



WESTERN NEUROPATHY ASSOCIATION

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WESTERN
NEUROPATHY ASSOCIATION
3620 American River Dr., Suite 230
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888-556-3356
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A newsletter for members of Western Neuropathy Association (WNA)

ACUPUNCTURE FOR CHEMOTHERAPY INDUCED PERIPHERAL NEUROPATHY: IS IT EFFECTIVE?

Jessica Nye, PhD, NeurlogyAdvisor.com, July 20, 2022

Among patients with chemotherapy-induced peripheral neuropathy (CIPN), acupuncture enhanced structural regeneration of the sural nerve, according to study findings published in the journal *Phytomedicine*.

Chemotherapeutic agents cause cellular and DNA damage and inflammation which evoke peripheral nerve degeneration and small fiber neuropathy. Previous research has indicated that acupuncture may be beneficial among patients with diabetic peripheral neuropathy.

To evaluate whether acupuncture may improve symptoms of Chemotherapy Induced Peripheral Neuropathy (CIPN), the Acupuncture for Chemotherapy-Induced Neuropathy (ACICIN) study was conducted between 2012 and 2015 at the University Medical Center Hamburg-Eppendorf in Germany. This prospective, controlled, randomized, 2-armed, cross-over study recruited 60 patients with CIPN. Patients received weekly acupuncture for 10 weeks before or after a 10-week waiting period. Patients were evaluated for change in sural (calf of the leg) sensory nerve action potential (SNAP), sural sensory nerve conduction velocity (SNCV), tibial (frontal lower leg bone or shinbone) motor nerve conduction velocity (MNCV), tibial nerve distal motoric latency (DML), and patient-reported outcome measures (PROMs).

Patients were aged mean 60.7 (range, 40-79) years, 51 were women, they had received their last chemotherapy 32.2 (range, 2-133) months previously, 25 had received paclitaxel or docetaxel, and 19 had received oxaliplatin or cisplatin.

Compared with the control phase of the study, acupuncture associated with significant changes to sural SNAP (f, 0.55; P < .01) and sural SNCV (f, 0.49; P < .01). The acupuncture therapy did not appear to have an effect on tibial MNAP, MNCV, or DML.

Acupuncture was also associated with improvements in burning pain (f, 0.44; P < .01), numbness (f, 0.42; P < .01), paresthesia (vibratory sensation) dorsum of foot (f, 0.39; P < .01), blind walking (f, 0.38; P < .01), cramps (f, 0.37; P < .01), frequency of symptoms (f, 0.37; P < .01), unsteadiness of gait (f, 0.35; P < .05), neuropathic deficit score (f, 0.31; P < .05), and heel to toe walking (f, 0.29; P < .05).

A potential limitation of this study was including multiple cancer and chemotherapy types.

“The ACUCIN trial showed that acupuncture significantly improves sensory NCS (nerve conduction studies), as well as clinical findings and PROMs (patient reported outcomes) in CIPN after 10 treatments, suggesting structural neuroregeneration,” the researchers stated, which indicates that acupuncture may be a viable treatment option for patients with CIPN.

The researchers concluded, “Long-term efficacy of acupuncture for CIPN needs further evaluation. Moreover, subsequent studies should investigate the possible preventive effect of acupuncture if applied during chemotherapy.”

Reference

Friedemann T, Kark E, Cao N, et al. *Acupuncture Improves Chemotherapy-Induced Neuropathy Explored By Neurophysiological And Clinical Outcomes – The Randomized, Controlled, Cross-Over Acucin Trial*. *Phytomedicine*. Published online June 26, 2022. doi:10.1016/j.phymed.2022.154294

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PERIPHERAL NEUROPATHY SUPPORT GROUPS APRIL 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

April 3 (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

Virtual Support Group Sessions

April 8 – 2nd Saturday Support Group

11:00am-1:00pm PST/1:00pm-3:00pm CST, Meeting ID: 856 7106 1474, Passcode: 114963

Host – Katherine Stenzel, klstenzel@hotmail.com

April 19 – 3rd Wednesday Support Group

10:00am-noon PST/12:00pm-2:00pm CST, Meeting ID: 833 4473 0364 / Passcode: 341654

