Podcast Introduction and Episode Overview

So we need to work with people and get compliance, do what's necessary, and you will have success with this. You will heal. It may take a lot more work than what you anticipate at the start, but you don't really have a choice.

You have to heal. You have to get your body healing. And sometimes that takes some time, but not always. Majority of people are doing pretty well. They follow our instructions and they have less pain because they regenerate.

handle the cause of the pain. Don't just mask it with- Welcome to The Natural Facts Podcast. I'm your host, Dr. David Wickenheiser. I'm a naturopathic physician with over 30 years of clinical experience.

I have a focus on natural and regenerative medicine. Through this podcast, I will be your guide, helping you to make sense of conflicting healthcare choices.

Welcome to The Natural Facts. I'm Dr. David Wickenheiser, naturopathic physician and your host of the Natural Facts Podcast. This is the third of four interviews I recorded with Dr.

Sharon Livingston for the Verve Podcast. This episode is on the natural regeneration and prolotherapy. Hello and welcome to The Verve with your host, Dr.

Sharon Livingston. In this special series of interviews, Dr. Sharon talks with Dr. David Wickenheiser. Dr. Wickenheiser is a naturopathic physician and an expert on natural remedies for better health and disease prevention.

And now here's Dr. Sharon. Well, Dr. Wick, welcome back again. And we're going to be talking about some case studies of what you've done to help people with pain.

So take it away. Well, Dr. Sharon, We've used a number of different treatment modalities to help people resolve their pain. So let's talk about some cases.

The first one is going to be a woman, 38 years of age.

Rugby Knee Injury and PRP Treatment

She played on a national women's rugby team, very physical. She's a big girl, proportionate. She's definitely a female type. She's not masculine at all, but she's like six feet tall and very strong.

And she had been overseas working with her husband. They're both school teachers. in the Middle East and she was at a demonstration exhibition rugby game, jumped up to catch the ball and an inexperienced person tackled her in an awkward way that sprained and then tore her left knee.

Not fun. Well, not fun at all. And that had been a little over a year. She'd been assessed at her age and her level of activity that she would need surgery.

So the first question always is, okay, surgery, interesting. What am I likely to do afterwards? And they said, oh, well, you won't play rugby again because a replaced knee could not handle that much stress.

She wasn't positive about that. She moved back to where we are from the Middle East. And she was looking for alternatives. So she'd been referred to me, came in, we did an assessment and I determined that a good place to start would be to do platelet rich plasma on her knee, which we did.

We did, eventually we did three treatments with her. And it was really interesting because we put the ultrasound on and you stress the knee and you can watch the meniscus, a shock absorber, if you want to call it that, within the knee.

It was protruding out with just simple flexion of the knee, lateral flexion, just stressing the knee. So it really wasn't good and she had the PRP. She was feeling better.

The second one, she's doing pretty good. I had a trainer, Dr. Thomas Clark come in. He was here for training in my office and he's a world-class trainer for ultrasound diagnostics.

comes in and he's a direct kind of guy, he's really tall, he's like 6'5", played college, university, out of the US football, full-size boy. And she's large, this rugby player, so she's in.

And she says that she's doing better since the first two PRPs, that she's back in the gym, she's lifting weights, there's still some pain. And we looked on the ultrasound and Dr.

Clark was very direct in saying, no way, there's still meniscus shooting out. So we did a third treatment on her and every time you do a treatment, you get certain amount of growth.

And so the dogma is if you do platelet-rich plasma that whatever you get the first time, say you get a 50% improvement, you've got a certain amount of growth.

The next treatment will get half of what's left. So the second treatment would be 25% and it goes from there. So her first two treatments had improvement but still had some visible meniscus protruding.

After the third treatment she gave me a testimonial and it's written and in that testimonial she discusses her MRI test from the medical doctor, her orthopedist who assessed that there was no dysfunction in the meniscus.

