



WESTERN NEUROPATHY ASSOCIATION

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Volume 22

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# Neuropathy Hope

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

A newsletter for members of Western Neuropathy Association (WNA)

## VERTEX'S VX 548 GETS BREAKTHROUGH THERAPY DESIGNATION PLUS UPDATE ON CLINICAL TRIALS

FDAnews.com, August 2, 2022

Vertex Pharmaceuticals' investigational oral drug VX-548 has received FDA's Breakthrough Therapy designation for the treatment of patients with moderate-to-severe acute pain. The investigational drug is an oral, selective inhibitor of the NaV1.8 sodium ion channel that plays a critical role in pain signaling in the peripheral nervous system. NaV1.8 is a genetically validated target for the treatment of pain, and Vertex has previously demonstrated clinical proof-of-concept with a small molecule investigational treatment targeting NaV1.8 in multiple pain indications including acute pain, **neuropathic pain** and musculoskeletal pain. Vertex's approach is to selectively inhibit NaV1.8 using small molecules with the objective of creating a new class of medicines that have the potential to provide superior relief of acute pain without the limitations of opioids, including their addictive potential. VX-548 is the most recent molecule to enter clinical development from Vertex's portfolio of NaV1.8 inhibitors.

Following positive Phase 2 data, Vertex plans on advancing VX-548 into Phase 3 clinical trials in the fourth quarter 02 2022. The Phase 3 program will consist of two randomized, double-blind, placebo-controlled studies evaluating the efficacy and safety of VX-548 (100 mg first dose, followed by 50 mg every 12 hours) for acute pain after bunionectomy or abdominoplasty.

### Clinical Trials update

- Phase 3 trial NCT-05558410 "Evaluation of Efficacy and Safety of VX-548 for Acute Pain After an Abdominoplasty". Status: Completed September 11, 2023 with 1118 participants. No Results Posted.
- Phase 3 trial NCT-05553366 "Evaluation of Efficacy and Safety of FX-548 for Acute Pain After a Bunionectomy". Status: Recruiting 1000 participants. Last Update Posted: October 16, 2023
- Phase 3 trial NCT-05661734 "A Single-arm Study to Evaluate Safety and Effectiveness and VX-548 for Acute Pain". Status: Recruiting 250 participants. Last Update Posted: October 30, 2023. (Editor – acute pain appears to be from surgery)

The company also plans on launching a Phase 2 dose-ranging study of VX-548 in **neuropathic pain** by the end of 2022. The Phase 2 study will be a 12-week randomized, double-blind, active-controlled, dose-ranging study evaluating the efficacy and safety of VX-548 in people with painful **diabetic peripheral neuropathy**.

### Clinical Trial update

- Phase 2 trial NCT-5660538 "Evaluation of Efficacy and Safety of VX-548 for **Painful Diabetic Peripheral Neuropathy (DPN)**". Status: Active, not recruiting (recruited 192 participants). Last Update Posted: September 6, 2023.

The FDA's Breakthrough Therapy designation is meant to expedite the development and review of drugs that are intended to treat a serious condition. The designation requires preliminary clinical evidence indicating that the drug may demonstrate substantial improvement over available therapies.

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# PERIPHERAL NEUROPATHY SUPPORT GROUPS JANUARY/FEBRUARY 2024 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*

## JANUARY

### January 1 Auburn CA Support Group - CANCELLED

Contact: Sharlene McCord (530) 878-8392, Pam Hart (530) 305-3053, pamula1@hotmail.com

### January 13 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

### January 17 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

### January 17 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

### January 17 Santa Cruz CA Support Group

1:00pm Pacific, Trinity Presbyterian Church, 420 Melrose Avenue, Santa Cruz, CA

Contact: Mary Ann Leer (831) 477-1239

### January 27 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

## FEBRUARY

### February 5 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

### February 10 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

### February 21 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

### February 21 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

### February 24 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

### *Looking forward...*

## MARCH

### March 2 Houston TX Support Group – Quarterly Meeting

1:00pm-3:00pm Central, Memorial Drive United Methodist Church

12955 Memorial Drive, Houston, TX 77079, Room DS100, enter at back (south) of building

Host - Katherine Stenzel, klstenzel@hotmail.com

### **Santa Cruz CA Support Group** (meets in odd months)

Contact: Mary Ann Leer (831) 477-1239

## FROM THE PRESIDENT Pam Hart, WNA President

**HAPPY NEW YEAR!** Yes, it is that time again to make resolutions; the diet you want to try, the exercise you dread, the joyful experiences you are looking forward to. I have another one to add to the list - pain tracking.