Host – Glenn Ribotsky, glenntaj@yahoo.com

April 22 – 4th Saturday Support Group

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 and enter the meeting ID and Passcode

ANTIOXIDANT AGENTS AS AN EMERGING TREATMENT FOR NEUROPATHIC PAIN

PainScale.com, retrieved Jan 28, 2023

Oxidative stress is a condition that occurs due to an imbalance between free radicals (reactive oxygen species) and antioxidant activity in the body. Free radicals help fight off infections when they work properly. However, they can cause damage if unbalanced, which can lead to several diseases.

Oxidative stress also reduces blood flow and neuronal function, which contributes to neuropathic pain. Therefore, lowering oxidative stress may decrease nerve damage and related pain. Antioxidant agents, such as alpha lipoic acid and thioctic acid, could help prevent oxidative stress by balancing free radicals and antioxidant activity.

Outcomes

Studies involving rats have shown that thioctic acid reduces oxidative stress levels involved in neuropathic pain. The results were similar to those found when studying the effects of the neuropathic pain medication, pregabalin. Thioctic acid was also tested in a small group of humans with neuropathic pain. Results were promising and showed significant improvement in levels of pain. Thioctic acid is also shown to be safe, with the majority of individuals experiencing no side effects.

Takeaway

While additional research and studies are needed, antioxidant agents, such as thioctic acid, are a promising treatment option for the maintenance or restoration of nerve function, as well as reduction in pain. This option may be particularly beneficial for individuals who have not responded well or cannot take other medications currently used to treat neuropathic pain.

FROM THE PRESIDENT Pam Hart, WNA President

As we get anxious for Spring weather, we can appreciate all of the lovely blooms that give us hope for another year of color, aromas, and fruit from the trees. It is almost like attending a support group meeting, where we get another dose of hope and encouragement. I recently attended the Auburn peripheral neuropathy support group meeting where we heard from Edna Campbell. Edna Campbell is a retired women's basketball player who played in the Women's National Basketball Association. The 5ft 8in guard played with the Sacramento Monarchs as well as three other teams, but is well known for continuing to play despite suffering breast cancer. She knows about the effects of chemotherapy as it relates to neuropathy and has been active in promoting the "Breathe and Stretch" program of the American Cancer Society. She helped us with some of these exercises and was extremely encouraging – especially after telling us what she had to overcome to be able to play again. (see below for additional information about Edna's presentation to the Auburn support group)



Edna Campbell, former WNBA Professional Basketball Player and dedicated Health Advocate.

I think a lot of our members have similar stories – they are our heroes. They have been down a winding path, often leading to dead ends and U-turns, but have persevered to try new treatments and devices. It reminds me of a quote from Winston S. Churchill - *"Continuous effort - not strength or intelligence - is the key to unlocking our potential."*

A great THANK YOU to all members who persevere every day. You are the ones who give us hope.

Cheers,

Pam

AUBURN PERIPHERAL NEUROPATHY SUPPORT GROUP

Cass Capel, Auburn Support Group Program Chair

Former WNBA basketball star Edna Campbell was warmly received at our March Auburn Neuropathy support group meeting. After introducing herself and her walk with neuropathy following chemotherapy, she educated us a bit on how movement can ease neuropathy. Edna encouraged us to recruit our muscles, and to feel them working. She commenced with leading us in a few minutes of relaxation and deep breathing. Then came some arm stretches over our heads. Next, Edna invited us to bend down and touch our toes, standing on tiptoes, and then rocking back on our heels, and ended with standing on one leg (using a chair for balance) while bending the other knee to bring our heel toward our buttocks, while keeping our thighs parallel. (This writer was thrilled to learn that the latter exercise can lift a sagging derrière!) Lacrosse balls were distributed so that we could practice loosening up fascia and massage the bottoms of our feet with the ball.

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."

10 WAYS TO IMPROVE YOUR BALANCE

Written by Kimberly Drake | Reviewed by Karla Robinson, MD, Published on May 12, 2022, Good RX

Balance impacts virtually every movement you make in your daily life. For example, you rely on good balance to walk across a room, climb a flight of stairs, and even bend down to tie your shoes.

