Celebrating our 25th Year!

Neuropathy Hope

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

A newsletter for members of Western Neuropathy Association (WNA)

WESTERN NEUROPATHY ASSOCIATION

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WESTERN NEUROPATHY ASSOCIATION
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'INVERSE VACCINE' MAY REVERSE SYMPTOMS IN AUTOIMMUNE DISEASES

Corrie Pelc and Jennifer Chesak, Medical News Today, September 17, 2023

Researchers from the Pritzker School of Molecular Engineering at the University of Chicago say they have developed a new type of vaccine called an "inverse vaccine" via a mouse model. The new vaccine was able to completely "reverse" autoimmune diseases such as multiple sclerosis, type 1 diabetes, and Crohn's disease without fully shutting down the rest of the immune system in the mice.

How does an inverse vaccine work?

A regular vaccine induces immune cell activation to create cells that can kill infected cells and generate antibodies that can bind to and neutralize viruses that would infect them. Inverse vaccines could deactivate immune cells that have erroneously been licensed to attack one's own cells and even generate cells that can act to further tamp down immunity. Through the use of the inverse vaccine, researchers were able to do this without shutting down the body's entire immune system.

At present, autoimmune diseases are treated in a manner that creates nonspecific immune suppression, rather than immune modulation specific to the autoimmune disease.

Testing the inverse vaccine

The researchers used a mouse model of a multiple sclerosis-like disease called autoimmune encephalomyelitis. In both conditions, the immune system mistakenly attacks myelin, which forms a protective sheath around the body's nerves, including those in the spinal cord and brain.

When the inverse vaccine was administered, researchers reported that the immune system stopped attacking myelin. This allowed the nerves to begin functioning correctly and reversed disease symptoms in the mice.

What is an autoimmune disease?

A healthy immune system protects the body from infection from viruses and bacteria. Sometimes, the immune system is mistakenly programmed into thinking healthy tissue or cells in the body are harmful organisms it needs to attack. This is what causes an autoimmune disease.

There are more than 100 autoimmune diseases. Some of the most commonly known are multiple sclerosis, type 1 diabetes, rheumatoid arthritis, lupus, celiac disease, Crohn's disease, Hashimoto's thyroiditis, Sjogren's syndrome, inflammatory bowel disease and psoriasis.

Autoimmune diseases are chronic conditions. Each has its own specific symptoms, although most of them do have some commonly shared symptoms such as pain, fatigue, muscle weakness, and inflammation or swelling in different parts of the body.

Next steps in autoimmune disease research

The general approach used at the University of Chicago is currently in clinical testing in celiac disease, multiple sclerosis, type 1 diabetes, allergic asthma, and food allergy, as well as in preventing immunity to drugs used to treat congenital diseases, which are often immunogenic. Note these are proof-of-concept studies in animal models and human trials will be needed to determine if the approach is safe and effective in people.

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Katherine Stenzel
Editor

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PERIPHERAL NEUROPATHY SUPPORT GROUPS NOVEMBER 2023 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

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

November 11 2nd Saturday Virtual Support Group
11:00am-1:00pm Pacific/1:00pm-3:00pm Central, Meeting ID: 856 7106 1474, Passcode: 114963
Host – Katherine Stenzel, klstenzel@hotmail.com, contact Katherine for Zoom link

November 15 3rd Wednesday Virtual Support Group
10:00am-noon Pacific/12:00pm-2:00pm Central, Meeting ID: 833 4473 0364 / Passcode: 341654
Host – Glenn Ribotsky, glenntaj@yahoo.com, contact Katherine for Zoom link

November 15 3rd Wednesday CIDP and Autoimmune Virtual Support Group
3:00pm-4:00pm Pacific, 5:00pm-6:00pm Central
Host - John Phillips, johnphillips.wna@gmail.com, contact John for Zoom link

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

November 25 4th Saturday Virtual Open Discussion
11:00am-1:00pm Pacific/1:00pm-3:00pm Central, Meeting ID: 851 7949 9276 / Passcode: 159827
Host – John Phillips, johnphillips.wna@gmail.com, contact Katherine for Zoom link

VIRTUAL SUPPORT GROUPS - TIPS FOR USING ZOOM

Katherine Stenzel, WNA Editor

The Pandemic has changed many things in society and the use of Zoom to shift meeting attendance from physical to virtual is a big one. WNA first started support groups via teleconferences even before the Pandemic and moved to Zoom as the platform became more widely used. Look at the schedule above – we now have four virtual support group sessions each month – three general peripheral neuropathy support groups sessions and a fourth focused on Autoimmune neuropathy conditions.

