pilates convert and had gained a lot of strength and flexibility with the practice. Yet she had somehow injured her shoulder. Her first MRI had found a supraspinatus tear and an injury to her anterior shoulder cartilage. She wanted to avoid surgery if at all possible. Would prolotherapy help?

Could you guess who did not respond? It turns out that #6 and #14 did not respond to prolo. #6 (AT) did eventually respond to ultrasound. #14 (LC) did get arthroscopic surgery and has made great strides since then. All the other cases went on to have complete or almost complete recovery. With my own shoulders, I know that prolotherapy has made it possible to continue all the sports I enjoy, and with my regular exercise routine, my shoulders stay in pain-free condition. Overall, these prolo sessions cost about 1/10th the combined cost of arthroscopic surgery, and recovery was faster.

We treat over 10 joints a day in our practice using prolotherapy injections, and the results in other joints and ligaments besides the shoulder are equally impressive. So if you have pain in tendons, ligaments and joints, prolotherapy may be the your best option for relief.

For more information on prolotherapy, and for links to prolotherapy articles, visit the following websites:

www.MyCTM.org
www.GetProlo.com

To schedule a consultation with Dr. Peterson to see if prolotherapy is right for you, please call CTM at:

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HOODIA LOVE?

By Lori Horan, N.D., L.Ac.

A pill that fools your brain into believing that you are full? The Kung bushmen in the Kalahari desert of South Africa have known for thousands of years what we've only recently discovered; that extracts of the cactus-like Hoodia gordonii plant can be used as an appetite suppressant. The Kung have used the stems and roots of the plant as a source of food and to stave off hunger while on long hunting trips. The sustenance they derived from Hoodia allowed them to travel lightly without the burden of extra food to hinder their journey.

Three decades ago, South African scientists began studying the Hoodia plant and noticed that lab animals eating this plant lost weight but otherwise did well. When the first human clinical trial was conducted, a

morbidly obese group of people were placed in a "phase unit" where all the volunteers could do all day was read papers, watch television and eat. (Sound like a couch potato?) Half of the subjects were given Hoodia and half were given a placebo. Fifteen days later, the Hoodia group had reduced their daily caloric intake by 1000 calories. Hoodia has no known side effects.

The plant's active ingredient is an alkaloid that suppresses appetite and increases your sense of satiation. This tends to limit total caloric intake, which in turn, limits weight gain. It does not have a stimulant effect or any adverse effect on the cardiovascular system. Along with a balanced diet and regular exercise, Hoodia could be a great addition to your weight loss program.