Recognizing patterns in your experience and documenting them can provide invaluable information about how your lifestyle, habits, and therapeutic treatments are impacting your ability to live well with neuropathy. Take charge by keeping track! Keep a diary of your day: when did the pain become more challenging, how long did you sleep, what medications did you take and when, what kind of physical activity did you have, and maybe even what you ate! Look for patterns: does the time of day you take pain medications help you sleep better? Did you have less pain the day after you exercised? Share this information with your doctor to create your own wellness plan! These ideas come from *Pain-Tracking: Your Personal Guide To Living Well With Chronic Pain* by Deborah Barrett.

- Select a data tracking method that you find easy to use, even when you don't feel well. The most comprehensive tracking system is worthless if you don't use it.
- Track at least one daily measure of well-being (such as your pain level, happiness, or success in coping) as well as specific strategies that you would like to evaluate (such as changes in medication dosages, sleep strategies, exercise, pacing, self-talk, or anything else you do to try to soothe your body and mind). This allows you to identify how what you do affects how you feel.
- Adapt your tracking tool and behavior according to your findings. As you hone in on an effective strategy, continue to re-test it, refining your behavior and testing again. This ensures progress and increases confidence in effectiveness.

Knowledge is gold. When you have gathered the above information, you are armed with a wealth of information, and maybe ideas to adjust your patterns. Some suggest you do the 'opposite' of what you normally do, just to see what those results might be. When you feel that staying in bed is most comfortable, challenge yourself to get up and walk around the house, do chair yoga, or just meditate.

Check out the January/February 2023 issue to read how WNA member Kris Lagenfeld, Houston, TX, keeps her daily log. This helped her to determine that one of her medications contributed to a weight gain and another increased numbness and pain in her fingertips.

I am excited to try something new....how about you?

Cheers,  
Pam

## UC-DAVIS DISCOVERED NON-OPIOID DRUG FOR PAIN - UPDATE Darrell O'Sullivan, WNA Director

Update from Dr. Hammock on his testing of EC5026, an oral drug candidate for the treatment of pain, discovered at UC-Davis and now continuing development through EicOsis ([www.eicosis.com](http://www.eicosis.com)). (WNA supports Dr. Hammock in his research at UC-Davis. Check out the January/February 2023 issue for Dr. Hammock's previous update and his thank you for our support.)

"We finally today started dosing patients in a standard phase 1b human safety trial. In this trial patients are treated for a week with the drug. These are people without pain so safety trials not efficacy. In this trial we dose patients once day for a week, monitor health parameters and watch them a month and then go to a higher dose. We should have final results in the early spring. Thanks for your continued support of EicOsis."

Bruce D. Hammock, Distinguished Professor  
University of California – Davis

November 27, 2023

### Health Care Challenges Websites (updated)

**SHIPs**  
**State Health Insurance Assistance Programs**  
[www.shiphelp.org](http://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](http://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](http://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](http://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.

## COVID INFECTION UPS GUILLAIN-BARRÉ SYNDROME RISK, BUT MRNA VACCINATION LOWERS IT

Isaac Velez, MPP, Neurology Advisor, November 17, 2023

There is an increased risk of developing Guillain-Barré syndrome (GBS) among patients infected with SARS-CoV-2 compared with patients not infected; however, the risk for developing GBS is decreased among those who receive mRNA vaccination, specifically the Pfizer-BioNTech vaccine. These are the findings of a study published in *Neurology*.

To determine the possible association between GBS, SARS-CoV-2 infection, and COVID-19 vaccines, researchers conducted a nested-case control study from January 1, 2021, to June 30, 2022. The study included patients (n=836) aged 16 and older who had a positive SARS-CoV-2 PCR or antigen test and were diagnosed with GBS during the follow-up period. For each confirmed patient with GBS (n=76), 10 random control patients (n=760) were selected and matched based on age, gender, and follow-up duration.