Your body maintains balance by interpreting information that it receives from multiple sensorimotor systems. These include your eyes, inner ear (vestibular system), touch receptors, and muscles. They all work together to send signals to your brain that facilitate balance and stability.

Exercises for balance can also improve your static and dynamic balance. Static balance is the ability to stay steady while standing or sitting still. In contrast, dynamic balance helps you maintain stability while on the move. Both are important for maintaining equilibrium during daily activities.

10 ways to improve balance

Fortunately, there are ways to improve your stability. Here are 10 exercises to enhance your balance and keep you steady on your feet.

1. Standing on one foot

The ability to stand on one foot for 20 seconds may indicate proper balance and brain health. And it can boost your equilibrium. Data shows that just one session of single-leg standing may improve your balance. Here's one way to do a single-leg stand:

- Stand with your feet together or a few inches apart.
- Keep your shoulders down and your back straight.
- Hold the back of a stable chair with both hands.
- Lift one foot off the ground slowly.
- As you lift, bend your knee back at a 90-degree angle.
- Hold the position for 10 seconds if you can.
- Lower your foot back to the floor.
- Repeat the move 10 to 15 times on each foot.

To up the intensity of this exercise, you can hold the chair with one hand or close your eyes while you do it.

2. Heel-to-toe walking

The National Institute on Aging (NIA) recommends heel-to-toe walking to improve balance and stability. Here are step-by-step instructions on how to walk heel to toe:

- Stand with your arms out at your sides.
- Tighten your stomach muscles, and hold your shoulders back.
- Take steps in a straight line, placing one foot directly in front of the other, heel to toe.
- When you take a step, your heel should touch the floor first and then your toes.

You can try heel-to-toe walking alongside a wall. Then, you can place one hand on the wall if you need extra support.

3. Balance walking

Several walking exercises can help keep you steady. For example, the NIA also recommends balance walking to enhance your equilibrium. Here's how to do it:

- Stand with your feet shoulder width apart.
- Extend your arms out at your sides, and keep your shoulders back.
- Squeeze or engage your abs.
- Concentrate on a focal point in front of you.
- Lift your right knee, and take a large step forward.
- Make the same move with your left knee, and continue walking in a straight line.
- Repeat each overreaching step 20 times.

To make this exercise more challenging, you can look left to right without moving your head as you walk.

– Continued on page 5

4. Using a stability ball

Adding a stability ball to your fitness routine may be just what you need to boost your balance. And evidence suggests that using this exercise tool may increase your stability by engaging your core muscles. You can try swapping your desk chair for a stability ball to challenge your balance and coordination. Or you can use it with beginner-friendly exercises like wall squats.

5. Climbing stairs

Stair climbing is another heart-healthy exercise that works lower-body muscles, including your glutes and quadriceps. And research suggests that climbing stairs may positively affect your balance. A study examined the effects of weekly stair climbing exercises in healthy seniors. After two months, the participants had better dynamic balance. This increased stability may help prevent falls.

6. Biking

Achieving better balance may be as easy as riding a bike. Data shows that balance may improve in older adults who ride a bike at least 1 hour a week. Cycling offers a host of additional benefits that may make it worth your while.

7. Stretching

Static and dynamic stretching increases flexibility and range of motion, which can enhance your balance. A small study found that a 10-week lower-body stretching program resulted in better balance in older adults.

8. Yoga

There are plenty of reasons to do yoga, from better balance to increased flexibility. The ancient practice incorporates poses to stretch and strengthen muscles that help you maintain your balance. Styles like Hatha yoga may help with postural stability.

9. Tai chi

Tai chi involves gentle movements to improve muscle strength and flexibility. And it can enhance balance and reduce falls among older adults and people with Parkinson's disease. The ancient practice may even help older adults overcome a fear of falling.

10. Pilates

Pilates uses low-impact movements to build core strength. And research shows that core-strengthening exercises can improve stability. In one study, a 12-week Pilates program increased static and dynamic postural balance and functional mobility in older adults.