It had reattached inside of her knee. She was not playing yet. She went back to coaching but as you know any kind of real turf pitch, soccer pitch or the field.

If you're walking across real turf, it's uneven. It's going to grow uneven all the rest. And so that's going to torque your knees. If you're at all sensitive, it's way easier to walk on a flat sidewalk than on grass.

And so she was training, coaching, running around, not playing yet, but that wasn't going to be her focus. She's coaching, but the orthopedic surgeon assessing whether or not she needed knee replacement said, no, you're fine.

There is no problem there. So that was pretty dramatic. That's really incredible. And what a relief for that woman, my God. So was she able to go back and, I mean, I don't know how long ago that was, but I'm wondering, was she able to go back and play?

She got her third treatment two and a half years ago and two years ago she was able to play. Yeah. She was choosing to do coaching, but she was still doing demonstrations out on the field, you know, and to coach, you've got to be right in the middle of it.

You don't just point and tell people what to do. You've got to demonstrate it. And so she's back to normal function rather than get knee replacement. Now knee replacements are appropriate.

There are times when the bones are damaged, but when it's a soft tissue, It's definitely counterintuitive. To replace the bones of the knee you need to cut of course in surgery, spread which means stretch, replace the bone and then sew it back up.

So it's not a wonder why some people have got pain after the surgery. more than they did because the surgery is very stretching. Now if your real problem is the stretch of the ligaments, the surgery is not going to help that.

It's going to have to heal from additional stretch. So assessing what you really need and treating exactly what you need and if that's by injection, it's way less dramatic, way less expensive.

Time, money, grief, way better. And don't a lot of people need surgery a second time when they do that? Oh, let's talk about that. Okay, so when you get knee surgery, depending what type you are, because there's some partials, but if you get a complete knee replaced, that replacement appliance needs to be anchored inside the bone of your upper leg and lower leg.

And depending how active you are and how well you heal, again, the real problem that most people are facing is they're not healing well. So you take a person who's not healing well, don't stimulate their healing and put in an appliance and wonder why they don't do well because that appliance may move inside the bone.

And each time that happens, it's usually about 10 years, you're gonna have to cut away more bone. Well, you only get three, maybe four knee replacements.

So if you start too early, you may be in a wheelchair at 75. That's a horror. Well, it is because if you could have had a simple, direct therapy, now there isn't a lot of double blind placebo controlled crossover, that whole drug analysis type of medical research study type, there isn't a lot of that with surgery.

However, I was at the 2018 American Association of Orthopedic Medicine convention that was in Clearwater, Florida back a few months ago and They were talking in one of the presentations, the doctors were talking about the researched success of injection therapies for orthopedic compared to surgery.

Now there isn't again, a lot of research done on the surgery. It's just done. That's crazy. How crazy is that? We'll give you other examples in a moment, but things like aspirin has not fully been researched.

We just kind of know what works. So the surgery is 60% successful. The regenerative injection therapies are over 90% successful. So there's a lot more research on the injections.

It's a good way to go. Now, it's not everything. If you've got degenerated bones and you've got bone problems, yeah, you've got to replace a knee.

Hip Pain Case and Perineural Therapy

But if you don't, I can't tell you how many x-rays I've looked at where the medical doctor has said, hey, this is a knee that needs to be replaced. You're bone on bone, get it out.

Well, perhaps, but if the bone has not degenerated, it doesn't matter if it's bone on bone gaining pain, you heal the ligaments of the knee that resuspends the knee and you're not bone on bone then.

It's the ligaments that need to be healed. That makes such good sense. And what a wonderful alternative to replacing your kneecap. Oh my God. Am I correct?

Is the kneecap that they replace? not always the kneecap although they can often it's the two bearing surfaces so it's the actual so-called condyles of the femur the bone of the upper leg and the tibia of the bone of the lower leg the tibia and the fibula.

The fibula doesn't support directly but the tibia does so those two bones need to be replaced in a complete knee surgery and yeah there's times when that's is your best option But for too many people, they would be better served by going with injection techniques to start with and then consider the replacement later if it's still a problem.