SARS-CoV-2 infection was detected in 2.4% of control cases compared with 11.8% of patients with GBS. Exposure to any COVID-19 vaccine was found in 10.5% of patients with GBS and in 17.9% of control patients. Although the study included all types of COVID-19 mRNA vaccines, almost all patients received Pfizer-BioNTech vaccines except for 2 control patients.

This study was limited by solely relying on International Classification of Diseases Ninth revision (ICD-9) coding for the diagnosis of GBS, as well as the possibility that some control patients may have had COVID-19 infection. The study was further limited by the possibility of detection bias.

“[T]his study suggests that SARS-CoV-2 infection is associated with increased risk of GBS, and Pfizer-BioNTech COVID-19 vaccine is associated with decreased risk of GBS,” the researchers concluded. “These findings have important clinical and public health implications and further highlight the benefits of ongoing mRNA-based vaccination programs.”

### REFERENCE

Bishara H, Arbel A, Barnett-Griness, et al. Association Between Guillain-Barré Syndrome And Covid-19 Infection And Vaccination: A Population-Based Nested Case-Control Study. *Neurology*. Published online October 18, 2023. 10.1212/WNL.0000000000207900

## JANUARY WEBINAR - NEVRO HFX SPINAL CORD STIMULATOR

**January 25, 2024, 1pm Pacific, 3pm Central, 4pm Eastern**

**Speaker: Amanda Krohn, Nevro Therapy Consultant**

Finally, there is an FDA approved, non-drug treatment for those suffering from painful diabetic neuropathy. NEVRO is able provide durable pain relief, significant improvement in quality of life, and sleep. Our patients are experiencing 80% relief of not only pain, but significant relief of burning, tingling, and numbness. This is a safe and highly effective therapy for painful diabetic neuropathy. Hear more about the results our patients are experiencing, how the therapy works, and how to get connected with a provider to trial this therapy to see if it could benefit you!

## FEBRUARY WEBINAR - ACUPUNCTURE AND BOTANICAL MEDICINE

**February 22, 2024, 1pm Pacific, 3pm Central, 4pm Eastern**

**Speaker: Dr. Joshua Park, DSOM, L.Ac**

Acupuncture and Botanical Medicine have been used for thousands of years to successfully treat a myriad of health conditions, including peripheral neuropathy. These ancient healing practices are now backed not only by millennia of tradition, but also decades of modern research. In this webinar, we will explore the science behind Acupuncture and Botanical Medicine, and discuss how they can help improve quality of life for people living with peripheral neuropathy.

**Register for these FREE webinars via the WNA website at [pnhelp.org](https://pnhelp.org).**

# HOW TO STOP APOLOGIZING FOR BEING CHRONICALLY ILL

Abbie Cornett, IG Living, December-January 2022

“Please don’t be mad!” “I’m really sorry!” “I can’t make it again; I really don’t feel well.” How often have you made these or similar statements when you were too unwell to attend a planned event or a holiday with family or friends? If you are like most people with a chronic illness, it is often! But, why should you feel the need to apologize for being sick if it’s not something you can control? And how do you stop apologizing?

## The Why Is Simple: Guilt!

As if chronic illness isn’t hard enough, many also cope with chronic guilt over being sick. That’s not to say all patients feel guilty about the same things; however, there is a commonality to their feelings. Some experience feelings of guilt because they believe they are a physical or financial burden to their loved ones. Others feel they are a failure when they must call in sick to work or when they have to cancel plans. And still others feel guilty they can’t control their illness and blame themselves for being sick. Unfortunately, feelings of guilt and even shame about being sick are frequently magnified by a person’s family, friends and coworkers when they say things such as, “You are canceling again?” or “You don’t look sick!”