The bottom line

Good balance is essential for a healthy lifestyle. It can help maintain mobility, reduce your risk of falls, and enhance your quality of life. Practicing balance exercises is a great way to maintain or improve your skills at any age. Just be sure to talk with your healthcare provider before adding balance training to your workout routine.



AARP VIRTUAL COMMUNITY CENTER

AARP sponsors FREE interactive online events and classes for learning, self-improvement, and fun – and you do not have to be a member of AARP to attend. What caught my attention was a session to help with balance: 30-Minute Pilates: Build Functional Strength (March 6, 2023) Learn movements designed to improve your balance and help you move more confidently, safely and effectively.

Yes, I realize this will be in the past when you read this newsletter, but it's an example of what is available to help our neuropathy and it's free. Check out what AARP has to offer at: <https://local.aarp.org/virtual-community-center/>

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.”

MEDICAL PRACTICES FACE WIDESPREAD STAFF SHORTAGES

Clinical Pain Advisor, John Schieszer, MA February 21, 2023

A health care worker shortage this year may be one of the biggest problems facing physicians in private practice. Medical practice management teams are assessing their systems and processes to make sure they are as efficient as possible because of changes in the marketplace. While medical practices want to deliver superior care, at times that can be at odds with a strong financial performance. In 2023, managing and growing a medical practice is challenging due to regulatory mandates and record-breaking staff shortages.

Evan R. Goldfischer, MD, President of the Large Urology Group Practice Association (LUGPA), said practicing medicine today is becoming increasingly more difficult for the nation's independent physicians. “The challenges that we face stem in part, from the escalating physician shortage in the United States,” Dr Goldfischer said. “Due to the number of retiring physicians, the workforce shortage is projected to become more severe over time.”

In addition to the challenges in the physician workforce, recruiting and retaining a good staff are also problematic. “Since the pandemic, the lack of availability of qualified personnel, due to people leaving the workforce or changing careers, has become almost an epidemic in itself,” Dr Goldfischer said. “These workforce shortages lead to longer wait times for appointments and other inconveniences for our patients.”

Job vacancies for various types of nursing personnel increased by up to 30% between 2019 and 2020, according to an analysis by the American Hospital Association (AHA). The report notes that staff turnover due to COVID-19 pressures increased from 18% to 30% for some hospital departments (emergency, intensive care units, and nursing) during this same period. Data suggest that there could be a critical shortage of 3.2 million healthcare workers by 2026.

Patricia Pittman, PhD, Fitzhugh Mullan Professor of Health Workforce Equity at George Washington University's Milken Institute School of Public Health in Washington, DC, said the biggest hurdles facing physicians and outpatient independent medical practices today are a combination of increasing patient needs and decreasing control over their clinical practice. “On the demand side, the pandemic has created a backlog of medical visits, and an accompanying worsening of complex chronic conditions, both behavioral and physical,” Dr Pittman said. “On the supply side, there are pressures created by the continuation of a volume driven payments system, combined with just enough value driven payment that quality reporting requirements are experienced as an additional unfair burden.”

In addition, greater use of electronic health records that add more work to the day, along with unprecedented administrative burdens on clinicians, are taking time away from patient-facing activities. “Clinicians are tired and angry, and so it's not surprising that some are leaving independent practice and even clinical practice entirely,” Dr Pittman said. “The workforce shortage has become a vicious cycle. As clinicians get fed up with the system and leave, those who remain behind are witnessing worsening quality and patient safety.”

Many independent practices are currently experiencing the effects of high inflation along with an impending 4.5% Medicare Physician Fee Schedule (MPFS) payment cut. The MPFS is the only payment method within Medicare without an annual inflationary update, which is particularly destabilizing for clinicians who are small business owners. The long-term consequence of failing to prevent these cuts will be a decrease in patient access to care.

Physician retirements and challenges in recruiting and retaining staff are among the reasons medical practices are struggling with staff shortages.

