



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)

HOW TO USE CAPSAICIN OINTMENT TO EASE PAIN

Terry Graedon; PeoplesPharmacy.com; February 19, 2024

Capsaicin is the compound that makes chili peppers hot. Repeated application to the skin of capsaicin ointment or cream activates the transient receptor potential channel vanilloid 1 (TRPV1) allowing temporary relief from pain.

You can buy OTC capsaicin creams in most pharmacies or health food stores. They generally contain low-dose (0.1% or lower) capsaicin, though some are a bit stronger. The main side effect is the burning sensation when it is first applied. This fades with repeated applications. Be careful not to get the ointment in the eyes or on other sensitive areas. Also, don't expose treated areas to sun exposure because it produces an intense burning sensation. Apply the ointment with a foam brush or rubber gloves to keep it where it belongs. That reduces the chance of getting some in your eyes, nose, mouth or another sensitive spot.

The FDA has approved **Qutenza** (8% capsaicin) as an in-office prescription treatment for diabetic nerve pain of the feet and post-shingles nerve pain. It requires administration by health care professionals in a well-ventilated treatment area. Because this high-potency topical system can be quite painful, doctors often use a local anesthetic on the skin before applying it. Again, repeated application is needed for maximum benefit. *Editor - Read the article below for additional information on the **Qutenza high-concentration capsaicin patch** (HCCP).*

HIGH-CONCENTRATION CAPSAICIN PATCH CAN CUT NEUROPATHIC PAIN INTENSITY

Clinical Pain Advisor; Neuropathic Pain; February 8, 2024

For patients with neuropathic pain, a high-concentration capsaicin patch (HCCP) is effective for reducing pain intensity, according to a study published online Feb. 7 in Pain Practice. Kai-Uwe Kern, M.D., from the Institute of Pain Medicine/Pain Practice in Wiesbaden, Germany, and colleagues collected data from electronic medical records of patients who received at least two HCCP treatments between January 2011 and July 2022 to examine patient characteristics, concomitant analgesic medication, and pain intensity. The study included 97 patients, most of whom were diagnosed with neuropathic back pain, postoperative or posttraumatic neuropathic pain, and postherpetic neuralgia. The daily dose of concomitant medications was compared at the start of capsaicin therapy and within two years of capsaicin therapy.

The researchers found that most of the patients received concomitant medications, most often opioids, anticonvulsants, and antidepressants. During HCCP treatment, there was a significant decrease observed in the average daily morphine equivalent dose. **At baseline, pain intensity was generally high, but patients who received at least three HCCP applications had substantial improvements.**

“Our study shows that patients treated with at least two HCCP applications for different pain etiologies, such as neuropathic back pain or postoperative or post-traumatic neuropathic pain, seem to benefit from repeated HCCP applications,” the authors write.

Neuropathy Hope has been following the high-concentration capsaicin patch in previous issues.

- September 2020 issue described the FDA approval of the Qutenza patch for diabetic neuropathic pain.
- January/February 2022 issue front-page article described a study comparing a 1-time patch application with an 8-week regime of daily pregabalin. The results suggest that the 1-time application may be a viable treatment option for those with painful neuropathic pain.

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PERIPHERAL NEUROPATHY SUPPORT GROUPS VIRTUAL AND IN-PERSON FOR APRIL 2024