Okay, so that was a wonderful case study. Do you have another one for me? Yes we have a 72 year old woman that had hip challenges. So we looked at the x-ray and yeah there was some bone deformation in the hip and it wasn't enough in my estimation to justify surgery.

Now I'm not a surgeon, I can't discuss whether or not she needed surgery, but she was a good candidate for the injections that we do. And so what happens is you put in the interprogram, the injections, and what happens is you do that as a first step.

With this case, we assessed her, looked at the x-rays, examined with the ultrasound, and saw that she had a lot of damage of the connective tissue in her hip.

And in her case, it was a left hip. I decided that the best course would be to do platelet rich plasma, which I recommended. We went ahead and did, drew blood, extracted the platelets, mixed that with prokane under ultrasound guidance, injected it into the joint of the hip, not into the joint, but right around the connective tissue that was insulted.

And so the part that was stretched, we did that, put in ozone, followed it with laser, taped up the joint. And she was one of the ones that had come back a week later, week and a half and said that I had in fact made the hip worse.

That's interesting. I mean, oh my goodness, what the heck's happened? So come on in because in my mind I'm thinking, okay, there's a limited number of reasons why it would be a problem.

I look with the ultrasound so I've avoided all the major blood vessels and nerves. And when you put the needle in, you'll know if you hit a nerve because you're watching with the ultrasound and you're seeing when the nerves are.

But you'd know in a moment and it's not a big deal. To have something come a couple days later, it must be infection. Must be. That's the only real option.

I'm very careful, but hey, must be. So she comes in and pull out the ultrasound. We're about to look, but then I palpate and push where we injected because I couldn't see.

You can still see where we marked. And so I'm pushing on there and I'm going really slow. How does that feel? That's fine. Push a little harder. Fine.

Fine. So I'm pushing really hard. Okay. Well, that's where we treated. How did I make it worse? Says, well, it's my low back. It's in my groin and down to my left knee.

And so it's like, okay, well, Let's look with the ultrasound. So we looked and nothing was swollen more than what it was before. I mean, it takes time to heal.

In a few days, it's not going to heal from the injection right away. It takes some time, but it wasn't swollen. So it's not infected. And so, okay, good, good.

We're not infected. I'm very careful, but hey, stuff can happen. So okay, not infected. So it's the nerves. So right away we go to another technique that I know about, that I've been taught, that I've used with patients for many years called perineural.

That's where you take dextrose 5% in water and you inject it just under the surface of the skin from where the nerves exit the spinal column. They lay on their side, shirred up.

We do a certain pattern along their back. and that pattern goes up to their knee and down the leg. Well, as is typical with this, when you reset those nerves, you can tell exactly where the nerve is because it's a 30 gauge half inch needle.

It's very tiny. The needle itself is annoying, but not especially. So nothing, you're doing an injection, injection, nothing, nothing. Ow! Okay, so I know where the nerve is.

So you keep doing these bands of treatment and you can tell exactly where the track of the nerve is. They get up and within two minutes, because they get redressed and everything, okay, stand up.

When to Seek Early Regenerative Care

and walk down the hallway and you know right away what's happened because you can see the look on their face it's like oh that's better yeah the look on their face is one of the reasons why you do this but it's like yes we got it another course paid off this is what we want that was going down to her knee and it took two more treatments to take out that confusion and what I found it is that the hips that are more dramatically injured and heal more dramatically have more interference under the skin so I go to that very quickly if people have got any kind of oh it's feeling worse well it should feel better I mean not fully regenerated but definitely better in the next few days if it's not we do the perineural injection it takes out the confusion of the nerves and there's so much better so that was a case of a well 72 I would call that middle age now Middle age woman, I think it is, middle age is not 40, excuse me.

So the discussion is what works best for the individual. We've got to wait to see how they respond to the common treatment, common treatment would be platelet rich plasma injected in the hip.

