



WESTERN NEUROPATHY ASSOCIATION

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Issue 07

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Brain & Life – New Name Of Neuropathy Now

WESTERN NEUROPATHY ASSOCIATION

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Neuropathy Hope

Hope through caring, support, research, education, and empowerment

A newsletter for members of Western Neuropathy Association (WNA)

RELIEF FOR DIABETICS WITH PAINFUL CONDITION

By Erin Spain On March 5, 2015



Jack Kessler, MD, the Ken and Ruth Davee Professor of Stem Cell Biology in Neurology and a professor in Pharmacology, was lead author of the study, which tested a new treatment for painful diabetic neuropathy (PDN).

Walking barefoot on sand “felt like walking on glass” for Keith Wenckowski, who has lived with type-one diabetes for more than two decades.

One of the participants in a new Northwestern Medicine study who suffered from painful diabetic neuropathy (PDN), Wenckowski finally found relief from the constant foot pain that required him to wear shoes at all times, even to the beach.

The study found that those with PDN who received two low dose rounds of a non-viral gene therapy

called VM202 had significant improvement of their pain that lasted for months.

“I can now go to a beach and walk on the sand without feeling like I am walking on glass,” Wenckowski said.

The results of this phase two, double-blind, placebo-controlled study were published March 5 in *Annals of Clinical and Translational Neurology*.

Right now, there is no treatment for this disorder of the peripheral nerves that affects 20 to 25 percent of diabetics. Patients with the most extreme form feel intense pain with a slight graze or touch. The pain can interfere with daily activities, sleep, mood and can diminish quality of life.

“Those who received the therapy reported more than a 50 percent reduction in their symptoms and virtually no side effects,” said Jack Kessler, MD, the Ken and Ruth Davee Professor of Stem Cell Biology in Neurology, a professor in Pharmacology, and lead author of the study. “Not only did it

– Continued on page 6

1-HOUR EXERCISE, 3 TIMES A WEEK BOOSTS COGNITION IN OLDER ADULTS

By Judy George, Contributing Writer, MedPage Today May 30, 2018

Exercising for 52 hours over a 6-month period may be an optimal dose for cognitive improvement in older adults, a systematic review of 98 randomized clinical trials suggested.

Interventions that averaged 52 hours over a span of 6 months -- averaging about an hour, 3 times a week -- were linked to specific cognitive improvements in adults with and without cognitive impairment, reported Joyce Gomes-Osman, PT, PhD, of the University of Miami Miller School of Medicine, and colleagues in *Neurology: Clinical Practice*.

“The constructs of cognition that were most amenable to exercise were processing speed and

executive function,” Gomes-Osman told MedPage Today. “This is an encouraging result because those two constructs are among the first that start to go with the aging process. “This is evidence that you can actually turn back the clock of aging in your brain by adopting a regular exercise regimen.”

Interestingly, statistical associations did not hold for memory improvement, noted Art Kramer, PhD, of Northeastern University in Boston, who was not involved in the study. “Despite the fact that animal studies have found robust memory benefits from exercise, memory benefits were not consistently observed in the human studies that were reviewed.”

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Roster of Our WNA Information and Support Groups

Some groups continue meeting all summer months but some don't. If the meeting you attend does not have any changes in its listing, it likely meets through the summer. If you want to be sure, call the leader at the number given.

2018 WNA Board of Directors

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Please contact
your group leader
or check your
local paper to
find out about
the topic/speaker
for the upcoming
meeting.

Bev Anderson
Editor

Newsletter Design by

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CALIFORNIA

Antioch-Brentwood

Next meeting, Sept. 19
3rd Wednesday, 2 PM (odd numbered months)
Antioch-Kaiser, Deer Valley Rooms 1 & 2
Marty Price (925) 626-7988

Auburn

Next meeting, Oct. 1
1st Monday, 11 AM
Woodside Village MH Park
12155 Luther Road
Sharlene McCord (530) 878-8392

Berkeley-Oakland

Next meeting Sept. 19
3rd Wed., 3-4 PM
North Berkeley Senior Center
1901 Hearst Ave.
Kathleen Nagel (510) 653-8625

Carmichael - Atria

Atria - Carmichael Oaks
8350 Fair Oaks Boulevard
For information, call:

Ryan Harris 916-342-8440

Castro Valley

2nd Wednesday, 1:30 PM
First Presbyterian Church
2490 Grove Way (next to Trader Joe)
Joy Rotz (510) 842-8440

Concord

Next meeting, Sept. 20
3rd Thursday, 1:30 PM
First Christian Church
3039 Willow Pass Road
Wayne Korsinen (925)685-0953

Costa Mesa

3rd Wednesday, 10:00 AM
Call Martha Woodside
949-573-0056 for the location

Davis

Next meeting, Sept. 10
2nd Tuesday, 3:30-5:00 PM
Davis Senior Center, 646 A Street
Mary Sprifke (530) 756-5102

Elk Grove

2nd Tuesday, 1 PM
Elk Grove Senior Center
8830 Sharkey Avenue
Roger White (916) 686-4719

Folsom

To be announced soon. Contact Bev for info.
Burger Rehabilitation, 1301 E. Bidwell St.
Bev Anderson (877) 622-6298

Fresno

3rd Tuesday, 11:00 AM
Denny's Restaurant
1110 East Shaw
Bonnie Zimmerman (559) 313-6140

For information on groups in the following areas or any other place you are interested in finding out about a support group, call Bev Anderson at (877) 622-6298. She is actively trying to open new groups and re-open closed groups. Check with her about a group in your area especially if you would volunteer to be the leader.

California: Alturas, Bakersfield, Clearlake, Crescent City, Eureka, Fort Bragg, Garberville, Jackson, Lakeport, Lincoln, Lodi, Madera, Mt. Shasta, Oxnard, Quincy, Redding, Salinas, San Francisco, Santa Maria, Sonoma, Sonora, Stockton, Susanville, Truckee, Tulare-Visalia, Turlock, West Sacramento, Weed, Ukiah, Woodland, Yreka, Yuba City-Marysville. **Nevada:** Reno-Sparks. **Oregon:** Brookings, Medford, Portland, Salem.

Grass Valley

Next meeting, Sept. 10
2nd Monday, 1:30 PM
GV United Methodist Church
236 S. Church Street
Bev Anderson 877-622-6298

Livermore

4th Tuesday, 10 AM
Heritage Estates, 900 E. Stanley Blvd.
Lee Parlett (925) 292-9280

Merced

Next meeting, Sept. 13
2nd Thursday, 1 PM
Central Presbyterian Church
1920 Canal Street
(Hoffmeister Center across from the church)
Larry Frice (209) 358-2045

Modesto

Next meeting, Sept. 17
3rd Monday, 10:30 AM
Trinity United Presbyterian Church
1600 Carver Rd., Rm. 503
Ray (209) 634-4373

Monterey

3rd Wed., 10:30 AM (odd numbered months)
First Presbyterian Church
501 El Dorado Street
Dr. William Donovan (831) 625-3407

Napa

1st Thursday, 2 PM
Napa Senior Center, 1500 Jefferson St.
Ron Patrick (707) 257-2343
bonjournapa@hotmail.com

Placerville

Next meeting, Sept. 11
2nd Wednesday, 1 PM
El Dorado Senior Center
937 Spring Street
John McCoy (530) 642-8511

Redwood City

Next meeting, Sept. 25
4th Tuesday, 1 PM
Sequoia Hospital Health and Wellness Center
749 Brewster Avenue
Danielle LaFlash (415) 297-1815

Roseville

2nd Wednesday, 1PM (odd numbered months)
Sierra Point Sr. Res., 5161 Foothills Blvd.
Stan Pashote (916) 409-5747

Sacramento

Next meeting, Aug. 21
3rd Tuesday, 1:30 PM
Northminster Presby. Church
3235 Pope Street
Charles Moore (916) 485-7723

San Francisco

Please contact Bev at 877-622-6298
if you would like to attend a SF meeting.
There may be a meeting fairly soon.

