



WESTERN NEUROPATHY ASSOCIATION

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WESTERN  
NEUROPATHY ASSOCIATION  
3620 American River Dr., Suite 230  
Sacramento, CA 95864  
888-556-3356  
admin@WNAinfo.org  
www.WNAinfo.org

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# Neuropathy Hope

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

A newsletter for members of Western Neuropathy Association (WNA)

## SWITCHING TO VEGAN OR KETOGENIC DIET RAPIDLY IMPACTS IMMUNE SYSTEM

NIH Press Release; January 30, 2024

Researchers at the National Institutes of Health (NIH) observed rapid and distinct immune system changes in a small study of people (20 people) who switched to a vegan or a ketogenic (also called keto) diet. Each person ate as much as desired of one diet (vegan or keto) for two weeks, followed by as much as desired of the other diet for two weeks. Scientists closely monitored various biological responses of people sequentially eating vegan and keto diets for two weeks, in random order.

### PARTICIPANTS

The 20 participants were diverse with respect to ethnicity, race, gender, body mass index (BMI), and age. Throughout the study period, blood, urine, and stool were collected for analysis. The effects of the diets were examined using a “multi-omics” approach that analyzed multiple data sets to assess the body’s biochemical, cellular, metabolic, and immune responses, as well as changes to the microbiome. Participants remained on site for the entire month-long study, allowing for careful control of the dietary interventions.

### RESULTS

**Vegan diet** - eliminates animal products and tends to be high in fiber and low in fat (10% fat and 75% carbohydrates in this study)

- People on the vegan diet chose to consume fewer calories than those on the keto diet.
- Prompted responses linked to innate immunity—the body’s non-specific first line of defense against pathogens
- Vegan diet significantly impacted pathways linked to the innate immune system, including antiviral responses.
- Vegan diet promoted more red blood cell-linked pathways, including those involved in heme metabolism, which could be due to the higher iron content of this diet.

**Keto diet** - low-carbohydrate diet that is generally high in fat (76% fat and 10% carbohydrates in this study)

- Prompted responses associated with adaptive immunity—pathogen-specific immunity built through exposures in daily life and vaccination.
- Led to significant increases in biochemical and cellular processes linked to adaptive immunity, such as pathways associated with T and B cells.
- Affected levels of more proteins in the blood plasma than the vegan diet, as well as proteins from a wider range of tissues, such as the blood, brain and bone marrow.

Metabolic changes and shifts in the participants’ microbiomes—communities of bacteria living in the gut—were also observed. More research is needed to determine if these changes are beneficial or detrimental and what effect they could have on nutritional interventions for diseases such as cancer or inflammatory conditions.

The distinct metabolic and immune system changes caused by the two diets were observed despite the diversity of the participants, which shows that dietary changes consistently affect widespread and interconnected pathways in the body. More study is needed to examine how these nutritional interventions affect specific components of the immune system. According to the authors, the results of this study demonstrate that the immune system responds surprisingly rapidly to nutritional interventions. The authors suggest that it may be possible to tailor diets to prevent disease or complement disease treatments, such as by slowing processes associated with cancer or neurodegenerative disorders.

### REFERENCE

VM Link et al. Differential Peripheral Immune Signatures Elicited By Vegan Versus Ketogenic Diets In Humans. *Nature Medicine* DOI: 10.1038/s41591-023-02761-2 (2024)

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**Katherine Stenzel  
Editor**