*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 1 Monday	Auburn CA Peripheral Neuropathy Support Group Monday, 11am - 12:30pm Pacific Beecher Room at the Auburn Library, 350 Nevada St., Auburn, CA Host - Sharlene McCord (530) 878-8392, Kathy Clemens (916) 580-9449, kaclemens@earthlink.net
Virtual 10 Wednesday	2nd Wednesday – Chemo-Induced Peripheral Neuropathy (CIPN) Support Group Wednesday, 2pm - 3pm Pacific / 4pm - 5pm Central / 5pm - 6pm Eastern Meeting ID: 830 5538 3243 / Passcode: 396320 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual 13 Saturday	2nd Saturday – Peripheral Neuropathy Support Group Saturday, 11am - 1pm Pacific / 1pm - 3pm Central / 2pm - 4pm Eastern Meeting ID: 856 7106 1474, Passcode: 114963 Host - Katherine Stenzel, contact Katherine for Zoom link
Virtual 17 Wednesday	3rd Wednesday – Peripheral Neuropathy Support Group Wednesday, 10am - Noon Pacific / Noon - 2pm Central / 1pm - 3pm Eastern Meeting ID: 833 4473 0364 / Passcode: 341654 Host - Glenn Ribotsky, contact Katherine for direct Zoom link
Virtual 17 Wednesday	3rd Wednesday – CIDP and Autoimmune Support Group Wednesday, 3pm - 4pm Pacific / 5pm - 6pm Central / 6pm - 7pm Eastern Host - John Phillips, contact John for Zoom link
Virtual 27 Saturday	4th Saturday – Peripheral Neuropathy Open Discussion Saturday, 11am - 1pm Pacific / 1pm - 3pm Central / 2pm - 4pm Eastern Meeting ID: 851 7949 9276 / Passcode: 159827 Host - John Phillips, contact Katherine for Zoom link
	Santa Cruz CA Peripheral Neuropathy Support Group - Meets in the odd months

NEW

VIRTUAL SUPPORT GROUP CONTACTS

Katherine Stenzel	kstenzel@hotmail.com	John Phillips	johnphillips.wna@gmail.com
Glenn Ribotsky	glenntaj@gmail.com	Shana Phelps	shanaphelp@gmail.com

Support Group information can also be found on www.pnhelp.org under the Support Group tab.

WHY THE BIG TOE?

StarNews Online; *5 Things To Know About Peripheral Neuropathy*; June 19, 2019

Some patients feel the symptoms of peripheral neuropathy starting in their big toe. Toes are the furthest away from the trunk of the body, the home of the spinal cord which contains the peripheral nerves. Toes need long nerves from the spinal cord to reach them. This distance leaves room for possible damage to the nerves, which can lead to mixed signals to the brain, which manifests as the typical neuropathy symptoms of burning, tingling, numbness, and pain. As the nerves continue to be damaged, the neuropathy symptoms can move to the entire foot, up the leg, eventually reaching the fingertips. This is the typical bi-lateral symmetric progression of peripheral neuropathy.

FROM THE PRESIDENT Pam Hart, WNA President

Yes, Spring is in the air! With Spring we think of renewal. I think this is a good time to think of our diets and how we can renew our eating habits. Last month at the Auburn in-person support group, we listened to Dr. Heather Rosenberg, D.C. explain what healthy eating looks like and how valuable it is to our overall health, let alone nerve health. Basically, she is a proponent of eating whole, natural foods. Without listing everything, just think of things that will spoil. Those are the natural foods. Of course, you should eat them before they spoil! She also suggests cod liver oil (without synthetics added). I haven't heard that one in a while – sounds like our moms were on to something!

We also had a gentleman reach out to us about his neuropathy – on top of fibromyalgia. He was looking for a cure – as we all are. He started taking 3 new things at the same time and is not sure if it's the combination or simply one of them but he suspects it's his recent prescription for LDN - Low Dose Naltrexone. Even though he's had neuropathy in his feet for about a decade, during his last visit to the neurologist, based on recent symptoms, he received an additional diagnosis of Fibromyalgia. The doctor wanted him to start on Cymbalta but he was worried about some of the side effects. He heard from a compounding pharmacist in Sacramento that several doctors are prescribing LDN to treat fibromyalgia for patients at the UC Davis Pain Clinic. He asked his doctor to prescribe that instead and started it 5 weeks ago with almost dramatic improvement during that time -- both in his feet and other areas where he had pain. At the same time, on his doctor's suggestion, he start taking 2,000 mcg of sublingual B12 every day. And he recently switched from Alpha Lipoic Acid to R-Alpha Lipoic Acid, which is typically far more effective.

"I'd love to know if it's just one of these 3 different treatments or the combo that is making the difference, but for now, I'm happy to accept that I've improved considerably and, over time, I hope to experiment and see if it's just one of them or the combo. Also, I'm taking a pretty low dose of LDN -- 1.5 mg per day. I don't know how much you know about LDN but people tend to start small and go up to about 4.5 mg per day."

Another testimonial for low dose naltrexone. I did find a doctor online that will prescribe it: www.lndirect.com.