The following are tips for looking your best on the Zoom window and contributing to a successful virtual support group session.

- **Use The Best Device** Laptops or tablets with stands – not smartphones – are best for Zoom meetings. They are easy to move to ideal filming locations and will stand up on their own without constantly being held.
- **Get The Right Angle** Point the camera down slightly. No one wants to look up a person's nose. Use a laptop stand, stack of books or yoga blocks to align your device with the top of your head. Then angle the camera toward your eyes.
- **Check Your Background** Avoid backlit glare from windows and harsh lights, which will cast you as a shadowy silhouette. Also, avoid walking around with your device – it can be disorienting to the viewer.
- **Improve Your Sound** Use earbuds with a built-in mic to help your voice carry more clearly.
- **Plan You Call** Use hand raising in the Zoom Reactions to control the conversation. Avoid the urge to jump in talking as it muddles the sound for others. To reduce noise, put yourself on mute when not speaking. You can then use the space bar to unmute yourself to talk – when finished talking, click the space bar again the silence your call.

Reference: Be a Star on Screen: Tips for your Video Chat, AARP, May 6, 2020

FROM THE PRESIDENT Pam Hart, WNA President

I am happy to report on the Auburn Peripheral Neuropathy Support Group's October meeting. We had about 15 people in attendance. They came to hear two great speakers.

The first speaker was Bev Anderson, our former WNA President and founder. She is always so encouraging and helpful. As a person with hereditary neuropathy, she has been on the search for relief for 80 + years!! One of the things she reminded us about was the benefits of Alpha Lipoic Acid *(Editor – more details below)*. This is an over-the-counter supplement that can help many of us. It supports antioxidant health and sugar metabolism……certainly can't hurt! Bev takes 600 mg.

Bev was excited to introduce Rita Lazenby from Alnylam Pharmaceuticals. Rita spoke about Hereditary Amyloidosis (hATTR). Because this is a hereditary condition, Alnylam offers FREE genetic testing and counseling. Hereditary Amyloidosis presents as sensory-motor neuropathy, autonomic neuropathy and has cardiovascular manifestations. Even though this is rare, it could be the answer some are looking for. **We have scheduled a webinar on this topic for November 30th. Please join us to learn about this and if you might be a candidate for testing. Check our website at pnhelp.org to register for this free event.**

Happy Fall and Thanksgiving to all with many blessings for health and comfort.
Cheers,
Pam

ALPHA-LIPOIC ACID

Alpha lipoic acid (ALA) is an antioxidant agent that has been studied for the treatment of diabetic peripheral neuropathy (DPN). It directly relieves pain by reducing oxidative stress, which is an important mechanism in the pathogenesis of DPN pain. In one random clinical trial RCT assessing the effect of ALA on DPN pain, patients reported greater improvement than with placebo.[1] A series of placebo-controlled studies has revealed that 600 mg per day of α-lipoic acid taken orally effectively diminished neuropathic pain from diabetes within 2 weeks of onset of therapy. This trial also demonstrated improvement in symptoms of numbness and paresthesia.[2] Additionally, a meta-analysis that used 448 patients and a daily intravenous dose of 600 mg for 3 weeks identified greater pain relief through one year of follow-up.[3] Relative to other DPN treatments, ALA has fewer adverse effects (mainly nausea and vomiting).

Alpha-lipoic acid, also known as thioctic acid, occurs naturally as a 50/50 mixture of R-lipoic acid (R-ALA) and S-lipoic acid (S-ALA). Studies indicate that supplements containing only R-lipoic acid appear to be better absorbed than supplements containing both R-lipoic acid and S-lipoic acid, with results showing twice as much ALA appearing in the bloodstream after an oral dose of R-Lipoic acid.

