Shockwave or Laser Therapy: Which Breakthrough Could Help You Heal? Transcript

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Introduction to Neuropathy and Hope

I think the biggest thing is there is hope and don't necessarily accept the conventional wisdom of nothing can be done because that's not true. And it's not the fault of the collision.

That's how we were trained. And that's kind of was my point in that I didn't have any nerve training until I was out. I'm just done. So training's done and still have no training in neuropathy except for cutting out a couple nerves.

So that's kind of the point. It was an eye-opening thing just to learn about, to have that different lens that Dr. Dullen kind of gave me that appreciation.

And so kind of, so if you don't like the answer you're hearing, I think keep on looking, keep on searching. I'm Dr. Monica Haragi, and welcome to Truly Healthy MD.

I have one question for you. What's really behind the way you feel? As a functional medicine doctor, I'm passionate about helping you uncover the hidden causes of your health concerns and finally connecting the dots.

From balancing hormones to overcoming Lyme disease, boosting brain health, or just finding new ways to feel your best every day. This podcast is packed with insights and strategies to help you take control of your health and live holy.

Ready to explore what's possible and be truly healthy? Hi, I'm Dr. Monica Harie. Welcome back to the truly healthy MD podcast. Today, I am going to have a special guest talking about neuropathy, tingling, pain, numbness in feet.

I'm sure that either you or somebody you know might have experienced this and these are symptoms that can really affect your quality of life. A lot of times, the real root cause is not addressed.

A lot of times, people are just placed on medications that try to cover up these symptoms. So let's talk today about neuropathy and what the real truth about neuropathy is.

Today, I welcome Dr.

Dr. Sheeu2019s Training and Peripheral Nerve Approach

Alan Shee, a podiatrist that is going to talk to us about neuropathy. Welcome, Dr. Shee. Thanks for having me. Yeah, so tell us a little bit about yourself, Dr.

Shi. Tell us what your journey was to become a podiatrist and how you came to treat patients with neuropathy. Sure. And so I've been interested in health and fitness for a long time and in human movement.

And so in college, I studied movement science and I had a goal to help people walk for a very long time. Originally, I thought I wanted more of like physical medicine kind of stuff, but I'm kind of impatient.

And so I like how a lot of things can be improved quickly in my field. And so anyways, I went through the traditional training with the foot and ankle surgery where you focus on bones and tendons and that's pretty much the training all the way through residency.

I even did several weeks in Russia for a Lizarov training, which is more tendon and bone stuff, right? And so when I started in private practice, one of the doctors I sought out was Dr.

Jacoby, who became a great mentor. And at that time, he was kind of tired of doing bunion surgeries and a lot of the traditional type surgeries and approaches, but he was reinvigorated in his career with peripheral nerves and the teachings of Dr.

Dullin. And so it was almost kind of like a secret society in a sense that, like, the peripheral nerves, like, what's that about? And because it's not really taught in residency, it's not taught in fellowship, it's really, it's, it's, and it's a completely different lens.

And so in a nutshell, Dr. Dolly, who was a hand surgeon at Johns Hopkins, And he was getting diabetics better by relieving the nerves. And, hey, can you do the same thing for my feet?

And he's like, I'm a hand surgeon. But he's also an educator to the best and brightest. And so he went to the lab, and he basically found nerves that correspond in the feet that correspond to the hands and where they're pinched.

And so he did all these studies on Rath to the point. Basically, he found nerves where they're compromised. And by releasing these compromised areas, similar to carpal tunnel, you can get patients quite a bit of relief.

And so that's kind of how that sort of began my journey of like, oh, maybe there is something more to it. And like, we can talk a little bit more about his philosophy, but that's kind of started the journey.

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So what you're telling me is that most podiatrists are going to see a patient with neuropathy and they're gonna have a certain approach and your approach is different than that that gets potentially better results, is that correct?

That's correct. It's a completely different lens. And I was under the lens of tendons and bones, and orthopedic surgeons are typically too, right? They're like, oh, x-ray is good, but then patients will still come and I still have pain.

Why is that? So under, let's say, and this is a huge problem. We know that people that have diabetes, that have chemo, the majority of these patients have neuropathy.

And there's a lot of people without diabetes and chemo that also have neuropathy.

Conventional Neuropathy Treatment vs. Root-Cause Care

What is the conventional approach? What do most people, what are most people told when they have either pain or numbness or tingling in their feet? So we can compare that to your approach.