I would also like to announce an addition to our Board of Directors. Erika McDannell joins us from Pennsylvania. She is a small business owner and marketing consultant. We are looking forward to tapping her skills to help us get the word out about WNA and our support groups. Welcome Erika!

With that, I hope your planting season goes well as you look forward to an abundant Spring,
Pam

WEBINARS

The January webinar on the **Neuro Spinal Cord Stimulator (SCS)** and the February webinar on **Acupuncture And Botanical Medicine For Peripheral Neuropathy** were recorded and are now on our YouTube channel. Access them through our website at www.pnhelp.org, hover your mouse over RESOURCES, then click on YOUTUBE CHANNEL.

Also on the YouTube channel is the March webinar where Shana Phelps, Director, presented a webinar on **Neuropathy And Mental Health: A Patient's Perspective**. Being a person with neuropathy herself, she found out firsthand the mental health challenges that often come with a neuropathy diagnosis. Watch this webinar as Shana shares a bit of her story, and the tools she used to cope through her diagnosis and treatment.

The upcoming April webinar on the 25th will have Temple University's TechOWL (Tech for Our Whole Lives) present **Assistive Technology For People With Peripheral Neuropathy**. Register for this free event through the home page of our website, www.pnhelp.org, Upcoming Events, on the lower left corner.

Looking forward to May, Dr. Zvi Yaniv will return to WNA with a webinar on his **nanobubbles** invention that can help treat symptoms of peripheral neuropathy.

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.

■ PREPARING FOR YOUR APPOINTMENT WITH PCP, NEUROLOGIST OR OTHER

HEALTHCARE PROVIDER Peripheral Neuropathy, Diagnosis & Treatment; Mayo Clinic; September 2, 2023

WHAT YOU CAN DO

When you make the appointment, ask if there's anything you need to do in advance, such as fasting for a specific test.

- Make a list of:
 - **Your symptoms**, including any that may seem like they're not related to your reason for scheduling the appointment.
 - **Key personal information**, including recent stresses or major life changes, family medical history and alcohol use.
 - **All medicines**, vitamins or other supplements you take, including doses.
- **Take a family member or friend along**, if possible, to help you remember the information you're given.
- **Questions to ask your health care professional** about your peripheral neuropathy
 - What's the most likely cause of my symptoms?
 - Are there other possible causes?
 - What tests do I need?
 - Is this condition temporary or long lasting?
 - What treatments are available, and which do you recommend?
 - What side effects can I expect from treatment?
 - Are there alternatives to the approach you're suggesting?

- I have other health conditions. How can I best manage them together?
- Do I need to limit activities?
- Are there brochures or other printed material I can take? What websites do you recommend?
- Don't hesitate to ask other questions.

WHAT TO EXPECT FROM YOUR DOCTOR

Your health care professional is likely to ask you questions, such as:

- Do you have health conditions, such as diabetes or kidney disease?
- When did your symptoms begin?
- Have your symptoms been continuous or occasional?
- How severe are your symptoms?
- Does anything seem to improve your symptoms?
- What, if anything, appears to worsen your symptoms?
- Does anyone in your family have symptoms similar to yours?
- Have you fallen in the past year?
- Have you had any injuries to your feet?

■ SHOE RECOMMENDATIONS THAT MAY HELP WITH NEUROPATHIC PAIN

Adapted by Katherine Stenzel from My Recommendations For Shoes That May Help With Neuropathy; Ezekiel Lim; FAP News Today; February 22, 2024

For patients dealing with painful neuropathy, choosing appropriate footwear is crucial for mitigating the pain. Shoes should be comfortable and loose-fitting so they won't restrict blood flow or movement. The ones below might help to minimize peripheral neuropathy pain.

Clark's Wallabees Clarks Wallabees are fashionable and timeless shoes that have been on the market for over two decades. They have a loose-fitting profile that provides the foot with ample breathing room. They also expand and don't hug the feet too much, which makes putting them on easy.

New Balance's NBRx line Neuropathy patients may benefit from the range of widths available for these shoes, which goes from a normal width to "XX-wide." The larger width can help when patients put their shoes on and can limit pain caused by shoes that hug the foot too tightly.