San Jose

Next meeting, Sept. 15
3rd Saturday, 10:30 AM
O'Conner Hospital, 2105 Forest Avenue
SJ DePaul Conf. Rm.
Danielle LaFlash (415) 297-1815

San Rafael

New leadership needed. No meetings for now.
Contact for information
Bev Anderson (877) 622-6298

Santa Barbara

4th Saturday, 10AM (odd numbered months)
St. Raphael Catholic Church
5444 Hollister Ave., Conference Room
Shirley Hopper (805) 689-5939

Santa Cruz

3rd Wednesday, 12:30 PM (odd numbered months)
Trinity Presbyterian Church
420 Melrose Avenue
Mary Ann Leer (831) 477-1239

Santa Rosa

1st Wednesday, 10:30 AM
Santa Rosa Senior Center
704 Bennett Valley Road
Judy Leandro (707) 480-3740

Thousand Oaks - Westlake Village

2nd Monday, 2:30 - 4 PM
United Methodist Church of Westlake Village
1049 S. Westlake Blvd.
Angie Becerra (805) 390-2999

Walnut Creek

4th Friday, 10 AM
Rossmoor, Hillside Clubhouse
Vista Room
Karen Hewitt (925) 932-2248

NEVADA

Las Vegas

3rd Thursday, 1 PM
Mountain View Presbyterian Church
8601 Del Webb Blvd.
Barbara Montgomery (818) 400 0296

OREGON

Grants Pass

Next meeting, Sept. 19
3rd Wednesday, 2:00 PM
Club Northwest
2160 N.W. Vine St.
Carol Smith (541) 955-4995

President's Message By Bev Anderson



The biggest news this month is that the 2019 Annual Conference is scheduled for Friday, May 10, 2019, during Neuropathy Awareness Week, at Trinity United Presbyterian Church Conference Center, 1600 Carver Road, Modesto, CA. Modesto is just south of the 580-freeway connecting the Central Valley with Livermore, Castro Valley, Oakland, San Jose, etc. We hope the location will be convenient for some Bay Area groups to come as well.

Our 2018 Annual Conference was at the U.C. Davis Medical Center Campus at the Mind Institute. It is a premier location for study of and service to patients with autism known throughout the nation for its level of excellence. Parents of autistic children living in the Sacramento area came together to develop it so it is family driven in its focus.

We honored support group leaders with an attractive clock engraved with their name. Carol Smith of Grants Pass, Oregon was the only one able to attend and receive the award in person. We mailed the awards to the others and we received notes about how surprised and delighted they were. The other recipients were Karen Hewitt, Walnut Creek; Dr. William Donovan, Monterey; Shirley Hopper, Santa Barbara; and Nancy Kriech, Santa Barbara.

The Annual Conference speakers were well received. Fredric Gorin, MD, is the chair of the Neurology Department at U.C. Davis Medical Center and well-versed in neuropathy. He announced that starting July 1, 2018, they will have a neuromuscular neurologist on staff. This is the person that people with neuropathy should seek to meet with as neuropathy involves both nerves and muscles. We have advocated for this and are delighted to see one coming to Sacramento so the medical help offered to neuropathy patients is expanded. Ricardo Maselli, MD, presented the new Sudascan Machine that U.C. Davis has acquired. It is able to better diagnose small fiber neuropathy and autonomic neuropathy. It is quite easily used and not invasive or painful. Receiving the highest score on the attendee's evaluation was Karen Wagner, PhD, representing the research group working with Bruce Hammock, PhD, at the U.C. Davis campus. She encouraged us about the possibilities of the research they were doing and also showed us even more video footage of the cat and the horse than was shown at previous Annual Conferences to the delight of all. Thank you to Raymond Nichols for submitting the WNA Conference photos on page 5.

One exciting activity was Kathy Clemens giving \$1,000 toward the research project and challenging those to at least match it. Just after lunch, the last donations came in and it was matched with \$1,050 by the other attendees, which Kathy then matched with her check.

The Board thought it might have been one of the best conferences we have held. I especially liked having WNA Board director, Darrell O'Sullivan, as the emcee. I was much more relaxed. Thank you, Darrell, for a great job.

Happy summer,

Bev



At the 2018 WNA Annual Conference: Dr. Hammock asked for suggestions for a name for this new pain medication. We have received one excellent suggestion so far. If you have an idea for a name, please send it to WNA, P.O. Box 276567, Sacramento, CA 95827-6567 or to info@pnhelp.org.