Reference

[1] Singleton JR, Smith AG. The Diabetic Neuropathies: Practical And Rational Therapy. *Semin Neurol 2012;* 32: 196– 203.

[2] Ziegler D, Nowak H, Kempler P, Vargha P, Low PA. Treatment Of Symptomatic Diabetic Polyneuropathy With The Antioxidant Alpha-Lipoic Acid: A Meta-Analysis. *Diabet Med. 2004*;21(2):114-121.

[3] Mijnhout GS *et al.* Alpha Lipoic Acid For Symptomatic Peripheral Neuropathy In Patients With Diabetes: A Meta-Analysis Of Randomized Controlled Trials. *Int J Endocrinol 2012*; 2012: 456279.

PREPARE FOR YOUR VISITS WITH YOUR HEALTHCARE TEAM Katherine Stenzel, WNA Editor

- You probably will not have time to discuss everything on your mind – determine those most important to you.
- Write down those goals for the visit on a piece of paper.
- Discuss those goals in a calm and informed manner to avoid frustrations.
- Have a pen or pencil to make your notes during the visit.
- Remember that multiple visits and unsuccessful treatments don't mean you are wrong in getting help – it means that you are still searching.

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.

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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.

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

Get started with Medicare, options, news.

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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.

SMALL FIBER NEUROPATHY Summarized by Katherine Stenzel, WNA Editor

ETIOLOGY (causes)

Small fiber neuropathy (SFN) is a disfunction of the small myelinated Aδ-fibers as well as the unmyelinated C-fibers. Demyelinating processes are unlikely to be the underlying pathogenesis as demyelinating processes do not solely affect small fibers. Thus it is believed that distal axonal loss or neuronal degeneration is the most likely underlying etiology for SFN.

SFN may affect both sensory and autonomic fibers, leading to sensory changes, autonomic dysfunction, or a combination of symptoms.

The autonomic small nerve fibers transmit thermoregulatory, cardiovascular, gastrointestinal, sudomotor, urogenital, and other autonomic signals, while the somatic small nerve fibers transmit information regarding pain, temperature, and itch.

SFN is associated with a multitude of diseases; however, it may also present idiopathic. The etiologies of SFN can be broken down into six categories.

Hereditary
- Fabry's disease
- Mutation in sodium channels
- Wilsons disease
- Familial amyloidosis

Infectious
- HIV
- Lyme
- Hepatitis C

Toxic
- Alcohol
- Chemotherapy
- Neurotoxic drugs
- Vaccine-associated

Immune-Mediated
- Ehlers- Danlos
- Fibromyalgia
- Monoclonal gammopathy
- Acute inflammatory small fiber neuropathy
- Lupus
- Connective tissue disease
- Chronic inflammatory demyelinating polyneuropathy
- Sarcoidosis
- Rheumatic diseases (undifferentiated connective tissue disorders, rheumatoid arthritis, psoriatic arthropathy)
- Sjögren syndrome, Primary systemic amyloidosis

Metabolic
- Diabetes mellitus
- Impaired glucose tolerance
- Vitamin B12 deficiency
- Copper deficiency
- Abnormal thyroid function

Idiopathic

PHYSICAL SYMPTOMS

Patients with SFN often present initially with sensory symptoms, including pain, burning, numbness, and tingling. While most cases of SFN present in a length-dependent pattern, some cases have followed either a non-length-dependent or an asymmetric mono/multiplex neuropathy.

Length-dependent SFN often occurs due to metabolic causes, including diabetes or neurotoxic exposure, while non-length-dependent SFN often occurs due to paraneoplastic disorders and immune-mediated pathologies such as Sjögren syndrome.

Patients with SFN often present initially with neuropathic foot pain. Symptoms may be mild at onset, with some patients noting a vague discomfort in the feet. Reported descriptions may include numbness in the toes, a wooden quality in the feet, or a feeling that the patient describes as walking on sand, golf balls, or pebbles. Burning pain in the feet expending proximally in a stocking-glove distribution is often the most bothersome and typical symptom.