On's Cloud 5 The Swiss running shoe company On has a Cloud 5 model that is stylish and may benefit patients who need something light. These shoes are highly cushioned yet fashionable and have lightweight construction with breathable mesh on the outside.



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■ **IS WALKING BAD FOR NEUROPATHY?** Jonathan Walker; ethoshealthgroup.com; October 19, 2023

The pain and tingling associated with peripheral neuropathy can impact almost every aspect of your life. It can be tough to walk because of the pain you can experience in your feet and the effect it has on your balance plus it can increase your risk for falls.

So, you may be asking “Is walking bad for neuropathy?” Not at all. Walking can reduce the pain and other symptoms of neuropathy from the nerve damage in your feet and lower legs. Walking and other light aerobic exercises have various benefits for people affected by neuropathy, which is a wide range of conditions involving disease and damage to the peripheral nerves.

WALKING FOR PERIPHERAL NEUROPATHY

There are several benefits of exercise like walking. They will help you manage weight, improve blood sugar levels and blood flow, get more oxygen and nutrients to your legs, improve muscle strength, and help you get better sleep. This will all have a positive effect on your neuropathy.

However, regular exercise can be hard for people with neuropathy. A typical cardio exercise program is typically loaded with high-impact movements like running, jump rope, and burpees. If your legs and feet are weakened by neuropathy, those demands may be too severe to perform safely.

Fortunately, walking is an excellent alternative to these exercises. Even though walking is a low-impact exercise and it's not as intense as the movements we talked about above, brisk walking is still a great cardio exercise, especially if you're walking for at least 30 minutes at a time.

STRETCH BEFORE YOU WALK

Stretching should be an important part of any exercise program, even walking. Stretching will improve the blood flow to your limbs and reduce the pain and tension in your muscles, all of which can affect neuropathy.

There is an unlimited number of stretches you can do. To stretch your calf muscles, a seated stretch is your best option if the neuropathy has affected your balance. Just grab a long towel or throw blanket and sit down with your legs in front of you. Take the towel and place the ball of one foot in the middle of the towel. Using the towel, pull your leg up while keeping your knee as straight as you can.

You can also stretch your hamstrings using a chair. Sit close to the edge of the chair, and lift one leg, point the toe, and extend it out in front of you while keeping the other foot flat on the floor. After that, lean over until your chest touches your straight leg, keeping your back as straight as you can.

GRADUALLY INCREASE YOUR EXERCISE FREQUENCY

If you've been dealing with neuropathic pain for a while and you haven't exercised in a while, you need to walk before you run. Or, in this case, walk slowly before you walk. Start small, walking slowly for a quarter of a mile, and then take a look at your feet and legs.

Every time you walk, inspect your legs and feet before and after, keeping an eye out for increased redness and skin breakdown. Buy a plastic mirror to look at the bottoms of your feet if you are not flexible enough to see the bottoms on your own, or ask a loved one to check them. It's also a good idea to wear white socks so if there is any drainage or bleeding you'll notice it right away.

Not only is walking good for your neuropathy, not walking can actually make your neuropathic symptoms worse. A sedentary lifestyle can lead to chronic pain and make many of the common symptoms of neuropathy worse.

BE SURE TO CONSULT YOUR DOCTOR

It's important to mention that you should consult with your doctor before starting any of the many forms of exercise.

■ **TIDBITS FROM VIRTUAL SUPPORT GROUPS** Katherine Stenzel, Editor

Two items that resonated from the March 9th (2nd Saturday) session:

Word of the Day for us peripheral neuropathy patients – PATIENCE. Patience with waiting for medications to become (or not) effective in our body. Patience with waiting for how our body will respond to different treatments. Patience waiting for new medications to be researched and developed. Patience with waiting for a cure for nerve regrowth. Or is the word waiting?

One attendee defined the feeling of numbness in the feet as ‘walking on a trampoline.’ Very descriptive image that can help explain this feeling to those without neuropathy.

AMANITA MUSCARIA - A TREATMENT FOR PERIPHERAL NEUROPATHY

Kenneth Lekashman, Founder Era Remedies

Amanita muscaria, a traditional natural medicine, has been utilized for centuries to address various conditions, including neuropathic pain. Recognizable by its distinctive red cap adorned with white spots, this fungus stands apart from “magic mushrooms” as it lacks the federally-controlled active compounds of psilocybin. That being said this mushroom does contain psychoactive compounds, primarily muscimol, which functions as a GABA-A Agonist. Muscimol interacts with the GABA-A receptor, hindering GABA binding, leading to an increase in serotonin uptake and decrease in norepinephrine levels, resulting in sedative effects that can aid in pain regulation.

