



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)

PERIPHERAL NEUROPATHIC PAIN IMPROVED WITH SPINAL CORD STIMULATION, LASER THERAPY

Jessica Nye, PhD, Clinical Pain Advisor, January 26, 2023

Spinal cord stimulation was found to be an effective intervention for peripheral neuropathic pain from failed back surgery syndrome and diabetic neuropathy, and laser therapy was found to be beneficial for pain related to carpal tunnel syndrome.

Authors of a systematic review and meta-analysis published in Contemporary Clinical Trials found evidence to support the use of spinal cord stimulation or laser therapy in the setting of peripheral neuropathic pain associated with diabetic neuropathy, failed back surgery, or carpal tunnel syndrome.

Investigators from the Hong Kong Polytechnic University in China searched publication databases through December 2021 for studies evaluating physiotherapies for neuropathic pain. A total of 17 randomized controlled trials published between 2003 and 2021 were included in this analysis.

The pooled study population consisted of 1470 patients aged 45 to 70 years. The studies recruited patients experiencing peripheral neuropathic pain associated with diabetes (n=5), carpal tunnel syndrome (n=5), cancer (n=4), or chronic low back pain (n=3). The interventions evaluated included laser therapy (n=5), spinal cord stimulation (n=5), acupuncture (n=4), and electromagnetic stimulation (n=3).

Significant effects were observed for spinal cord stimulation among patients with diabetic neuropathy (standardized mean difference [SMD], -1.63; 95% CI, -2.06 to -1.21; I2, 0.00%; P <.001), for laser therapy among patients with carpal tunnel syndrome (weighted mean difference [WMD], -1.27; 95% CI, -2.29 to -0.25; I2, 98.90%; P =.01), and for spinal cord stimulation among patients with failed back surgery syndrome (SMD, -0.73; 95% CI, -1.17 to -0.30; I2, 74.99%; P =.001) compared with sham or usual care.

Laser therapy and spinal cord stimulation are low-risk, cost-effective, and non/minimally invasive interventions that are unlikely to result in negative or adverse outcomes.

No significant effects were reported for acupuncture in the setting of cancer-related pain (SMD, -2.09; 95% CI, -4.27 to 0.09; I2, 98.0%; P =.06) or for electromagnetic therapy in the setting of diabetic neuropathy (SMD, -0.77; 95% CI, -1.82 to 0.27; I2, 97.00%; P =.15) compared with sham or usual care.

When comparing the effectiveness of the interventions vs control, all 5 studies had serious or very serious risk for bias, and the quality of evidence of the included studies was low or very low.

Limitations of this analysis also included the number of available studies and the significant heterogeneity among the studies.

Study authors concluded, "This review found spinal cord stimulation as an effective intervention for the treatment of [peripheral neuropathic pain] secondary to failed back surgery syndrome and diabetic neuropathy. Laser therapy was found to be beneficial for the treatment of [peripheral neuropathic pain] secondary to carpal tunnel syndrome." The authors further commented, "Laser therapy and spinal cord stimulation are low-risk, cost-effective, and nonminimally invasive interventions that are unlikely to result in negative or adverse outcomes."

References:

Kannan P, Bello UM, Winsor SJ. Physiotherapy interventions for pain relief in individuals with peripheral neuropathic pain: a systematic review and meta-analyses of randomized controlled trials. *Contemporary Clinical Trials*. Published online December 16, 2022. doi:10.1016/j.cct.2022.107055

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PERIPHERAL NEUROPATHY SUPPORT GROUPS MARCH SCHEDULE

*Encourage, inform, share, support, and hope.
Join a meeting to help others, learn something new, and/or share experiences.
In-person or virtual – connect to others with peripheral neuropathy*

In-Person Support Group Meetings

March 4 (Saturday)
Houston TX Quarterly Support Group
1:00 pm CST, Memorial Drive United Methodist
Church, 12955 Memorial Drive, Room DS100
Enter at back/south of building
Contact: Katherine Stenzel, klstenzel@homail.com

March 6 (Monday)
Auburn CA Support Group
11:00 am PST, Woodside Village Mobile Home Park,
12155 Luther Road
Contact: Sharlene McCord (530) 878-8392, Kathy
Clemens (916) 580-9449, kaclemens@earthlink.net