This burning is often accompanied by aching or stabbing pains, pins and needles sensation, electric shock, or cramping in the feet and calves. Patients with SFN typically experience the worst of their symptoms at night, often complaining of restless legs, bed sheet intolerance, and clothes causing allodynia or dysesthesia. Some patients do not report pain but note a feeling of swelling and tightness in their feet. Autonomic fiber involvement may lead to additional symptoms, including dry mouth, dry eyes, constipation, bladder incontinence, orthostatic dizziness, sexual dysfunction, red or white skin discoloration, or trouble sweating.

EVALUATION

The diagnosis of SFN remains difficult as there is not yet an available gold standard test. While some sources have suggested that the presence of at least two abnormal findings, including clinical presentation, quantitative sensory testing (QST), and skin biopsy are the best diagnostic criteria

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for SFN, other sources have included the inclusion of QSART (sweat test) instead of skin biopsy for diagnosis.

While as many as half of cases of SFN are considered idiopathic, it is important to attempt to find the underlying cause to find a possible treatment. Testing may include the following:

First Tier Studies

- Complete blood cell count to evaluate for hematologic abnormalities
- Complete metabolic panel to assess for renal or hepatic impairment
- Lipid panel to evaluate for hyperlipidemia
- Erythrocyte sedimentation rate, C-reactive protein, and antinuclear antibody to evaluate for inflammatory disease
- Thyroid-stimulating hormone, free T4, and T3 levels to assess for hypothyroidism
- 2-hour oral glucose tolerance test and hemoglobin A1C to evaluate for diabetes and impaired glucose tolerance
- Extractable nuclear antigen testing for Sjögren syndrome A and B antibodies
- Vitamin B12, methylmalonic acid, and homocysteine levels to assess for vitamin B12 deficiency
- Tissue transglutaminase and antigliadin antibodies to evaluate for Celiac disease
- Human immunodeficiency virus (HIV) and hepatitis C virus antibodies to evaluate for HIV and hepatitis

Second Tier Studies

- Angiotensin-converting enzyme to evaluate for sarcoidosis
- Thiamine (vitamin B1) to evaluate for vitamin B1 deficiency
- Pyridoxine (vitamin B6) to assess for vitamin B6 deficiency
- Copper level to evaluate for copper deficiency
- Serum and urine monoclonal protein analysis, nerve biopsy, and fat pad analysis to evaluate for systemic amyloidosis
- Paraneoplastic autoantibody panel to evaluate for paraneoplastic disease
- Ganglionic acetylcholine receptor antibodies to evaluate for autoimmune autonomic ganglionopathy

Genetic Studies

- SCN9A and SCN10A genes to evaluate for hereditary small fiber neuropathy
- GLA gene to evaluate for Fabry disease
- Transthyretin gene to evaluate for familial amyloidosis
- ABCA1 gene to evaluate for Tangier disease

TREATMENT/MANAGEMENT

The management of SFN should involve treatment of the underlying etiology in patients with an identified cause of neuropathy.

Pain management is important in the treatment of SFN, as neuropathic pain may be debilitating and cause a decrease in function and depression. Pain secondary to SFN is often best managed with a multidisciplinary team, which may involve a primary care physician, a pain management specialist, a neurologist, as well as a psychiatrist. Medications used in the treatment of SFN include anticonvulsants, antidepressants, topical anesthetics, narcotics, non-narcotic analgesics, and antiarrhythmics, while nonpharmacologic treatments such as heat, ice, massage of painful areas, and transcutaneous electrical nerve stimulation (TENS) may also be used.

First-line medications are the anticonvulsant medications gabapentin and pregabalin, the tricyclic antidepressants amitriptyline and nortriptyline, the semisynthetic opioid analgesic tramadol, and a 5% topical lidocaine patch. These medications may be used either alone or in combination. Nonsteroidal anti-inflammatory medications and selective serotonin reuptake inhibitors may also be used; however, they are often less effective than the previously mentioned drugs. The voltage-gated sodium channel blocker Mexiletine, typically used as an antiarrhythmic medication, may help with refractory pain related to sodium channel dysfunction.

Opioid medications should be reserved only for refractory cases; given the potential for addiction, however, they may sometimes be necessary for patients with debilitating pain who do not respond to other medications.

Regimens that combine medications with different mechanisms may be most effective. A study that evaluated a treatment regimen combining gabapentin and nortriptyline found such treatment to be more effective than either drug alone in treating neuropathic pain.