BEWARE! MICROSOFT DOES NOT CONTACT YOU THROUGH YOUR COMPUTER

If you are working on your computer and suddenly it seems to be going crazy and a popup screen appears headed by Microsoft with instructions -- do the opposite of what it says. Immediately close down your computer and leave it for a period of time to let the scam attack pass. Then use the antivirus program you have to check it out to be sure all is in order.

If you do what the message says, you will get a scam program installed, which is not Microsoft, and then you will be charged a high price for service to 'fix' the trouble. It will never really be fixed; these hackers will have access to your computer and you will have chronic issues and expenses. To have the scamware removed and your computer returned to its normal/safe state will require a reputable service.

As part of this scam, they gain your trust to access your bank account to pay for the services. You will need to open a new bank account. This means contacting any entity that makes deposits to or withdraws from that account as well as changing passwords to major accounts. If you are victim of this type of scam, the first change should be the password that opens your computer screen.

The most difficult and disheartening aspect is to realize that these people that sound so professional and caring are actually criminals -- they make a living stealing money in this way by appearing to be legitimate. They are similar to the many scams telling us they have an answer to neuropathy when it really is a ploy to empty our wallets. Beware of all of them.

Help With Health Care Challenges

If the number is not in your area, call the one listed and ask for the right number.

Medicare

www.Medicare.gov

...

The Affordable Health Care Act

For current information go to www.HealthCare.gov

...

HICAP

Health Insurance Counseling

for seniors and people with disabilities.
www.cahealthadvocates.org
/HICAP/
Call (800) 434-0222 to ask a question or to make an appointment.

...

Health Rights Hotline

Serving Placer, El Dorado, Yolo, & Sacramento Counties, regardless where you receive your health coverage.

Tollfree (888) 354-4474 or TDD (916) 551-2180.

In Sacramento, (916) 551-2100.
www.hrh.org.

...

HMO Help Center Assistance

24 hours a day, seven days a week.
(888) HMO-2219
or (877) 688-9891 TDD

...

DRA's Health

Access Project Free publications about the health care, insurance rights and concerns of people with disabilities and serious health conditions. For more information, go to <http://dralegal.org/> and click on "Projects".

DISCOUNTS FOR WNA MEMBERS

The following companies or individuals have agreed to give WNA a discount to WNA members. Give them a call or visit. If you choose to purchase the service or wares of any on this list, pull out your WNA Membership Card and claim the discount.

Anodyne Therapy

Infrared Light Therapy equipment - **\$50 off Model Freedom 300 (single leg at a time) and \$50 discount on Model 120 that does both legs at the same time.** Contact: 800-521-6664 or www.anodynetherapy.com

HealthLight Infrared Light Therapy equipment - **10% off Single Boot System and Dual boot system.** Contact: 888-395-3040 or www.healthlight.us

Auburn

The Footpath

825 Lincoln Way
(530) 885-2091
www.footpathshoes.com
WNA Discount: 10% off the regular price shoes.

Elk Grove

Shoes That Fit

8649 Elk Grove Blvd.
(916) 686-1050
WNA Discount: 20% off the regular price shoes.

Fortuna

Strehl's Family Shoes & Repair

Corner of 12th & Main
1155 Main Street
(707) 725-2610
Marilyn Strehl, C.PED
is a Certified Pedorthic
WNA Discount: 10% off the regular price shoes.

West Sacramento

Beverly's Never Just Haircuts and Lilly's Nails
2007 W. Capitol Ave
Hair - (916) 372-5606
Nails - (916) 346-8342
WNA discount: 10% off the regular price.

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ONCE UPON A TOE

By Bev Anderson

Noting a couple of odd brown spots on the big toe of my right foot, I visited my current podiatrist. She removed them but also some skin and thus sent me to the Wound Clinic at Sutter Roseville Medical Center. I'd previously mentioned to someone that each toe on my right foot had its own story and appearance. I didn't realize that more stories were in my unseen schedule.

The big toe healed up quickly and I thought my presence in the Wound Clinic was ending, but the podiatrist at that center looked at the fourth toe on that foot and said he didn't like the looks of it. He remarked the color was odd. So, what else is new to anyone with neuropathy. They and my fingers can be any shade of pink or red they choose at any time of the day or night. He compared it with the other foot and it was a shade different from the others. And of course, that it is shaped like an inverted L with part of it going behind the toe next to it doesn't help.