That was working, but other confusion came out and the perineural injection cleared it. That's fantastic. That's a really fantastic story. If you have another story you'd like to tell, that would be good.

And then if not, or if you want to save them for another time, I'm still curious. When somebody has an injury, how do they know when to go and see someone like you, to see a naturopath who has the different prolotherapy treatments, more alternative but advanced treatments?

How do they know when? In my experience, too many people wait too long. So there is acute care. There's treatments that we can offer early. The people that have been treated quickly, and this is family and friends because I have such a list of treatments that when someone's injured, get in here.

I mean, I don't care if you have to limp. I don't care if you gotta get, you know, one of my cousins get another cousin to help. We'll get them into here or I'll do a home call and you do the treatments, get it calmed down.

Low back pain is a big one, huge. Get this calmed down and get the healing to improve faster. And so early intervention. Now, if it's a simple thing and I know it's going to clear, but if it's not, you need to go to your healthcare professional.

Well, shop ahead of time and know who's good and who you really want to work with, but go early because it can take way less effort and investment to solve a problem early on.

Now, some people wait and that's their choice. I don't think it's the best choice, but they'll wait. So it's been weeks and it's not resolving because most injuries really should, if they're simple, should be a matter of days to weeks.

But I've got people who've been limping for years. and this idea that oh I just thought it would go away and then I became just numb to the whole process.

People come in the door, we do an assessment and I watch them walk in the office and we go sit down, go into my office, interview them and I'm watching how they move and so many people don't think they're in pain but they're so twisted because they're moving away from pain and they've just adapted.

So how long should you leave it? Probably weeks. If it's a big deal and you had an injury come in get it dealt with quickly and then you'll be healing better, faster, don't waste time.

But if it's been a few weeks and you're really not better, we need to evaluate and see if we go faster because the people that we've treated early have done better.

It makes so much sense to me. And, you know, from my own experience, I told you this, I had fallen Easter of 2017 and I immediately went to my chiropractor who happens to be, he's a special chiropractor.

He knows a lot of naturopathy type treatments, but it's not better. And he told me it was okay. I should walk on it,

you know, don't baby it. And I still have pain in that knee and it's over a year.

So I am one of those people who should have been to you early. I, you know, it's too bad you're all the way out in Western Canada. That I should have called you right then.

Well, there's people closer and see, the simple things that we can do at the start, if that's all you need to do, and maybe this is the second time that it's happened and you know the simple things, you can do it yourself.

So everybody wants to be independent, everybody wants to save money, everyone wants to do what is most effective and practical. Sometimes the fastest way to that practical outcome is to consult with someone closest person to where you are that's good.

Now let's talk about just a moment for chiropractic. Chiropractic is wonderful. The concepts are good. If you get a good practitioner, a good doctor that you connect with, that can be fantastic.

That helps you to reset your body and that's great. However, if you've got torn, stretched, damaged ligaments, the adjustments that a chiropractor does which is really good for the nerves may not be enough.

You may need to do regenerative treatments and yes there's a needle involved but the injections that that involves use freezing, it's straightforward.

Going to that type of treatment sooner means that you'll waste less time being in pain and not being able to exercise. I mean that makes so much sense to me and now the question is how to find someone who's really the right person.

So I'm in that mode now like I want to find a really good practitioner and it's just not clear. I interviewed one woman and she started talking to me about my aura.

It's like I'm not here for spiritual guidance. Well, right. Okay, so you need to be very clear about what you want to buy. You're in a purchasing mode and I'm not speaking for or against spiritual practices.

I think everyone needs your own spiritual practice, but if you're there for a structural issue, yeah, and it's not just I'm here for a structural problem.

My knee hurts and I think it's a structural problem. I don't want my aura or I don't need any of that right now. That real discussion is referrals. Who's good?

Who do you know? And for me, I am a member of the American Association of Orthopedic Medicine. I know their level of training. I know many of the doctors who are there and that's a good starting point.