Research indicates potential neuroprotective effects of muscimol, particularly in neurological disorders such as Huntington’s disease. While promising, data on its human usage remains limited even with extensive animal studies exploring muscimol’s therapeutic potential. In a recent 2019 study, a medical doctor conducted a two-year project, gathering data through a public survey questionnaire, focusing specifically on the effects of microdosing *Amanita muscaria*. While over 3,000 participants engaged in the survey, not all utilized microdoses for pain relief. However, positive outcomes were reported by participants experiencing joint pain, musculoskeletal pain, menstrual pain, migraines, and neuropathic pain when using *Amanita muscaria* in various forms, including microdoses, tinctures, and lotions.

Among respondents experiencing arthritis, rheumatoid arthritis, and musculoskeletal pain, 70% observed positive effects (Masha 2022). Participants were then separated into neuropathic pain where 86% of those with neuropathic pain reported positive outcomes (Masha, 2022). Additionally, animal studies have demonstrated that muscimol, administered in doses ranging from 0.01µg to 1 µg, reduces symptoms of neuropathic pain (Hosseini et al., 2014).

I can personally attest to the analgesic effects of *Amanita muscaria* based on my own experiences. Initially, I tested a home-made cream containing a carefully-prepared extract of *Amanita muscaria* with my father, who suffers from peripheral neuropathy due to diabetes. We immediately observed that he started a regiment of walking 10,000 steps a day shortly after beginning use. The onset of its analgesic benefits is rapid, typically occurring within 15 minutes of application, and it is quickly metabolized, reaching its peak effect at approximately 3 hours.

Having had personal experience with the ineffectiveness of products like Lidocaine and capsaicin cream for my family members, as well as the undesirable side effects of opioids and drugs like Gabapentin in managing neuropathic pain, I embarked on the project of developing a new second-line therapy for neuropathic pain management. Our aim was to provide a safe alternative with fewer severe side effects.

We conducted careful research to ensure that our product does not induce any psychedelic experiences when applied to the skin. It was determined that a minimum oral consumption of 6 mg is necessary to induce such effects (Stebelska, 2013). Our product contains only 4 mg of muscimol per container, ensuring that no psychedelic experiences occur through skin application. The 2014 Hosseini study further supports our findings, demonstrating that even in microgram doses, ***Amanita Muscaria can reduce symptoms of neuropathic pain.***

If you’re intrigued to trial the efficacy of our product for yourself, simply head over to www.era.so and place the Pain Relief Cream product into your digital cart. By applying the **coupon code “WNA2024”**, you can obtain it at no cost, subject to availability, and with complimentary delivery exclusively within the United States from April 2024 to May 2024 (we cannot ship to Louisiana and customers outside the United States we cannot ship at this time). Our only ask would be that you participate in a brief survey to share your feedback and insights regarding your experience with the product and its effectiveness in providing relief. Thank you for considering our product, and we look forward to your feedback.

REFERENCES

Hosseini M, Karami Z, et al. (2014). The Effect Of Intrathecal Administration Of Muscimol On Modulation Of Neuropathic Pain Symptoms Resulting From Spinal Cord Injury; An Experimental Study. *Emerg (Tehran)*2(4):151-7. PMID: 26495371.

Masha, B. (2022). Microdosing With *Amanita Muscaria*: Creativity, Healing, And Recovery With The Sacred Mushroom. *Inner Traditions/Bear*.

Stebelska K (2013). Fungal Hallucinogens Psilocin, Ibotenic Acid, And Muscimol. *Therapeutic Drug Monitoring* 35(4): 420–442.