While shame is not a healthy emotion, it is a normal feeling that all people experience at some point in their lives. Shame is usually triggered by something a person has done or not done that they had control over such as failing a test or drinking too much at a party. But for people with a chronic illness, shame is caused by something they can’t control. Author Susan Sontag’s groundbreaking book *Illness As Metaphor* provides some answers about why people feel guilty and shameful about being sick. She explains that throughout history, illness has been stigmatized. In the past, it was a commonly held notion that illness was a character flaw or a punishment for some behavior. Sontag points out that these societal views are internalized by patients, often creating shame and guilt. Besides being detrimental to a person’s mental health, these feelings can lead to poorer health outcomes when the person avoids seeking care or denies being sick.

## How to Stop Apologizing Is the Harder Part

Getting past feelings of guilt isn’t easy! The first thing you need to do is stop saying “I’m sorry” for things you can’t control. An apology implies you’ve done something inherently wrong and are seeking forgiveness. You do not need to be forgiven for being sick. If you must cancel plans with friends or family, chances are you are more upset about it than they are.

If they are troubled about you canceling, it is probably because they don’t understand your illness. This is especially true if you have a rare or invisible illness. It’s easy for people to understand diseases they have heard of such as cancer or diabetes. But, it’s not as easy to appreciate the unknown. Offer to talk with them about your illness. When you meet, bring a few articles about your disease, and be clear about what you need from them. It’s easy to assume they know what you need or to not speak up. So, it’s important to communicate your needs as directly as you can.

## Say ‘Thank You’ Instead of ‘I’m Sorry’

One of the hardest consequences of having a chronic illness is losing your independence. It is embarrassing to be physically and/or financially dependent on loved ones. This embarrassment stems from feeling like a burden, so the ill person continually apologizes for needing help. An excellent way to stop this is to change the narrative you tell yourself about your illness. Saying “I’m sorry” implies you are at fault, whereas saying “thank you” is about appreciating the people helping you. In addition, research shows that by saying “thank you” instead of “sorry,” your conversations help boost the self-esteem and satisfaction of the people on the receiving end of your words. This makes “thank you” better not only for you but for those around you.

*(Editor – I had a hard time understanding this paragraph until it came to me – saying “Thank you for understanding my limitations” or something similar. This shows your appreciation of others.)*



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# ■ REPURPOSING DRUGS FOR NEUROPATHIC PAIN

Bernatoniene J, et al. Novel Drug Targets And Emerging Pharmacotherapies In Neuropathic Pain. *Pharmaceutics*. 2023 June 23; 15(7):1799. doi: 10.3390/pharmaceutics15071799

In the context of neuropathic pain, repurposing drugs gained attention as a promising strategy for discovering novel treatment options. Repurposing drugs offers several advantages in the drug development process.

- Firstly, utilizing drugs with established safety profiles and pharmacokinetic data allows for faster progress in pre-clinical and early clinical testing, thus saving time and resources.
- Secondly, the wide range of approved drugs across therapeutic classes provides numerous candidates for repurposing, increasing the likelihood of finding effective treatments.
- Thirdly, this approach opens the possibility of discovering novel targets and mechanisms for pain management, shedding light on previously unexplored pathways.
- Lastly, repurposed drugs can be translated to clinical use more quickly, benefiting patients in urgent need of effective neuropathic pain treatments.

## AMBROXOL

Ambroxol, which is an active metabolite of bromhexine, was safely utilized for many years in the management of acute respiratory conditions, like bronchitis and chronic respiratory diseases, as it acts as an expectorant and mucolytic agent. Ambroxol recently showed potential in the management of neuropathic pain due to its multiple mechanisms of action. Ambroxol modulates the activity of voltage-gated sodium channels, specifically Nav1.8, which are involved in the generation and propagation of pain signals. By inhibiting Nav1.8 channels, ambroxol may reduce the excitability of nociceptive neurons and dampen neuropathic pain transmission. *(Editor – August 2022 issue has article on sodium channels and neuropathic pain)*

## CANNABIDIOL

Cannabidiol (CBD) is a naturally occurring **non-psychoactive** cannabinoid compound that is found in the cannabis plant (*Cannabis sativa* L.). CBD was previously explored for various medical conditions and gained significant attention in recent years for its potential analgesic, anti-inflammatory, neuroprotective, anticonvulsant, antiemetic, and spasmolytic properties.