Combining Therapies for Better Healing

Who do you know in your community? nearby because you want to be nearby. Don't travel across the country necessarily. I mean, there are people you'd travel across anywhere in the world to see, but for this, you need somebody who's handy so they can do follow-up and do the full treatment.

Finding someone that has got certification, that is a member of these major associations, that's what's important. And then the next level is, okay, so who are your success stories?

Do they have testimonials? Can they refer you to somebody who is a past patient, current patient? You really need third-party validation. Who do we know that has no vested interest but knows from personal experience how this doctor works?

That's your next level of investigation. That makes a lot of sense. Okay. Well, this was wonderful. And we're going to go back to other aspects of treatment in our next talk.

We haven't spoken about cold laser and we haven't, am I correct? We haven't really spoken. Well, we touched a little bit on it. So do we want to talk more about that in the magnetic?

I use different physical modalities. Now I would call the laser and magnetic biostimulation. Those are two add-on therapies that when it's simply not just one injection.

We've certainly had people who've come in for a single injection and that changed their life and that's good. Now you can't count on that. It really will take a series.

There's many doctors in the United States who say that you should tell a patient that it should be three or more PRP prolotherapy treatments when they go in.

I don't want to tell people that at the front. I'll say that's possible, but it really depends on our assessment as to what they truly need. Cause we've had probably 80% of the patients who've come through for knees, it's been one PRP prolotherapy session.

That's pretty good. But we add a lot of other things in. It's not just that. We're doing the ozone. We're doing the laser right away. We use Spider Tech tape.

We tape up the knee. There's different types, but that's the brand that we like. We use follow-up. So if they need more laser treatments to boost the healing, we'll do it.

If they need maybe microdosing ozone to boost the healing, we'll do it. We need to add in the magnetic biostimulation. They lay down for half an hour in the magnetic field, increases healing.

pretty cool if we need to use perineural any of those treatments it's because we combine everything and of course we start first visit in we make sure they're eating well and taking enough nutritional and herbal supplements so doing a total program is what gets people the better results if you're just doing one as I've been to some trainings and they'll say you just do the PRP you don't add in anything else and talk to them in five weeks and a nurse friend of mine said well that's a great thing because you don't hear about the pain Well, no, I want to hear about the pain because I want to treat people the way I want to be treated.

And if I've got pain in two or three days, I want to back in the office and we want to be on it now. They're not going to just tough it through for a few weeks.

That's not the way to live. So we need to do those types of therapies as the person indicates the need and how do we boost their healing. And it's not just old people that have got less healing.

We've got a 91 year old gentleman, we've done both his shoulders and he's doing really well. He's not doing as well with a knee treatment that we did but we're going to boost him with that.

There's other people who are younger that it hasn't worked well. Why? Well, they were eating garbage, they pushed their exercise, they got back to it too quickly and they're not following our instructions.

So we need to work with people and get compliance, do what's necessary and you will have success with this. You will heal. You may take a lot more work than what you anticipate at the start, but you don't really have a choice.

You have to heal. You have to get your body healing. And sometimes that takes some time, but not always. Majority of people are doing pretty well. They follow our instructions and they have less pain because they regenerate, handle the cause of the pain.

Don't just mask it with drugs. If I heal my knee. Hold on. Hold on. When you heal your knee. Right, okay, good, good, good. So when that's fixed, can I go back to running?

Absolutely. Well, okay, now there's a caution here. How has your body adapted to avoiding the pain in the last

year? So you're not going to just get a treatment, just heal, and just go back to your previous lifestyle.

You need to watch how your body's programmed. Now that may be massage, it may be dance class, it may be walking and then running, it may be on a bike, it might be a Pilates class.

You have to heal the joint and then reprogram your muscle recruitment patterns because if you move wrong you're going to re-injure. I agree with chiropractors, the guys that I refer back and forth with, that their statement, which is common sense, that when you are in alignment your joints won't wear out.