– Continued on page 7

■ LISTENING TO MUSIC CONTRIBUTES TO PAIN RELIEF AMONG HEALTHY ADULTS

Jessica Nye, PhD February 21, 2023 NeurologyAdvisor.com

Among healthy adults, listening to an individual's favorite music was found to decrease pain sensitivity and situational pain catastrophizing scores, according to the results of a study published in the *Journal of Pain*.

Investigators from Harvard Medical School recruited healthy adults through Rally, a Partners Healthcare research website, between 2019 and 2020 for this study (ClinicalTrials.gov Identifier: NCT04087564). Participants (N=70) underwent 4 rounds of quantitative sensory testing that evaluated pressure pain threshold and tolerance, heat pain threshold, offset analgesia, temporal summation of pain, and conditioned pain modulation. The first round of testing was conducted without additional sound, and the next 3 rounds were conducted with random application of white noise, the study participant's favorite music, or relaxing music from the Unwind application. Changes in pain outcomes were evaluated on the basis of music treatment.

The mean age of participants was 35.0 (standard deviation [SD], 18.3) years, 67.1% were women, 58.6% were White, and 42.9% had a Bachelor's degree.

In post hoc analyses, significant pain outcomes were more favorable while listening to the participant's favorite music compared with either white noise or relaxing music. The largest effect sizes were reported for forearm pain pressure tolerance (effect size, 0.46) and threshold (effect size, 0.43) in the favorite music trial compared with the relaxing music trial. The percentage differences in pressure pain threshold and tolerance were both higher for the favorite music trials compared with either the white noise or the relaxing music trials.

This study may have been limited by not exploring potential mechanisms for the observed outcomes.

Study authors conclude that listening to an individual's favorite music may decrease their pain sensitivity and catastrophizing compared with listening to white noise or relaxing music. The study authors suggest that "[e]mploying an individual's favorite music during episodic or procedural pain might represent a cost effective adjunctive analgesic strategy." However, additional research is needed to explore whether incorporating patient-selected music in chronic pain medicine may help manage pain outcomes.

Reference

Colebaugh CA, Wilson JM, Flowers M, et al. The impact of varied music applications on pain perception and situational pain catastrophizing. *J Pain*. Published online January 13, 2023. doi:10.1016/j.jpain.2023.01.006

Medical Practices Face Widespread Staff Shortages – Continued from page 6

Due to the health care workers shortage, more and more practices are experiencing big increases in labor costs and Medicare rates have not kept up with these costs. Some experts contend that consolidation in the health care industry is continuing to jeopardize not only independent practices, but also patient access to quality care. "Federal aid at the beginning of the COVID-19 pandemic favored hospital systems, despite vows from policymakers to fight consolidation," Dr Goldfischer said. "Therefore, hospitals continued to combine or buy up smaller practices, resulting in colossal hospital systems that create fewer choices for where patients can seek healthcare. This decrease in competition will increase the cost of care for patients."

Advocates on Capitol Hill are working to decrease regulatory burdens and level the playing field between hospital and independent physician reimbursement. Policymakers must be educated on the benefits of integrated care to ensure all patients have access to high-quality, affordable and efficient overall care.

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



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3620 American River Drive, Suite 230
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WEBINARS – COMING SOON!

Look in your inbox for invitations to these webinars in the following months:

April 27 – How to Spot Neuropathy Scams

– Presented by Pam Hart, WNA President

May 25 – Unusual Causes of Neuropathy

– Presented by Glenn Ribotsky, WNA Secretary

June 22 – Hereditary Neuropathies

– Presented by Linda Petiot, President, Calgary Neuropathy Association

July 27 – Neuropathy Information for Caregivers, Family and Friends

– Presented by Katherine Stenzel, WNA Director, Neuropathy Hope Editor

Past webinars are on our YouTube Channel. You can find them through our website at pnhelp.org > Resources > Video/YouTube Channel



Western Neuropathy Association (WNA)

A California public benefit, nonprofit,
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Katherine Stenzel, Editor
klstenzel@hotmail.com

P.O. Box 276567
Sacramento, CA 95827-6567
(888) 556-3356
www.WNAinfo.org

WNA Headquarters: admin@WNAinfo.org

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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