Treatment with inhaled cannabis was found to reduce pain in patients with diabetic neuropathy and HIV; however, side effects including somnolence, euphoria, and cognitive impairment were noted. Holistic therapies such as yoga, tai chi, and meditation may help pain, quality of life, and balance in patients with neuropathy. In many cases, neuromodulation has proven effective in treating the painful symptoms of SFN. Treatments include traditional dorsal column stimulation, dorsal horn stimulation, and dorsal root ganglion stimulation.

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EXERCISE TECHNIQUES FOR PERIPHERAL NEUROPATHY

Kiara Anthony, Healthline.com, September 18, 2018

There are three main types of exercises ideal for people with peripheral neuropathy: aerobic, balance, and stretching.

Before you start exercises, warm up your muscles with dynamic stretching like arm circles. This promotes flexibility and increases blood flow. It will boost your energy, too, and activate your nerve signals.

AEROBIC EXERCISES

Aerobic exercises move large muscles and cause you to breathe deeply. This increases blood flow and releases endorphins that act as the body's natural painkillers. Best practices for aerobic exercising include routine activity for about 30 minutes a day, at least three days a week. If you're just starting out, try exercising for 10 minutes a day to start.

Some examples of aerobic exercises are brisk walking, swimming, and bicycling.

BALANCE TRAINING

Peripheral neuropathy can leave your muscles and joints feeling stiff and sometimes weak. Balance training can build your strength and reduce feelings of tightness. Improved balance also prevents falls. Beginning balance training exercises include leg and calf raises.

Side leg raise

1. Using a chair or counter, steady your balance with one hand.
2. Stand straight with feet slightly apart.
3. Slowly lift one leg to the side and hold for 5–10 seconds.
4. Lower your leg at the same pace.
5. Repeat with the other leg.
6. As you improve balance, try this exercise without holding onto the counter.

Calf raises

1. Using a chair or counter, steady your balance.
2. Lift the heels of both feet off the ground so you're standing on your toes.
3. Slowly lower yourself down.
4. Repeat for 10–15 reps.

STRETCHING EXERCISES

Stretching increases your flexibility and warms up your body for other physical activity. Routine stretching can also reduce your risk of developing an injury while exercising. Common techniques are calf stretches and seated hamstring stretches.

Calf stretch

1. Place one leg behind you with your toe pointing forward.
2. Take a step forward with the opposite foot and slightly bend the knee.
3. Lean forward with the front leg while keeping the heel on your back leg planted on the floor.
4. Hold this stretch for 15 seconds.
5. Repeat three times per leg.

Seated hamstring stretch

1. Sit on the edge of a chair.
2. Extend one leg in front of you with your toe pointed upward.
3. Bend the opposite knee with your foot flat on the floor.
4. Position your chest over your straight leg, and straighten your back until you feel a muscle stretch.
5. Hold this position for 15 – 20 seconds.
6. Repeat three times per leg.

OUTLOOK

Exercise can reduce pain symptoms from peripheral neuropathy. Be sure to stretch after any workout to increase your flexibility and reduce pain from muscle tightness. Mild pain is normal after stretching and regular activity. However, if your pain worsens or if you develop joint swelling, visit your doctor.

Small Fiber Neuropathy – Continued From Page 5

PROGNOSIS

Most patients with SFN experience a slowly progressive course, with a clinical plateau reached following years of symptom development. One study showed only 13% of 124 patients with SFN had developed signs of large-fiber involvement over a two-year period.

DETERRENCE AND PATIENT EDUCATION

Patients diagnosed with SFN should be educated regarding strategies to lessen the burden of their neuropathic pain and the proper management of any possible underlying condition. In addition to education regarding the proper management of underlying conditions related to SFN, an emphasis should be placed on the continuation of physical activity.

Reference

Cascio MA, Mukhdomi T. (2023). Small Fiber Neuropathy. *StatPearls Publishing*, Jan. https://www.ncbi.nlm.nih.gov/books/NBK582147/

HOW TO UNINVITE NERVE PAIN FROM YOUR HOLIDAYS

Loma Linda University Health, Dr. Bussell, December 11, 2019

The holiday season is upon us, and you know what that means — baking, decorating, holiday festivals, traveling to loved ones, and office parties. The holidays bring the opportunity to spend quality time with friends and family. However, it can also be a hard time for those with nerve pain.