TART CHERRY JUICE AS A TREATMENT FOR PERIPHERAL NEUROPATHY

Cindy Alberts Carson, MD, FACP. (2015). Tart Cherry Juice As A Treatment For Peripheral Neuropathy. *Integr Med (Encinitas)*, 2015 Feb; 14(1): 48–49. PMID: PMC4566454

(Editor – Though this paper is from 2015, the results are significant. Maybe it will work for you, after all, **we are all an experiment of one.**)

ABSTRACT

INTRODUCTION

Tart cherries have a long history as a treatment for gout and joint pain. While the exact mechanism of action is unknown, it is believed that acanthocyanin pigments and related bioflavonoids found in tart cherries and other red fruits scavenge free radicals, modulate cytokines, reduce DNA degradation, decrease capillary permeability, inhibit cyclooxygenase, and strengthen biological membranes. Many of these biochemical reactions would be expected to reduce inflammation, pain, and edema.

OBJECTIVE

Tart cherry juice has been shown to be effective in the treatment of some inflammatory conditions and has a very low incidence of adverse effects. The purpose of this study was to determine whether tart cherry juice is an effective treatment for neuropathic pain from nondiabetic peripheral polyneuropathies.

METHODS

The study group consisted of 12 primary care patient volunteers with painful lower extremity peripheral neuropathy.

- Patients with diabetic peripheral neuropathy were excluded due to the potentially confounding effect of the increased glycemic load from cherry juice.
- All study patients had carried a diagnosis of peripheral neuropathy for 5–10 y.
- All patients described 9–10 out of 10 pain more than 50% of the time.
- All study patients had been on multiple antiepileptics, analgesics, and antidepressants for more than 2 y without significant improvement of symptoms.
- All study patients were allowed to remain on their prescribed doses of gabapentin, pregabalin, SNRIs, tricyclics, and SSRIs during the study. The patients agreed not to use NSAIDs, steroids, lidocaine, and narcotic pain relievers during the study.
- There were no restrictions on diet or activity.
- Presumed etiologies of the peripheral neuropathies in the study group were: 3 HIV, 2 chemotherapy-induced, 5 spinal disorders, and 2 idiopathic.

All patients drank 4 oz of tart cherry juice 2 x/d for 14 d. The juice used was a combination of *Prunus cerasus*, *Prunus acida*, *Prunus avium*, and *Prunus fruticosa*, imported from the Caucasus and sold commercially as “100% cherry juice from concentrate.”

RESULTS

After 14 d of treatment, the patients were questioned regarding the level of their peripheral neuropathy pain.

- Two patients (HIV and spinal DJD) reported no improvement.
- One patient with spinal DJD, 1 with spinal stenosis, and 1 with chemotherapy-induced pain reported a decrease of maximum pain to 5–8 of 10.
- Two patients with HIV, 1 with chemotherapy-induced pain, 1 with spinal stenosis, and 1 with idiopathic peripheral neuropathy reported a decrease of maximum pain to 2–4 of 10.
- One spinal stenosis patient and 1 idiopathic peripheral neuropathy patient reported a decrease of maximum pain to 0–1 of 10.

Overall, more than 50% of the patients reported a greater than 50% reduction in maximum pain.

CONCLUSIONS

A 2-wk course of tart cherry juice **significantly improved nondiabetic peripheral neuropathy in the majority of patients in the study**. None of the patients reported any adverse effects from the treatment. The anti-inflammatory and analgesic effects of tart cherry, which have been seen in the treatment of arthritides, appear to be applicable to neuropathic pain as well, providing relief that is at least as good as conventional treatments, with no adverse effects.



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IN THIS ISSUE

With our busy days – even if you are retired like myself – there is not always time to attend one of the **Western Neuropathy Association’s webinars**. That is why we record them so that you can view them at your leisure. Check out Page 3 to see the latest additions to our growing library of topics. That page also lists our next webinars for this month and May.

It’s hard to know what questions to ask for a **first time visit to PCP or neurologist**. Page 4 has a list of questions that covers the basics. Write them on a piece of paper and leave room for the doctor’s answers – don’t count on your memory to recall all the details. The article also lists questions that the doctor may have for you so you can be prepared from your end.

And look to Page 6 for a support group attendee’s journey in developing a **treatment for his father’s diabetic neuropathy**. His father felt immediate relief from his neuropathic pain leading the son/support group attendee to market this to the public. He is offering **FREE samples** – again, Page 6 for details.

May these give you Hope.

..Katherine

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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 • Tax ID 68-0476041
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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