March 15 (Wednesday)
Santa Cruz CA Support Group
1:00 pm PST, Trinity Presbyterian Church
420 Melrose Avenue
Contact: Mary Ann Leer (831) 477-1239

Virtual Support Group Sessions

March 11 (2nd Saturday)
11:00am-1:00pm PST/1:00pm-3:00pm CST
Meeting ID: 856 7106 1474
Passcode: 114963
Host – Katherine Stenzel, klstenzel@hotmail.com

March 15 (3rd Wednesday)
10:00am-11:30am PST/12:00pm - 1:30pm CST,
Meeting ID: 833 4473 0364 / Passcode: 341654
Host – Glenn Ribotsky, glenntaj@yahoo.com

March 25 (4th Saturday – Open Discussion)
11:00am-1:00pm PST/1:00pm - 3:00pm CST,
Meeting ID: 851 7949 9276 / Passcode: 159827
Host – John Phillips, johnphillips.wna@gmail.com

Contact Katherine Stenzel at klstenzel@hotmail.com
for the Zoom link or go to join.zoom.us, enter the
Meeting ID and Passcode.

WNA Neuropathy
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Katherine Stenzel
Editor

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TIPS TO AVOID FALLS INSIDE THE HOME

Cecchini C, Golden K., GoodRX Health, January 6, 2023

Making modifications to your home is important when it comes to decreasing the chances that you will fall.

- Clear your space of clutter. Remove from the floor anything you can trip on — from wires, papers, and clothes to shoes, pet toys, or any other loose items.
- Avoid or secure area rugs. Area rugs can slip or easily trip you, which can cause you to fall. Remove the rugs that you don't need. For the ones that remain, try securing them with strong, double-sided tape.
- Use bright lighting. This can help you more clearly see obstacles. This is especially important at the top and bottom of staircases. Add night lights to rooms that are very dark.
- Use nonslip mats in the bathroom. Place nonslip mats inside and outside of the shower/bathtub.
- Install handrails and grab bars. Use handrails when going up and down stairs. Grab bars in the bathroom are also useful for getting in and out of the shower/bathtub.
- Keep common items in reach. Store any items that you use regularly — like paper towels, cooking tools, and cleaning supplies — in cabinets or drawers that are easy to get to. Avoid using a step stool.

If you still find yourself falling, read the article "Pad Your Landing Spot" on the next page.

FROM THE PRESIDENT Pam Hart, WNA President

*Here comes the sun
Here comes the sun
And I say, "it's alright"*

From Abbey Road album, by George Harrison

With beautiful sunshine showing itself, I am excited for this new year and what it can bring. Even with weeks of rain – and snow and ice in some parts of the country – the return of the sun is a positive reminder that nature is calling us to come outside and walk.

Those with SAD (Seasonal Affective Disorder) know how important sunlight is for their moods. Sunlight can also help improve liver function, and assist in breaking down wastes and toxins in the body. Exposure to the sun increases both white and red blood cell count and helps the blood circulate more efficiently. The most known benefit of sunlight: Vitamin D. Vitamin D helps the body regulate the immune system, increase calcium absorption, which leads to strong bones, and avoid kidney stones, diabetes, and even obesity. D3 also improves cognitive functions and decreases the chances of developing Alzheimer's disease.

I just attended the in-person support group in Auburn, and when people described their most helpful exercises, walking was invariably included. I try not to take for granted the other benefits of walking – such as enjoying nature, giving a dog exercise, and meeting your neighbors. Remember those assisted devices such as walking poles to help with balance.

Another good practice to remember is to check your feet. Maybe February or March should be 'check your feet' month! We have our feet bound up for the winter and sometimes forget to check them, especially if they are numb. Even a small piece of household debris can work its way into your foot if you are not careful. If you can't see the bottom of your foot yourself, have someone else help. It can cause painful effects and infections.

A quick update on activities of the Board. We have decided NOT to have an annual meeting over multiple days this year. We found that our meetings sometimes conflicted with other Neuropathy organizations because May is Neuropathy Month! We want members to enjoy all the resources out there. Instead, we will be focusing on quality monthly speakers/webinars throughout the year, sometimes coordinating with other Neuropathy Groups. We are also in the process of updating our website, so look for changes in the next month.