He chose to have an MRI done of my foot, which took an hour. I thought I'd relax and nap a bit while it was going on as you have to hold rather still. Do any of you have mischievous feet like I do? While I sleep, without bothering me, they can take the socks I wear to bed off and leave them under the covers or even a foot or so from the bed. The man running the MRI process hollered at me to hold still -- waking me up. I realized what was happening so stayed awake so I could make my feet hold still like a parent would with small children.

The verdict when the photos came in was that there was osteomyelitis in the bone and the toe had to come off or go through two months of IV antibiotics to see if they would work. I went to see my primary care doctor. I'm a UC Davis Medical Center patient so it was basically a second opinion. She pulled up the MRI on the web as there is shared access to

patient records. She also saw the infection in the bone. After talking to several other very capable medical people I know locally, I chose to have it amputated.

Along with this came a totally new adventure. I've been on Warfarin over 22 years now due to a TIA and later an irregular heartbeat from A-Fib. The U.C. Davis Anticoagulation Clinic chose to have me do a bridge while I had to be off of the Warfarin prior to surgery for protection. It entails small syringes of a medication that I daily inject into my stomach approximately two inches from my belly button. What I didn't expect was that it would take so long afterward to get back to a normal level. Today I did my 18th shot after three blood tests that showed the saturation too low following surgery. I have four more to go before the next blood test.

The surgery went quite well. He didn't take as much of the toe as I thought he might. I've had no pain at all. The only pain has been one other toe on that foot that has some arthritis in it. I think the lack of pain is due to neuropathy and the lady in my church that is praying hard that I have no pain. I was able to walk right after the surgery but have tried to stay off of it as much as possible. It seems to be healing appropriately. It is doing so well it is back to nighttime mischief. That foot which was respectful the first weeks now even throws off the off-loading shoe that I cover with a plastic bag and tie on so I can put it under the covers. I had lost the bar of soap under the covers near the feet. I put it back and it seemed to energize them rather than calm them down. Do let me know if you have feet like mine that can be so active when I sleep.

(By the way, I'm not diabetic. All people with neuropathy, even those with hereditary neuropathy, like me, can have foot infections.)

NEW DISCOVERY MAY LEAD TO NEW APPROACH TO TREATING NEUROPATHY PAIN

May 31, 2018

Blocking the Pathway of Neuropathy Pain

An international collaboration between Indiana University in Bloomington and the Turku Center for Biotechnology in Finland made early inroads into a new approach to reducing neuropathy pain.

The researchers identified the correlation between the formation of a certain protein in the cell (NOS1AP) and the transmission of neurological pain. By disrupting the formation of this protein and the resultant biological pathway, pain is reduced. The researchers were able to demonstrate that an experimental molecule with this modified pathway was able to reduce the pain as a result of nerve damage and certain chemotherapy treatments in rodents.

A Better Nerve Blocker

The current research also seems to suggest that this treatment may be feasible without the severe side effects attributable to current drugs designed to block the pain receptors or alter the biological pathway.

Next Steps

The formation of the NOSiAP protein and its contribution to chronic pain warrants more study in the quest for chronic pain relief.

More information on this research can be found in this announcement from the University of Turku. Used by permission of The Foundation for Peripheral Neuropathy.



Bev Anderson, President, at the podium, Darrell O'Sullivan, WNA Treasurer



Darrell O'Sullivan, M.C.



Sonya Wells, Pharmacist,
WNA Board of Directors

2018 WNA Annual Conference • Tuesday, April 17, 2018 • UC Davis Mind Institute



Fredrick Gorin, M.D., Ph.D. Professor and Chair,
UC Davis Department of Neurology



Ricardo Maselli, M.D.
presenting SUDOSCAN



A table group



Enjoying the highly rated lunch buffet.



A view of the attendees, maybe you are in this one.



Bruno Paszek (Lincoln), Stan Pashote (Leader: Roseville)



Brad Livingood, WNA Board of Directors



Karen Wagner, Ph.D. – Postdoctoral
Researcher, Hammock Laboratory, UC Davis



Center: Carol Smith (Grants Pass, OR) unpacking her Leader of the Year
Award, her stepdaughter, Cindy Griswold



Interesting questions and answers from the attendees.