CBD emerged as a prospective candidate for the treatment of neuropathic pain due to its potential analgesic and anti-inflammatory effects. CBD interacts with the endocannabinoid system (ECS) in the body, which plays a role in regulating various physiological processes, including pain perception. CBD acts on cannabinoid receptors, particularly the CB1 and CB2 receptors, to modulate pain signaling and reduce inflammation. The G protein-coupled receptors CB1 and CB2, which belong to the cannabinoid receptor family, play a crucial role in regulating various intracellular signaling pathways. CB1 receptor activation leads to a decrease in neuronal excitability and the release of neurotransmitters, such as gamma-aminobutyric acid and glutamate, in regions of the brain involved in nociception. Activation of peripheral CB2 receptors produces anti-inflammatory and immunomodulatory effects, contributing to the alleviation of inflammatory and neuropathic pain.

## BROMELAIN

Bromelain is an enzyme derived from the pineapple plant (*Ananas comosus* L. Merr.) and is primarily known for its therapeutic applications in the field of digestive health. Bromelain is a safe-to-use nutraceutical that lacks side effects. Its potential anti-inflammatory properties and ability to modulate certain biological processes led to discussion about its potential use in neuropathic pain management.

Bromelain was found to alleviate neuropathic pain and anxiety-like behaviors in a rat model of peripheral neuropathy. It reduced pro-inflammatory cytokines, nitrate levels, and iNOS expression in the sciatic nerve, suggesting that bromelain's antinociceptive and anxiolytic effects are linked to its ability to reduce inflammation. Bromelain may help to reduce pain and inflammation by inhibiting inflammatory mediators, promoting tissue healing, and modulating immune responses. However, more research is needed to establish the efficacy and safety of bromelain specifically for neuropathic pain.

## MELATONIN

The endogenous hormone melatonin that plays a crucial role in the regulation of circadian rhythms and exhibits antioxidant properties, protecting against lipid peroxidation, inflammation, and tumor growth and promoting apoptosis and mitochondrial function.

Melatonin exhibits various mechanisms of action that contribute to its potential therapeutic effects in neuropathic pain. Firstly, it can modulate pain signaling pathways through interaction with receptors involved in pain regulation, to effectively modulate pain perception and reduce pain transmission. Secondly, melatonin possesses anti-inflammatory properties, suppressing the production of pro-inflammatory cytokines and molecules which are associated with the inflammatory response observed in neuropathic pain.

– Continued on page 7

Many people practice yoga for health-related reasons, such as for fitness and well-being, to help control stress, or to help manage or prevent a health problem. This 40-page eBook provides an overview of what the science says about yoga for health, including its use by children, older adults, pregnant women, and people with health conditions. You'll also find information on how to practice yoga safely, as well as a summary of national survey findings about the use of yoga in the United States.

To download the eBook in pdf format, type the following in your browser:

<https://files.nccih.nih.gov/yoga-ebook-2023-02-508.pdf>



### Repurposing Drugs For Neuropathic Pain—Continued From Page 6

Additionally, melatonin acts as a powerful antioxidant, protecting cells from oxidative stress and minimizing neuronal damage and inflammation. Melatonin is generally considered safe and non-toxic, with only mild side effects, such as dizziness, headache, nausea, and sleepiness, reported even at high doses.

In the context of neuropathic pain, melatonin demonstrated therapeutic effects in clinical and pre-clinical studies. It could effectively reduce pain intensity and frequency; improve sleep quality and duration; alleviate neuropathic symptoms, like allodynia and hyperalgesia; and modulate central sensitization, which is a key mechanism underlying neuropathic pain. Furthermore, when used in combination with conventional analgesic medications, melatonin showed the potential to enhance their efficacy.

#### N-ACETYL-L-CYSTEINE

N-acetyl-L-cysteine (NAC) is a modified form of the amino acid cysteine. It is primarily recognized for its role as an antidote in cases of acetaminophen overdose. Additionally, NAC is used as a mucolytic agent to help break down and thin mucus in respiratory conditions, such as chronic bronchitis, cystic fibrosis, and chronic obstructive pulmonary disease.