Cheers for a good month ahead,

Pam Hart

PAD YOUR LANDING SPOT Mike Foxworth, DC area PN group, WNA support group attendee

Inability to recover from a fall is a leading cause of death in older adults. If we have normal peripheral neuropathy (PN), eventually our balance fades and we start falling. As we get older, we often find our balance an issue. When we fall, we head down, not up. Since the direction is down, perhaps we should take a careful look down. Perhaps a bit of padding on the floor can help us stay in that home. And savor the other things we see when we eventually look up from the floor we just landed on.

As my PN and lack of balance progressed, I gradually covered our floors with interlocking floor pads. By my rough count, I have fallen hard in the house about six times. Six times I have gotten up, a bit sore and bruised (and embarrassed), but fully functional. Read my full article at <https://dcpnsupport.org/pad-your-landing-spot/>. Included are detailed instructions on pad specifications, measuring and installation.

Health Care Challenges Websites (updated)

SHIPs
State Health Insurance Assistance Programs
www.shiphelp.org
(877) 839-2675

Help for navigating the complexities of Medicare. Search the website for your specific state program.

Medicare Rights Center
www.medicarerights.org
(800) 333-4114

Non-profit that works to ensure access to affordable health care for older adults and people with disabilities.

Medicare
www.medicare.org
(800) MEDICARE
(800) 633-4227

Get started with Medicare, options, news.

Benefits and Insurance for People with Disabilities
www.usa.gov/disability-benefits-insurance
(844) USAGOV1
(844) 872-4681

For those with a disability, learn how government programs and services can help in your daily life.

What's in your Neuropathy Library?

What books do you read to improve your understanding of peripheral neuropathy or to help ease your symptoms?

Besides medical tomes detailing causes of neuropathy and approved treatments, other topics include exercise, nutrition and diet, mental health, and alternative treatments.

Check out the side bars to see what's in our members libraries.

What's in Your Neuropathy Library?

You Can Cope with Peripheral Neuropathy: 365 Tips for Living a Full Life
by Mims Cushing and Norman Latov, MD, PhD 2009
∞

From the Library of Helaine Greenburg

"I get most of my info online but I did buy the one book."

5 WAYS TO DEAL WITH FATIGUE WHEN YOU HAVE CHRONIC PAIN

Deering K and Kirpekar M, Practical Pain Management, February 10, 2022

Chronic pain can be exhausting. Facing an uncomfortable condition day in and day out takes its toll on your mind, body, and soul. You're tired from experiencing the pain itself. You're tired because you're not sleeping well. You're tired from just trying to get through your daily schedule, something that can feel more like attempting to scale Mount Everest.

Meera Kirpekar, MD, Clinical Assistant Professor, Department of Anesthesiology, Perioperative Care, and Pain Medicine at the NYU Grossman School of Medicine, says that any pain condition can also present with fatigue, as pain and exhaustion often go hand-in-hand.

How Chronic Pain and Fatigue Are Connected

Chronic pain and fatigue are the yin and the yang of misery—one feeds off the other, feeds off the other, on and on. To start, the last thing you want to do when you're always in pain is be active. "This leads to muscle breakdown, weakness, and fatigue, also known as deconditioning," says Dr. Kirpekar.

Then, your sleep can be continually interrupted by pain. "This, of course, causes daytime fatigue because you don't wake up feeling refreshed," Dr. Kirpekar says. "Poor sleep also causes an increase in inflammation in the body, which in turn worsens pain and thereby fatigue."

Chronic pain can additionally cause or worsen feelings of depression and anxiety, which Dr. Kirpekar says can take a huge toll on both physical and mental health.

"When the body is in a constant high-stress state, it's inevitable fatigue will set in," she says. "High stress levels also lead to higher levels of cortisol being released in the body, which worsens inflammation, also leading to worsened pain and fatigue."

Lastly, pain medications can also cause fatigue since "feeling tired" is a common side effect of many medications.