DISCOUNTS FOR WNA MEMBERS

Continued from page 4

Neuropathy Support Formula

(1-888-840-7142) is a supplement that a sizable number of people are taking and reporting it has helped them. The company gives members of WNA a discount and free shipping. The 30-day supply is \$40 (normally \$49.97). It can be auto-shipped monthly for the same. A 3-month supply via auto-ship is \$95.00. They also have a Nerve Repair Optimizer that is available for \$20 with free shipping. Marsha, the manager, said that if anyone wants more information about the product, they can call and ask for her. If she is not readily available, leave your number and she will call you back.

Additional Discounts

Do you know a business that might offer our members a discount? Tell them that they will be listed each month in our newsletter and on our website so our members will know of their generosity and patronize their business. Call (877) 622-6298 or e-mail info@pnhelp.org.

We'll mail an agreement form to the business, and once we have it, we'll add them to this list.

PERIPHERAL NEUROPATHY LITERATURE REVIEW By William B. Donovan, M.D.

We can access the National Library of Medicine (NLM) to obtain information on peripheral neuropathy (PN). There are over 100 medical articles a month written on PN.

I review these references and select articles that would appear to be most interesting to us neuropathy sufferers. This is the link to PubMed that will connect to the

NLM: www.ncbi.nlm.nih.gov/sites/entrez

If you are reading this article on the computer, just click on the above link to go there. If you are reading the print edition of the newsletter, type this link into the address bar of the browser on a computer. If you don't know how, get a librarian or friend to help you.

After you get to PubMed, you will see a line that says "Search PubMed" followed by "for" and a space. Every article in the NLM is given a PMID, an eight digit identification number. I will give you PMID numbers of the selected articles. Type the PMID into the space after the "for" and click on "Go" at the end of the space, or press the ENTER key on your keyboard. You will then see a one paragraph abstract of the article appear, as well as links to related articles.

The reader can also go to the WNA website www.pnhelp.org, click on the RESOURCES tab and select MEDICAL LITERATURE REVIEW from the menu to review the archive of summaries that have appeared in this column over recent years.

This month's PMIDs:

- 27676676 This preliminary uncontrolled open label study assessed the effectiveness of an 8% capsaicin single application cutaneous patch (Quetenza®) in reducing the lumbosacral pain. The Visual Analog scale at baseline was 7.6 and continued dropping through week 12 to 2.6.
- This paper by Papanas and Ziegler emphasizes the fact that there is no monotherapy for the pain of diabetic neuropathy effective in more than 50% of patients—a substantial unmet need.
- 28067704 This review of the literature confirms the helpfulness of ketamine in the control of neuropathic pain. Better results generally are achieved with a higher dose, longer duration, and co-administration of a sedative.

Relief For Diabetics With Painful Condition - Continued from page 1

improve their pain, it also improved their ability to perceive a very, very light touch."

VM202 contains human hepatocyte growth factor (HGF) gene. Growth factor is a naturally occurring protein in the body that acts on cells – in this case nerve cells – to keep them alive, healthy and functioning. Future study is needed to investigate if the therapy can actually regenerate damaged nerves, reversing the neuropathy.

Wencowski had continuous numbness, but now, more than a year since he received the therapy, his symptoms have not returned. "I am hoping the effects I am feeling do not cease," he said.

Patients with painful diabetic neuropathy have abnormally high levels of glucose in their blood. These high levels of glucose can be toxic.

Damaged nerve cells send out abnormal signals, causing the patients to feel pain, usually in their lower limbs and fingertips. The condition can lead to injuries, chronic foot ulcers and even amputations.

Painkillers and other medications can alleviate symptoms, but those drugs often come with undesirable side effects.

"We are hoping that the treatment will increase the local production of hepatocyte growth factor to help regenerate nerves and grow new blood vessels and therefore reduce the pain," said Senda Ajroud-Driss, MD, '05 GME, associate professor Neurology, and an author of the study.

Eighty-four subjects with PDN completed this study. They went to a clinic twice in a two-week timespan for a series of injections into the back of their calf muscles and lower legs. Some received injections of a saline placebo, others a low dose of the therapy and others a higher dose.