Before missing out on the festivities, remember that minor adjustments can make the difference in your pain symptoms. Try these tips to successfully manage your nerve pain during the holidays.

Traveling in confined spaces 101

Crammed seats and long flights while traveling with nerve pain can be difficult. Nerves become stretched during long, upright confinement, causing symptoms of dyskinesia, numbness, tingling and restlessness. Investing in an aisle seat can enable you to stretch out as needed and easily get up to walk around when the fasten seat belt sign is finally turned off. All of those movements can help lessen the pressure on your nerves. And remember to stay hydrated by drinking plenty of water.

Movement is also important when driving. Taking advantage of walking in rest areas or simply stretching in your seat.

Holiday travel can be quite stressful, and proper management of that stress is necessary to avoid aggravating your nerve pain. No matter your traveling method, look at what you can do to minimize the stress involved. This can include planning to leave at a time that is most optimal for traffic, creating a fun playlist to listen to, purchasing an audiobook and packing your favorite snacks. All of these small things can help in making the trip more comfortable, less stressful and less painful to your nerves.

The trick is mitigating what you can, and that starts with knowing your limits.

Prepare for holiday activities

The holiday season can usher in a slew of pain-related problems. Nerve pain can occur while standing on your feet for too long while shopping, hanging decorations, or wrapping presents. While these can't be perfectly avoided, the trick is mitigating what you can, and that starts with knowing your limits.

If you know your carpel tunnel will act up after wrapping so many presents, make it a time for bonding by inviting friends or family to watch a movie and wrap with you. Going to a parade or outdoor choir event for that loved one? Make sure you prepare for the cold by bundling up and wearing loose-fitting shoes with good arch support. Make sure you plan for breaks as needed, don't push beyond what you do the rest of the year, and take your medications as directed by your physician.

Share your favorite dish

Cookies, cakes, and candy — the holidays are full of sugary temptations. While there is nothing wrong with a little treat once in a while, people with nerve pain and food sensitivities know all too well how these can cause discomfort. Before indulging in that treat at the office potluck, consider advocating for healthier options with your coworkers by bringing a healthier dish you make well. There are plenty of cuisine options, from dark chocolate treats, flavorful veggie dishes and healthy crockpot meals that can be the star of any holiday party.

Avoid the binge

Whether we ate too much, didn't want to miss a moment of our teams' game, or lethargically wanted to marathon a TV show for the day, we've all binged at some point. The winter vacations beg us to slow down and relax. While taking time to relax can be a good thing, it's important to stay accountable for our health. One recommendation is to have an accountability partner for the holidays so you can help each other stick to exercise routines.

If you do want to binge watch a show or game, plan some fun movement in there. Take advantage of commercial breaks to stretch and have your family do it with you. While sitting, flex your toes and stretch your feet to keep the pressure alleviated. For movie marathons, plan an intermission where you walk around the block or go out to grab healthy snacks from the store. Whenever possible, find a moment to include some movement for the body and your body will thank you.

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IN THIS ISSUE

I found the article on **inverse vaccines** to be so interesting I reduced the article to the main points as I couldn't even understand all of the biochemistry! Have a look at the front page for the summary and how this is a potential way to regrow nerves. And on a related note, look for an article in the future about why mice and rats are used in research as this concept was first tested on mice.

I've included a few articles on different types of peripheral neuropathies in the past two issues. With this issue, the article on **Small Fiber Neuropathy** brings them all together under their main distinction of acting on the small fibers – not the large fibers. It includes a comprehensive section on diagnostic tests that you could use to discuss with your healthcare team. The final sentence of the article states that we should continue with our physical activity. Check out the article on **Exercise Techniques for Peripheral Neuropath**y for more reading on this subject.

And with the holiday season approaching, the article titled **How to Uninvite Nerve Pain for the Holidays** has hints on traveling, eating and movement. Some are obvious, some may be new, but every little bit helps during this holiday season.

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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.

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