Sure. Well, I think generally people are told, certainly if you have diabetes, they're like, control your diabetes. And if there's something a little bit more obvious, let's say you have a thyroid issue, certainly take care of that, right?

But really, for the most part, a lot of times they say, ah, it's idiopathic. We don't really know what's going on. There's really nothing you can do. You're getting older, right?

If they do offer treatments, it's typically things like Gabapentin and anti-seizure medicine off-label. Okay, and gabapentin is a medication that I've prescribed a lot, and it does help in certain circumstances, but it seems to be just a band-aid to numb, perhaps, if there is pain, but really doesn't help in the situations where people have decreased sensation, right?

And so how does your approach help these patients differently than the conventional mainstream approach? Yeah, so we're basically trying to find the cause of the pain.

So for instance, in order to do surgery, you need to make sure you numb up the nerves that would cause pain. So if you can do that per surgery, then in theory, if you could find the nerves that are causing, if they hurt on the top of

the foot, well, there's nerves that are involved with the top of the foot.

And so understanding where the nerves are likely to be compromised can oftentimes lead to that relief. We want to be actually more dramatic. If someone had nerve pain, you can actually cut that nerve and just make it numb so that you take away the pain.

So that's, I want to say the extreme is certainly done. Yeah, well, it's done in the right circumstances, but the idea is like, okay, so maybe you don't have to actually cut the nerve, but if you know where the nerve is compromised and you can help the area where the nerve is compromised, then a lot of times you can have the best of both worlds.

You can get rid of your pain and also not have the numbness in the area and have better sensation there. Okay. And so what is, if a patient comes to you, what would they expect your approach to be?

So I focused below the knee, and so usually we're looking at the areas where the nerves are compromised, right? And so usually we start with entrapment sites.

So traditionally, I think Dr. Dullen had a very heavy surgical focus on finding the nerves and then releasing these nerves. But injections a lot of times can improve these areas quite a bit, and so I haven't found the need to do surgery nearly as much, right?

And it's… evolving as well as well too right so there's more things better lasers now better like certain types of treatments such as neuromodulation which kind of is nerve reprogramming so there's more and more treatments available too and so a lot of times there's a nice synergy so you start with the basics of understanding where the nerves are compromised right attacking those spots and then add on top potentially right depending on and it's not i tell patients it's not as tangible as other other areas.

You see broken bones on x-rays, very easy. Put up the x-rays, this is where the screw goes, very clean, everyone sees it.

How Dr. Shee Evaluates and Treats Patients

Neuropathy, there's some speculation and partly are like a lot of things in medicine, right? And so, but if they say top of the foot, well, there's nerves that you would suspect and you You start one there, you have a hypothesis, you test it.

Oh, it helped. Oh, it didn't help. Okay. And so it's kind of working through sequences and just, but I think that the root of it starts with there is hope and there's definitely people that have gotten better.

And so start trying some places where you could potentially get some relief from that. Fatigue, brain fog, mood swings, weight gain. If you're a woman in your 40s to 70s, You've probably been told that it's just aging.

But what if it's not? At trulyhealthymd.com, we look deeper. Hormones, nervous system health, hidden toxicities. You're not broken. You just need a doctor who really listens.

Visit trulyhealthymd.com and book a consultation today. It's time to feel like you're a real self again. And so do your patients generally have less procedures or like surgical procedures, more surgical procedures?

What would your patients expect? I say, yeah, generally I say surgery is pretty rare. I think there are a lot, I would say like 98% of people can get better without surgery, right?

But certainly there's a time and place for it, right? There's certainly some patients that it can be pretty dramatic. Before we started the conversation, I shared a story about like a 19-year-old collegiate athlete that had drop flood, that surgery was very indicated and did wonders for him.

Yeah, absolutely. And that's part of your training, right? Know exactly when that is completely indicated, but offer

other things and give people some other options.

So that's excellent. And so I'm an internist and I've definitely seen my fair share of patients with neuropathy. What do you wish that every doctor knew about neuropathy?

Yeah, that hope is possible. There's optimism for neuropathy, and that neuropathy actually can be treated, because it changes people's lives. Maybe when people can feel better or like, a lot of times it's the slow nagging, just didn't get a very good sleep last night.

Not so much that it's excruciating pain, right? And yeah, they can live with it, but most people want to sleep more than four hours. Yep. So when we refer a patient to you, what sort of measures do you want us to already have taken and or pre-education or how do we prepare the patients to see you?