So when you're running you want to be in alignment because if you're going to wear out running you're going to wear out faster. So when you get your knee healed And when your body is ready for running, you go back running.

Absolutely. What happened was that I'm a walker. I walk anywhere between seven and 10 miles a day, sometimes more. And I'm still doing that even with the knee injury.

Now, some people will say, why are you doing that? Well, you're doing it to keep your overall health up, keep your metabolism up. You need to keep your sanity.

This is your method for coping with your life. Yeah. And it works well. And I do a hundred flights of stairs, you know, three times a week. So either I'm walking very far or I'm doing a hundred flights of stairs.

So what should you be doing to maintain all that before you get this treatment? Support. This is where you've got the braces. This is where you've got taping.

Different ways of giving support to that knee before it gets healed inside. That allows the rest of your body to keep up. And so how do I do that? Well, you either get an appliance that is fitted to your body or you might do tapings.

Spider Tech and other companies do taping. The taping will, well, yes, it's just on the skin, but research has shown that it actually binds up the fascial layers, your connective tissue, wrapping up all the different muscles in the area where the taping is, where that's low back, shoulder.

knee, ankle, it will hold it together and give you support. So if you're getting pain now with the kind of mileage you're pulling, which is really great mileage, but you need the support in that area.

So that knee needs to be supported while you maintain your metabolism, while you shop for a doctor to help you to regenerate the rest of your knee. Okay.

Very, very cool. I think this is a good place to stop. What do you think? I'm fine with that. We'll pick up our conversation in the next episode. Right.

What would you like to talk about next time? What ideas have you got? I would love to talk about mental health, depression, anxiety. Everybody's being diagnosed as bipolar these days.

What can people do for their brain health? Oh my goodness. Have we got stuff for you? We'll start on brain health and I guess that could be, you know, mental health, but also like memory.

I mean, it could be anti-aging for the brain.

Brain Nutrition and Next Episode Preview

Absolutely. It is all connected. Maybe we have one on depression. I don't know. What do you think? Should we break up into mental health and healthy aging or is there so much on mental health we want to do that in different pieces?

What do you think? Okay, so what I would classify all that is brain nutrition, how to help common mental problems

because we're going to get into each part of those.

Does drug therapy work for mental health? Sometimes yes, sometimes no, right? People who go on antidepressants, Abilify, those kinds of things, they end up gaining a hundred pounds.

Yeah. Well, we're going to get into all that. The challenge is why does it work when it works? Because it changes the brain chemistry. The real question is fine.

That's the mechanism. That's a desired outcome. Can we achieve the same effect nutritionally without the side effects and nutrition? Well, that would be pills and powders.

Yep. Can we do it? Yep. So the simple question is brain nutrition, feeding your nerves to solve common problems. Will that solve all these problems? It may not be complete because you still have to do your talk therapy, you still have to do all of the different therapeutics that people get.

I mean, why do people go to a counselor for years? Well, they needed it and what would make it work better? Feed the brain. So brain nutrition underlies the success of all of those therapies.

The drugs work because they force the body in a way that forms side effects. But nutritionally, you can support the body, get a drug-like effect without the side effects.

Perfect. I can't wait. That's going to be so much fun. Okay. So everyone look forward to our next episode on brain nutrition, feeding your nerves to get the healthy response that your brain should be happily doing.

So we're going to work with mental problems and all the ramifications of that. And I cannot wait to hear Dr. Wick. So I'll talk to you soon. Talk to you soon, Dr.

Sharon. You've been listening to a special series of The Verve with your host, Dr. Sharon Livingston. If you'd like to learn more about Dr. David Wickenheiser, just visit his website drwik.com.

That's drwik.com. And on behalf of Dr. Sharon, until next time, thanks for listening. I hope you enjoyed this episode of the Natural Facts Podcast. To get access to my future episodes as soon as they're available, subscribe wherever you get your podcasts.

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