How to Feel More Energized

Even though your fatigue may, at times, feel like a black hole that you can't crawl out of, you can feel better and more energized throughout the day. Dr. Kirpekar shares her best tips.

1. Improve your sleep.

Dr. Kirpekar says, "Restorative sleep is so important to decrease fatigue, so addressing sleep is crucial, whether that means getting control of your pain to sleep better, seeing a physician to help assess your sleep, or creating a calming environment with no distractions so you can get to sleep faster and stay asleep throughout the night."

2. Eat more nourishing foods.

Since inflammation plays such a large role in chronic pain and fatigue, Dr. Kirpekar strongly advises improving one's diet to feel better. This can include more whole-food, plant-based eats, "as well as quitting smoking and lowering alcohol intake," she adds. "This will go a long way in decreasing pain as well as feeling more energized."

3. Try gentle exercise.

"Exercise in general is important for improving pain conditions and fatigue due to an increase in muscle strength to reverse deconditioning as well as a decrease in inflammation," she says.

4. Consider your mental health.

If you continually experience pain and fatigue, it could be time to evaluate your mental health. "It's so important to address mental health, particularly depression, anxiety, and stress levels, to combat both pain and fatigue," Dr. Kirpekar shares. For this, you can reach out to your primary care physician or speak to a psychologist.

5. Take another look at your meds.

"Assess your medications," Dr. Kirpekar recommends. "Speak to your doctor to inquire if medication side effects may be contributing to your fatigue and see if adjustments need to be made."

Reach Out for Support

Although chronic pain and fatigue can often times feel incredibly isolating, you should know that you are far from alone. It can be helpful to reach out to supportive people, like a partner, close friends or family members, or even a support group with members who are experiencing the same things you are.

"For those who suffer from these conditions, it can be difficult to maintain social relationships," Dr. Kirpekar observes. "We often don't address the importance of maintaining social connections, which has been that much more difficult over the past two years. Social relationships with friends and family are so important for improving mental health, particularly conditions like depression and anxiety that worsen chronic pain and fatigue."

WEARABLE MEDICINE Katherine Stenzel, WNA Director

While reading the AARP Magazine, December 2002/January 2023 issue, I came upon the section: Life Made Easier. One of the products described is similar to a pain-relief patch but it covers a larger area. It is a patented technology called HealthWare® which is manufactured fabric that is infused with medicine and then fashioned into compression sleeves. These products ‘promise’ (their word) pain relief similar to what you could get applying an ointment, but without the mess and odor.

From their website at www.nufabrx.com/pages/faq-1:

Our HealthWear products are designed to deliver a range of pain-relieving ingredients. Currently, our sleeves are infused with Capsaicin (Nonivamide). A controlled dose of medicine is continually delivered into your skin for as long as you wear the sleeve. The infused medicine is proven to have a cumulative wear time of 150 hours and lasts for 15+ washes.

How specifically does capsaicin work to reduce neuropathic pain?

When your pain is confined to a particular area of your body, you may benefit from using capsaicin in a cream or lotion form. Capsaicin is the substance that makes chilli peppers hot and is thought to work in neuropathic pain by stopping the nerves sending pain messages to the brain. Side effects of capsaicin cream can include skin irritation and a burning sensation in the treated area at the start of treatment.

In 2020, the FDA approved the 8% Capsaicin patch, Qutenza, for neuropathic pain associated with diabetic peripheral neuropathy. This patch delivers prescription strength capsaicin directly into the skin. Upon application it initially makes the local pain nerves sensitive – the skin feels hot and burning. As the capsaicin continues to work, it makes the nerves less sensitive so the patient has less pain from their neuropathy for a prolonged period, usually 2 to 3 months.

HealthWare products have less Capsaicin in their fabrics than the Qutenza patch, and are not required to have FDA approval. For more information on their products, check out www.nufabrx.com. They list ankle and hand sleeves which may help some with their neuropathy symptoms.