I don't know that I have any specific labs or anything that I needed. It definitely involves a thorough physical exam on my part, but I don't know that there's a lot that I need as far as extra labs or x-rays or those kind of things.

Sometimes it's not even neuropathy, it's actually like capsulitis or something. Certainly, nerves are involved with a lot of pain or discomfort, but it might not even be your traditional entrapment neuropathy.

Other things can mimic neuropathy as well too. Okay. In your patient population, what are the most common symptoms that people complain of? I know that neuropathy can cause some people come with severe pain, some people come with numbness.

Newer Modalities: Lasers, Shockwave, and EMTT

What's the most common presentation in your patients? I mean, there's a lot of numbness or tingling and burning or just, and some people like, yeah, I'm walking on cotton balls or like, it just feels kind of dead or leathery.

And so a lot of times they have a hard time describing what's going on. They're like, it's not normal. It's not horrible. I can live with it, but it's just, it's uncomfortable.

Do people ever come with the idea that neuropathy is just a normal part of aging? Is that something that we should be telling patients? You know, and I think that's absolutely a myth too.

I mean, certainly there is increased prevalence of neuropathy as people get older. That's, that is accurate, but it doesn't necessarily have to be. And so just like, um, there are healthy 80 year olds run around and like still live on marathons.

And then there are 40 year olds that can barely get to the car. Right? So like, um, so neuropathy, it doesn't necessarily have to be something that happens with age.

So it's not just because you're getting older. People who say, hey, I don't have diabetes, I didn't get chemo, they can still look for an answer as far as why this is happening.

What do you think is, I know there's, you mentioned you have lasers and all these cool things. What's in the future of free neuropathy? I'm sure this is something emerging and that there's many things that we can look to have hope that there's even more things that are going to come in the future.

Yeah, and I mean, so lasers are part of it, and there's more and more regenerative treatments. And so combining that with helping with nerve health, and we've used amniotic products in surgery for a long time, and that can be extrapolated to the clinic as well, too.

And so whether it's human birth tissue, whether it's growth factors, from blood or what have you, there's definitely more things that are coming about.

Okay. Are there any newer modalities that you've brought into your practice recently? So a couple of newer ones. I mean, we have a newer generation class four laser, like a cutting edge laser that has a robotic head that we've been having pretty good success with.

That's probably been in the US, the latest generation, probably less than a year. And so it's still, that one's pretty new. There's certainly different forms of shock wave, whether it's focused or whether it's unfocused or it's radial in nature.

I think a lot of, a lot of times we incorporate those into our treatments. Another one is EMTT, electromagnetic transaction therapy. And so a lot of times the electromagnetic waves can help accelerate healing as well too.

And so those are some, those are some of them. These modalities sound really interesting. They sound really futuristic. Laser, shockwave, can you explain those a little bit better to me?

I don't know exactly what the lasers and shockwaves are all about. her. And so, shockwave comes from lithotripsy. And so, lithotripsy is where they're using strong sound waves to break up kidney stones.

Those strong sound waves have been extrapolated to other areas. So, musculoskeletal, like for plantar fasciitis or for Achilles tendonitis, it's also you can actually use it on heart tissue, right?

So one of my exposures at an international shockwave conference that kind of shocked me was they were actually doing shockwave on a live beating heart with rib cage open and everything, right?

And he was saying how much more effective, I forgot the exact statistics about, but I want to say it was something like 35, 40% better ejection fraction with the shockwave.

It's so cool taking the technology that they're using. Yeah, I've heard of them using that for lithotripsy, for getting the stones out of the kidneys.

Head to Toe Practice and Patient Success Stories

But if you can use that in a different way for foot and for neuropathy, that is really cool. And that's something that you're doing in your practice right now?

Chalk road, yes, yep. Okay, and yeah, tell us some more about the lasers. And so lasers, there's a whole science to lasers and like, so going, shifting from sound energy, we're shifting more towards light energy, right?

And so lasers are pretty powerful. Like, I probably had exposure. So one common thing in my field that happened when I was in private practice was the shift to using lasers for toenail fungus, for instance, right?

And so like going from a medicine that damages your liver and still damages your liver into the same medicine that was offered decades ago. you can use laser light energy to actually kill the fungus.

And so that's been a pretty successful treatment. And so that's in the realm of treating toenail fungus, but there's different types of lasers that actually can help stimulate nerves, help stimulate the nerves grow at the cellular level, increase ATP production, help cell membrane permeability, those kinds of things.