Heidari et al. investigated the effects of oral N-acetylcysteine (NAC) as an adjunct therapy for painful diabetic neuropathy (PDN). A total of 113 patients with type 2 diabetes and PDN were randomly assigned to receive pregabalin and placebo or pregabalin and NAC for 8 weeks (pregabalin at a dose of 150 mg per day, compared to NAC and matched placebo at doses of 600 mg twice a day). Patients receiving pregabalin and NAC showed greater reductions in pain scores and sleep interference compared to those receiving pregabalin and placebo.

#### OTHER EXPERIMENTAL THERAPIES

There are several non-traditional compounds that show potential for the management of neuropathic pain.

- **ACETYL-L-CARNITINE** was investigated for its potential role in managing neuropathic pain. It exerts its effects through multiple mechanisms, including modulation of neurotransmitters such as glutamate and GABA; promotion of nerve regeneration, antioxidant activity, and anti-inflammatory effects; and modulation of synaptic plasticity. By influencing these processes, acetyl-L-carnitine may help to regulate pain signaling, repair damaged nerves, reduce oxidative stress and inflammation, and modulate abnormal neuronal activity associated with neuropathic pain.
- **ALPHA-LIPOIC ACID** is an antioxidant that was previously studied for its neuroprotective and analgesic effects in suppressing neuropathic pain. It is supposed to reduce oxidative stress and inflammation, thereby alleviating pain symptoms. (*Editor – November 2023 issue*)
- **PALMITOYLETHANOLAMIDE** is an endogenous fatty acid that acts as a modulator of inflammation and pain. It was previously shown to exert analgesic effects by targeting various pathways involved in neuropathic pain, including the activation of cannabinoid receptors and the inhibition of inflammatory mediators. (*Editor – July 2023 issue*)
- **SPERMIDINE** is a naturally occurring polyamine that plays essential roles in various cellular processes, including cell growth, differentiation, and neuronal function. Studies indicate that spermidine may alleviate pain hypersensitivity, modulate neurotransmitter systems, and promote neuroprotection.
- **RESVERATROL** is a natural compound found in grapes, berries, and other plants. Resveratrol demonstrated anti-inflammatory and analgesic properties in pre-clinical studies of neuropathic pain, modulating multiple signaling pathways associated with pain and inflammation.
- **CURCUMIN**, which is a polyphenolic compound derived from turmeric, was previously investigated for its potential in neuropathic pain management due to its anti-inflammatory and anti-oxidant properties. Curcumin may modulate pain signaling pathways and inhibit the production of pro-inflammatory molecules.

While further research is needed to establish their efficacy and safety, these compounds hold promise as alternative approaches for alleviating neuropathic pain and improving the quality of life for individuals suffering from this challenging condition.



# WESTERN NEUROPATHY ASSOCIATION

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## IN THIS ISSUE

I had lunch with my next-door neighbor last month and as we were deciding on a place to eat, she kept on apologizing for her dietary constrains. She was recently diagnosed with celiac disease so gluten-free! I suggested a restaurant we had visited in the past – “No, I’m sorry, they don’t have gluten-free foods.” I had never had to limit my food types as I’m not allergic to anything so this was new to me. After the third time of her saying no, I finally got it... let her pick out the restaurant. So she was in charge of the decision as she knew her limitations. This leads in to a key article in this issue - *How To Stop Apologizing For Being Chronically Ill*. People who have limitations due to illness or disease apologize for how this affects others. Explaining how these limitations affect us, the peripheral neuropathy sufferer, can hopefully, HOPEFULLY, let then understand this disease.

And in the continuing topic of new drugs for neuropathy, the front page article discusses Vertex’s VS548 drug, page 3 has an update on the pain medication being developed by Dr. Hammock at UC-Davis, and page 6 describes why and how companies are repurposing existing drugs for neuropathic pain.

May these give you Hope.

..Katherine

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### Western Neuropathy Association (WNA)

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

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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.

*This newsletter is designed for educational and informational purposes only. The information contained herein is not intended to substitute for informed medical advice. You should not use this information to diagnose or treat a health problem or disease without consulting a qualified health care provider. Western Neuropathy Association (WNA) does not endorse any treatments, medications, articles, abstracts or products discussed herein. You are strongly encouraged to consult a neurologist with any questions or comments you may have regarding your condition. The best care can only be given by a qualified provider who knows you personally.*