NEUROPATHY IN COLD WEATHER Caroline Edlund, MSW, LCSW-R, CancerCare.org

Cold weather poses special challenges for people affected by neuropathy. Prolonged exposure to the cold causes the body to slow blood circulation to the hands and feet in an effort to preserve the body’s core temperature. The reduced blood flow can intensify neuropathy symptoms and potentially cause further damage to already affected peripheral nerves. This is of special concern to those who experience their neuropathy pain as a numbness or tingling sensation. Their ability to measure the effects of the cold is compromised since they already experience those physical warning signals that would otherwise indicate a need to get to warmer conditions.

Tips to lessen the pain and lower your risk of further nerve damage: (Editor – some of these are obvious so my apologies)

- Protect your hands and feet by wearing thick socks, thick mittens or gloves.
- Take intermittent breaks from the cold to reduce your exposure to extreme temperatures.
- Limit or avoid caffeine before an outing as it can temporarily cause blood vessels to narrow.
- Do not smoke as cigarette smoke can slow circulation.
- Limit alcohol use since excessive consumption can lead to vitamin deficiency which can, in turn, damage peripheral nerves.
- Incorporate exercise into your routine to improve overall circulation.
- Explore comfort measures like massage or use of flexible splints for support.
- Wear warm, dry clothing in cold weather

With spring coming around the corner, have you found a new way this winter to help your body with the cold? Share your solutions with our readers! Send to me and I’ll list them in a future issue.

– Katherine, klstenzel@hotmail.com

What’s in your Neuropathy e-Library?

Peripheral Neuropathy: When the Numbness, Weakness and Pain Won’t Stop

A guide for patients and families
by Norman Latov, MD, PhD, 2006

∞

Numb Toes and Aching Soles: Coping with Peripheral Neuropathy

The strange affliction which causes pain or weakening muscles for millions. Possible treatments with over 200 patient comments.
by John A. Senneff, 1999

∞

Nutrients for Neuropathy

How to use natural supplements to treat the severe pain and other consequences of peripheral neuropathy.
by John A. Senneff, 2002

∞

Brain&Life Magazine *Neurology for Everyday Living*

∞

From the Library of Glenn Rjibotsky

“I’ve given away all my hard copy neuropathy books over the years, but have access to all the major ones electronically.”

**What's in your
Neuropathy
(Vegan) Library?**

**How Not to
Diet: The
Groundbreaking
Science of Healthy,
Permanent Weight
Loss**

By Michael Greger,
MD, 2015

∞

**The How Not to
Diet Cookbook:
100+ Recipes
for Healthy,
Permanent Weight
Loss**

by Michael Greger,
MD, 2020

∞

**Bad Manners: The
Official Cookbook:
Eat Like You Give
a F*ck: A Vegan
Cookbook**

By Bad Manners,
Michelle Davis, and
Matt Holloway
2021

∞

From the Library of
Kris Langenfeld

“Having been on a plant-based diet for nearly 40 years, while I cannot say definitively that this diet has decreased my CIPN symptoms, I can say that my doctors encouraged me to continue. Plant-based diets by default eliminate many inflammatory foods, which in turn help with my symptoms.”

THE 5 STAGES OF GRIEF THAT COME WITH A NEW MEDICAL DIAGNOSIS

Denk, A, Healthline.com, August 28, 2020.

For many chronically ill and disabled people, grieving your health after a new medical diagnosis can be an unexpected challenge. The type of grief that comes with chronic illness is complex, and the cycle can often restart each time a new issue presents itself.

Here, we look at the standard five stages of grief according to Swiss-American psychiatrist Elizabeth Kubler-Ross, but through our relationships to our own bodies and what it means to mourn ourselves.

1. Denial

Denial, simply put, is the act of rejecting reality. Denial often comes first in the stages of grief because when a major life change occurs, the mind and body have to work to process the situation.

Even though you know logically that you're entering a new relationship with your health when a new medical issue comes up or you get a new diagnosis, it's common to need time to work through denial before beginning to process exactly what it is you're feeling. You might also downplay the severity of the situation as a way to cope by doubting yourself and the validity of your concerns.

For those who don't have chronic conditions, it might be hard to understand why denial is a common first step in processing medical trauma. Don't we want to know what's wrong? Don't we want to fix it? The answer to these questions is yes: we want to have an explanation for the symptoms and, in a dream world, a solution. But it's not that simple. A vast majority of chronic conditions are long-lasting and only offer symptomatic treatments rather than a cure or solution.