And those are great treatments for Maybe people that are versed in needles for instance, right? Or certainly people that have like that numbness or tingling a lot of times by stimulating those nerves, they can start to get some of that feeling back as well too.

So that's potentially a treatment option for many patients. Yeah, that would sound great to me if I had neuropathy. I would much prefer that over just a pill to try to put a bandaid on the symptoms.

That is really, really cool. And regarding your practice, I see that your practice is called head to toe. So you work

with an optometrist. That's kind of like different parts of the body, right?

It is. And so, yeah, so I practice with my wife, an optometrist. She focuses more on dry eye. She does like IPLs and radio frequency for that. And so that's head to toe.

And like, I have a clinical focus on neuropathy. That's a big component of our practice. And so that's kind of our story a little bit. Yeah, sit together, you can really get patients to, I can see how you would see the same patient.

One of you sees the eyes, the other one gets the foot working better and that's a much more functional person, right? After both of you work on the same patient.

Yeah, it's not uncommon to share patients and like, and a lot of times they get success on one side, they're interested in the other side, just naturally.

Excellent, excellent. Do you have any like patient stories that have stuck with you as far as like, this is just a story that is great. I think about this all the time because this patient really had a much better quality of life before and after.

Do you have any stories that have stuck with you that you could tell us? Yeah, we have many, many stories, right? And a lot of times they can have far-reaching impacts.

So for instance, working on, so some of the nerves that go to the legs and feet are basically branches of the sciatic nerve, right? So certainly there are patients that we work on below the knee on a nerve spot that can take away significant back pain that they're considering back surgery or they're on narcotic medications that they can get off of.

And so it's certainly connected there. And so there's several patients that have had improvement in being able to take up their foot. like reducing fall risk is one of my, I guess, passions, right?

It's how people walk because if you reduce fall risk, it's a big deal. And so that's pretty exciting for me as well, too. And there are people that just, you know, now they can play with their grandson.

Now they have independence. Like they weren't comfortable driving because they can't feel the pedals, right? And so there's numerous stories like that and that.

now they're comfortable walking around and they feel like they're more stable walking around. So all those kind of things are highly impactful and sudden.

I mean, it's not uncommon for patients to cry and just the relief that can be found, it can be pretty profound. And it doesn't just impact them, it impacts the loved ones because the loved ones just wish they could do something and see them better.

And so, yeah, it impacts the whole family. That is great. I love that message of hope. And that's the reason that we do this, right? We don't become clinicians just to do these procedures.

We do it because we want to make patients' lives better. So I love those stories of people getting back and playing with their grandkids and getting back to the activities that they love.

And yeah, this is such a common problem. I'm so happy that there are more options for for patients than just the conventional approach.

Key Takeaways and the Future of Neuropathy Care

Just take some gabapentin and loop with it, right? So what would your key takeaways be for people out there, whether they're listening, that either have neuropathy or have a love one with neuropathy?

What would you want them to take away from this conversation? I think the biggest thing is there is hope and don't necessarily accept the conventional wisdom of nothing can be done because that's not true.

And it's not the fault of the collision. That's how we were trained. And that's kind of was my point. But I didn't have any nerve training until I was out.

I'm just done. So training is done and still have no training in neuropathy except for cutting out a couple nerves. So that's kind of the point. It was an eye-opening thing just to learn about, to have that different lens that Dr.

Deling kind of gave me that appreciation. And so kind of, so if you don't like the answer you're hearing, I think keep on looking, keep on searching. That's a message.

Yep, yep. We want people to have hope. We don't want people to give up. Do you know if there's other podiatrists that are offering what you offer? Oh, definitely.

Yeah, there's definitely a movement and there's definitely more and more doctors that are focusing on peripheral nerves because nerves are important. It's not easy because it might look like fat in surgery, right?

And you're using magnified loops to find them and you have to really study the anatomy to understand where they're at. But if you find them, they're powerful.

Like doing a bunion surgery can help patients and they feel better because it's not rather short. But some of the nurse stuff is truly life-changing, right?

Like, you know, being able to pick up your foot or actually take it away, like, it's excruciating pain. It's just, it's, it's, the impact is, is profound.

Yes. So we hope more and more podiatrists and clinicians in general open their minds to these newer treatment modalities so that we can help more and more patients.

That has been such a great, hopeful conversation for our patients. Thank you so much for being here with us. Thanks for having me. Thanks, Dr. Shee. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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