"We found that the patients who received the low dose had a better reduction in pain than the people who received the high dose or the placebo," Dr. Ajroud-Driss said. "Side effects were limited to injection site reaction."

The subjects reported their pain symptoms to the researchers over the next nine months. At three months, patients in the low-dose group experienced a significant reduction in pain compared to the placebo group. The effect persisted at six and nine months in the low-dose group, the scientists said.

A future, much larger phase three study will soon be underway. "Right now, there is no medication that can reverse neuropathy," Dr. Kessler said. "Our goal is to develop a treatment. If we can show with more patients that this is a very real phenomenon, then we can show we have not only improved the symptoms of the disease, namely the pain, but we have actually improved function."

This study was supported by a grant from the Korean Ministry of Health & Welfare grant A091089 and by ViroMed, Co., Ltd. Used with permission of the author.

If you are interested in participating in research at Northwestern University, please call the NU Study line at 1-855-NU-STUDY. Or get connected by visiting <http://bit.ly/NUStudy> to sign up for Northwestern's Research Registry.

ABOUT AUTHOR

Erin Spain is a communications director in the Office of Communications. She is a writer, editor and multimedia producer who focuses on research and faculty news. Erin has a bachelor's degree in media studies from Loras College and a master's degree in communication from Northwestern University. spain@northwestern.edu 312-503-0337. This article is reprinted with her permission.

1-Hour Exercise, 3 Times a Week Boosts Cognition in Older Adults - Continued from page 1

Gomes-Osman's group searched medical databases in December 2016 for randomized controlled trials that tested the effect of exercise on cognition. After a review of 4,612 relevant studies, they included 98 trials with a total of 11,061 participants in their review. Participants had an average age of 73 and 67.58% were female. Of the total sample, 59.41% of participants were classified as older healthy adults, 25.74% had mild cognitive impairment (MCI), and 14.85% had dementia.

The clinical trials assessed exercises that included walking, biking, dancing, strength training, tai chi, and yoga over spans from 4 weeks to 1 year. Most participants (58.2%) did not exercise regularly before enrolling in a study. Most studies used either high (37.8%) or medium intensity (36.7%) exercise.

Aerobic exercise, strength training, mind-body exercises like yoga and tai-chi, and combinations of exercises all were linked to improved cognitive skills in both healthy individuals and those with MCI. Only the total length of time over a 6-month period was linked to improved cognitive skills, not weekly exercise minutes.

"Although half of the exercise in the studies we assessed was in support of aerobic exercise, it doesn't mean that aerobic exercise necessarily was more effective," said Gomes-Osman. "It just means that more trials have actually studied aerobic exercise."

Within aerobic exercise interventions, the most common exercise was walking, Gomes-Osman noted. "It's encouraging to know

that you don't need to be running. If you start walking, you're going to get benefit. But this is not window-shopping; this is walking. It's physical exercise, not just physical activity."

Since most participants did not exercise regularly before joining a trial, this data also "strongly supports that decreasing sedentary behavior is something associated with brain health," Gomes-Osman said.

The effect of exercise on overall cognition is not clear because so few studies have assessed this, she added. And it's possible that future trials -- ones that compare different types of exercise or evaluate exercise in both physically fit and sedentary people -- may show different results.

Nonetheless, some cognitive benefit is clear. "I believe in giving people knowledge about outcomes," Gomes-Osman said. "If you tell people to be active, they may be less interested overall than if you say 'You can do this, this, this, or this, and you need to keep it up a couple times a week for about 6 months, and then you should get a benefit.' I think that's a better sell for patients."

The study was supported by the Evelyn F. McKnight Institute at the University of Miami Miller School of Medicine.

Gomes-Osman and co-authors disclosed relevant relationships with Neosync, Starlab, Neuronix, Neuroelectrics, Constant Therapy, Cognito, and Novavision. Used with permission

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A Cool Idea For Summer

Cut up watermelon in bite size pieces, spread out on a cookie sheet, put it in your freezer. When frozen, bag them in a large freezer bag. Enjoy a small bowl of them on hot days. They thaw as you enjoy the coldness in your mouth and then you can enjoy the fruit. Use them as ice cubes in drinks. Most types of melon or fruit can be frozen.



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