Suddenly, you aren't looking for a name to explain your pain, your symptoms, or your sleepless nights. Once you know what the underlying problem is, you know that the next step is to move on to treatment. Yet, this next step can often feel impossible. And in the case of chronic illnesses, you know that this issue doesn't necessarily have an end date.

So, to cope with this new reality — even if you've been waiting for a diagnosis or an explanation or someone simply to tell you that they believe you — you might enter the denial stage to try to convince yourself that it isn't that bad. That it isn't real. If you're currently in denial about your health, know that this is okay. If you're able, allow yourself time to process the facts of the situation.

2. Anger

Another strong emotion that you might experience is anger — at yourself, at doctors, at the world. When anger is burning through you, it means you have most likely come to understand the reality of your situation. But this doesn't necessarily mean that you're ready to accept it.

Sometimes, it feels easier or more manageable to lash out at others when you're grieving for yourself. That doctor who didn't listen to you sooner? The receptionist who scheduled your appointment right after a full day of work? The parking lot with no accessible spots? Their fault.

But you also might turn inward on yourself, especially if you experienced denial previously. You might ask yourself why you waited so long to report symptom changes or why you didn't get your medicine refilled. This can bring on a lot of self-hatred and seriously harm both your physical and mental health.

During these moments of anger, take a moment to recognize what you're feeling, first and foremost. There's a reason why anger is a key step in grieving — it allows you to start feeling again, as well as to examine your own feelings toward the situation. When you feel that you're ready to start letting go of the anger, there are different coping strategies that can help you process these strong emotions, such as art therapy, venting to friends, and practicing mindfulness.

But remember: When feelings of anger come back up as you go through the grief cycle, recognize the sensations and reflect on how they're manifesting. Is your jaw clenched? Has your tone changed? Taking stock of your emotions can help you to reconnect with your body, especially when your body is the source of frustration.

3. Depression

Grief and depression often go hand-in-hand. In chronically ill people, depression and other mental health conditions can also often muddle or confuse symptoms. Depression can make chronic pain worse with

— Continued on page 7

The 5 Stages Of Grief That Come With A New Medical Diagnosis – Continued from page 6

head, body, and stomach aches. But how do you know when your symptoms are from depression or from a different medical issue?

First, let's note that no matter where your symptoms stem from — whether it's physical, emotional, mental, or behavioral health — they're valid. Too many chronically ill people have been labeled as "attention seekers." This disbelief in our symptoms and our bodies only makes the grieving process harder. Know that whatever you're going through, there's a community of people out there who understand what you're feeling.

That being said, it can be hard to advocate for your needs when you're in this stage of grief. You might feel that it's pointless to keep searching for a diagnosis or treatment. You might find yourself wishing that all of these problems would just go away.

Depression is something that often requires additional services, such as counseling. For crisis intervention, please seek out these resources on how to keep yourself safe during this vulnerable process.

4. Bargaining or negotiating

With this stage comes the "what ifs." What if the doctor is wrong? What if I had done something differently (diet, exercise, medicine, therapy, surgery, etc.)? What if I got into the specialist sooner? Though this isn't the same as denial, in which you're trying to shut out reality, this stage might feel similar because you're thinking of all the ways that the situation could have gone differently.

Even though you can't actually change the past (or predict the future), negotiating with your health can be a way to process this new reality. In fact, even after we "complete" this stage of grief, many chronically ill people still work to negotiate with their abilities as they learn their new limits. In this sense, the bargaining stage of grief is one that often reoccurs as our health continues to evolve.

5. Acceptance

The last stage of grief is typically acceptance. Acceptance of reality. Acceptance of the pain. Acceptance of how different your relationship to your body might be now. Research suggests that coming to terms with chronic pain can actually reduce the severity of your physical and emotional pain. By accepting it, you acknowledge that it's there without judgement. Then, you're able to move forward in using coping strategies and different treatments to address the pain.

It's important to note, though, that acceptance doesn't mean that you have to be happy or pleased with everything that's happening to your body and health. Acceptance does not have to mean contentedness. You might still feel angry and depressed and overwhelmed at your situation — but this is okay. Our relationship to our bodies is intimate, complex, and always changing shapes.

