

**Video Transcript: Chiropractic Economics talks with Christopher Proulx, DC**

**Gloria Hall:** Hello. I'm Gloria Hall, Editor-in-Chief of Chiropractic Economics. I'm excited to have with me today Dr. Christopher Proulx, Vice President of Clinical Affairs and Strategy at Medray Laser and Technology.

Dr. Chris is here today to discuss his recent article, Nutrition, Neuroprotection. Dr. Chris, welcome.

**Christopher Proulx:** Thank you, Gloria. I very much appreciate you having me on. I look forward to chatting with you.

**GH:** Before we get started with some questions, can you tell us a little bit about yourself?

**CP:** Yes. I am a chiropractor. I actually started in clinical practice as an exercise physiologist and continued on with additional graduate work before chiropractic as well. That's what got me involved.

Even after graduating, I was involved in education and postgraduate education and research. I've been in multiple clinical practices and owned multiple clinics. I'm still involved in active clinical practice and still teach on occasion. I teach biomechanics, and my other area of interest is neuromechanics, which overlaps significantly.

**GH:** Excellent. Chiropractors often see patients with early neuropathy symptoms before they are formally diagnosed. Why is this condition becoming more common in conservative care practices?

**CP:** There are a few layers to unpack. One is the population that typically experiences peripheral neuropathy. Often, they are a little bit older, simply because conditions tend to develop over time, similar to osteoarthritis.

It's also a multifactorial condition involving issues we commonly see, such as diabetes and metabolic syndrome. The statistics are staggering. We're seeing increases in diabetic diagnoses, and a large percentage of the population is affected.

Because chiropractors often see patients with multiple comorbidities, neuropathy may be present even if it isn't the primary complaint. Many people come in for pain, but peripheral neuropathy doesn't always present as pain. It may be numbness or tingling, which isn't always at the forefront.

Sedentary lifestyle and poor nutritional habits—particularly increased carbohydrate intake—play a role. When blood glucose is not managed appropriately, that becomes a key factor in diagnosis.

Often, patients don't know until you ask. That's a significant issue with our aging population.

**GH:** Why do many conventional approaches to neuropathy fall short?

**CP:** Because it's a multifactorial condition, it's difficult to treat with a single approach. Many patients are diabetic and placed on medications such as metformin. While important for diabetes management, metformin reduces the body's ability to produce oxidative energy, which can be counterintuitive.

Oxidative stress is a major issue. When oxygen is not utilized appropriately, it becomes a negative factor, contributing to peripheral neuropathy. There is also microvascular compromise, which leads to nerve destruction.

Treatment must address oxidative stress, metabolic dysfunction, microcirculation and nerve regeneration. Since pain is not always present, symptoms like numbness, tingling or balance issues may be overlooked. Because the cause is multifactorial, treatment must be as well.

**GH:** Your article discusses combining regenerative technologies such as laser and shockwave with targeted nutritional strategies. Why do these approaches work well together?

**CP:** I often use the analogy of restoring an old house. Nutritional strategies provide the building materials—wood, cement, wiring—but someone still needs to put it together.

The body may not have the workers to use those materials effectively. Nutrition alone may not be sufficient. Regenerative technologies like laser and shock wave act as external energy sources that stimulate the body to rebuild.

These approaches increase ATP production, improve microcirculation through mechanisms such as nitric oxide, and help remove damaged tissue. Together, nutrition provides the materials, and regenerative therapies provide the stimulus to rebuild nerves and circulation.

**GH:** Which nutrients show the strongest evidence for supporting peripheral nerve health?

**CP:** There are many, but compliance is an issue. If you give patients ten things to do, they may do none. Studies show patients typically follow three to five recommendations, so we need to prioritize.

Alpha-lipoic acid is one of the most well-studied and supported. It improves circulation, acts as an antioxidant, reduces inflammation and improves nerve conduction velocity.

Another is augmentatine, which can reduce abnormal sensations like tingling and numbness. It acts as a neuromodulator, similar to gabapentin, without the same neurological side effects.

Methylated B vitamins are also important because they support metabolic activity. We can measure these levels and justify supplementation.

Omega-3 fatty acids are another key nutrient. They're affordable, easy to take, and provide significant benefit. Many patients are already on multiple medications, so choosing supplements with the greatest impact is critical.

**GH:** What is the biggest clinical takeaway for chiropractors treating patients with neuropathy?

**CP:** These patients are already coming into our clinics. Studies show that 15–18% of chiropractic patients have diabetic peripheral neuropathy.

We have a captive audience and see patients regularly. We're good at neurology and screening, using tools like filament testing and tuning forks. We already collect lifestyle and nutritional histories.

We can co-manage neuropathy alongside other conditions like low back pain. If neuropathy is affecting gait, it may be contributing to musculoskeletal complaints.

Many patients are only managed pharmaceutically. With appropriate lifestyle interventions and compliance, diabetes and neuropathy can improve. Patients need coaching, and chiropractors are well-positioned to provide that support.

**GH:** Dr. Chris, thank you for being here today and for your continued support of Chiropractic Economics. This was a great discussion.

**CP:** Thank you, Gloria, and thank you to Chiropractic Economics for helping move the profession forward. When we do better as a profession, we help more people. It's a win-win-win.