Though a new medical diagnosis or concern can restart the grief cycle, this final stage of acceptance is one that we're always working toward. The truth is that we don't have much control over our bodies, which is terrifying. We can't wish away pain or illness like blowing on dandelion puffs — no matter how hard we try or how many stems we pluck.

But we can learn to trust the cycle of grief and know that these feelings of loss are temporary. Most of all, we can practice a little self-forgiveness and self-kindness. We can allow ourselves to be messy and mad and human. These feelings and experiences might leave us feeling vulnerable, but through this, we find strength. In the end, we always find a way to survive.

ADAPTIVE DEVICES: NEW SUGGESTED PRODUCT LIST

Cecchini C, Winter 2022 Communicator Newsletter, GBS|CIDP Foundation International, January 6, 2022.

GBS-CIDP has published a list on their website of adaptive devices that may help those with limited mobility due to peripheral neuropathy. The categories are Home/Office Aids, Health & Beauty Aids, Eating/Kitchen Aids, Dressing Aids, Mobility, and Miscellaneous Items. Find the full list directly by entering www.gbs-cidp.org/adaptive-devices/ in your web browser. You can access the full list pdf or browse the individual sections for descriptions of products to assist with basic functioning in everyday life.

What's in your Neuropathy Library?

Explaining Neuropathy, Symptoms, Diagnosis and Treatment

When the Pain Won't Stop.

by Norman Latov, MD, PhD (2022 Version)

∞

Eat More Plants

Over 100 Anti-Inflammatory, Plant-based Recipes for Vibrant Living

By Desiree Nielsen, RD, 2019

∞

Mayo Clinic Guide to Pain Relief

How to manage, reduce and control chronic pain

by Mayo Clinic, 2013

∞

An Inflammation Nation

The Definitive 10-step Guide to Preventing and Treating All Diseases through Diet, Lifestyle, and the Use of Natural Anti-Inflammatories

by Sunil Pai, MD, 2015

∞

Curing the Incurable Vitamin C, Infectious Diseases, and Toxins

by Thomas Levy, MD, JD, 2002

∞

Brain&Life Magazine Neurology for Everyday Living

∞

From the Library of Katherine Stenzel



WESTERN NEUROPATHY ASSOCIATION

A California public benefit, nonprofit,
tax exempt corporation

3620 American River Drive, Suite 230
Sacramento, CA 95864

Call WNA using our toll free phone number:
(888) 556-3356 • Email: admin@WNAinfo.org

TIPS TO HELP WITH MANAGING NEUROPATHY

CancerCare.org, Glenn Meuche, MSW, LCSW
<https://www.cancer.org/questions/tagged/neuropathy>

Here are some tips that may help manage living with peripheral neuropathy:

- Wear sneakers or shoes with “rocker bottoms” that allow the feet to roll while walking, provide better traction and can relieve some of the pressure on the soles.
- Rather than stand, sit down while doing activities such as drying your hair, applying makeup or preparing food.
- Use hand tools, kitchen utensils, and even toothbrushes and pens with wider grips, to make them easier to hold.
- Remove throw rugs from your home to reduce the chance of slipping and falling.
- If you have diabetes, manage your blood sugar level very carefully, as high levels can have a negative impact on nerves.
- Join a support group to learn how others live with, and overcome, the challenges of neuropathy.
- Consult a psychiatrist, physical therapist, or occupational therapist who can provide guidance tailored to your specific circumstances.
- CancerCare has several resources to help you learn more about living with neuropathy. Listen to our Connect Education Workshop podcast, *Understanding Peripheral Neuropathy*, at https://www.cancer.org/connect_workshops/86-peripheral_neuropathy_2009-07-16



Western Neuropathy Association (WNA)

A California public benefit, nonprofit,
tax-exempt corporation.

Katherine Stenzel, Editor
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Our mission is to provide support, information and referral to people with neuropathy and to those who care about them, to inform and connect with the health care community, and to support research.

Dues - \$30 a year

All contributions and dues are tax-deductible.

We are supported by dues-paying members, contributions by members and friends, and occasionally, small grants and fundraisers.

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