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# PERIPHERAL NEUROPATHY SUPPORT GROUPS VIRTUAL AND IN-PERSON FOR MAY 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 <b>6</b> Monday	<b>Auburn CA Peripheral Neuropathy Support Group</b> <b>Monday, 11am - 12:30pm Pacific</b> Beecher Room at the Auburn Library, 350 Nevada St., Auburn, CA Host - Sharlene McCord (530) 878-8392, Kathy Clemens (916) 580-9449, <a href="mailto:kaclemens@earthlink.net">kaclemens@earthlink.net</a>
Virtual <b>8</b> Wednesday	<b>2nd Wednesday – Chemo-Induced Peripheral Neuropathy (CIPN) Support Group</b> <b>Wednesday, 2pm - 3pm Pacific / 4pm - 5pm Central / 5pm - 6pm Eastern</b> Meeting ID: 830 5538 3243 / Passcode: 396320 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual <b>11</b> Saturday	<b>2nd Saturday – Peripheral Neuropathy Support Group</b> <b>Saturday, 11am - 1pm Pacific / 1pm - 3pm Central / 2pm - 4pm Eastern</b> Meeting ID: 856 7106 1474, Passcode: 114963 Host - Katherine Stenzel, contact Katherine for Zoom link
Virtual <b>15</b> Wednesday	<b>3rd Wednesday – Peripheral Neuropathy Support Group</b> <b>Wednesday, 10am - Noon Pacific / Noon - 2pm Central / 1pm - 3pm Eastern</b> Meeting ID: 833 4473 0364 / Passcode: 341654 Host - Glenn Ribotsky, contact Katherine for direct Zoom link
In-Person <b>15</b> Wednesday	<b>Santa Cruz CA Peripheral Neuropathy Support Group</b> <b>Wednesday, 1pm – 2:30 pm Pacific</b> Trinity Presbyterian Church, 420 Melrose Avenue, Santa Cruz, CA Host - Mary Ann Leer (831) 477-1239
Virtual <b>15</b> Wednesday	<b>3rd Wednesday – CIDP and Autoimmune Support Group</b> <b>Wednesday, 3pm - 4pm Pacific / 5pm - 6pm Central / 6pm - 7pm Eastern</b> Host - John Phillips, contact John for Zoom link
Virtual <b>25</b> Saturday	<b>4th Saturday – Peripheral Neuropathy Open Discussion</b> <b>Saturday, 11am -1pm Pacific / 1pm - 3pm Central / 2pm - 4pm Eastern</b> Meeting ID: 851 7949 9276 / Passcode: 159827 Host - John Phillips, contact Katherine for Zoom link
In-Person <b>June 4</b> Saturday	<b>Houston TX Quarterly Support Group</b> <b>Saturday, 1pm – 2:30pm Central</b> Memorial Drive United Methodist Church, 12955 Memorial Drive Room DS100, enter at back (south) of building, follow signs Hosts – Katherine Stenzel and John Phillips

## VIRTUAL SUPPORT GROUP CONTACTS

Katherine Stenzel	<a href="mailto:klstenzel@hotmail.com">klstenzel@hotmail.com</a>	John Phillips	<a href="mailto:johnphillips.wna@gmail.com">johnphillips.wna@gmail.com</a>
Glenn Ribotsky	<a href="mailto:glenntaj@gmail.com">glenntaj@gmail.com</a>	Erika McDannell	<a href="mailto:ermcdannell@gmail.com">ermcdannell@gmail.com</a>

Support Group information can also be found on [www.pnhelp.org](http://www.pnhelp.org) under the Support Group tab.

*Thank  
You!*

## SHANA PHELPS RESIGNS FROM EXECUTIVE BOARD

*We wish Shana the very best and thank her for her passion and youth that she provided the Board of Directors since July, 2023. – WNA Board of Directors, April 2024*

## FROM THE PRESIDENT Pam Hart, WNA President

**Qigong!** No – that is not an expression of astoundment. It is an ancient form of movement and exercise – the grandfather to Tai Chi. It is one the most researched complementary and alternative medicine arts. The Auburn Support Group was treated to a demonstration and interactive session at our latest support group meeting by Yvon Dockter.

The gentle movements and exercises are known as flows, which are designed for health and healing. The movements stimulate blood flow in all areas. This is certainly beneficial to all neuropathy sufferers as the movement of blood and oxygen into all of our cells is essential. The best thing about Qigong is that you do not need any special equipment, clothing or shoes. In fact, it is better to do this bare footed so that your connection to the earth is enhanced.

In this time of technology, YouTube has many resources to find Qigong teachers so that there is no need to leave your house. Yvon suggested the following teachers (go to YouTube and enter their names in the Search field): Mimi Kuo Deemer, Nick Loffree, Karen Soo and from Nevada County Media – Clouds and Water by Yvon Dockter.

After our session with Yvon, the participants were calling for more!! They obviously felt the stimulation and could see how regular practice would benefit them. In my experience, the calming nature of the movements was just as beneficial as the blood flow. I would love to hear if any of you have had experience with Qigong.

May should be a beautiful month to go outside, take your shoes off, feel the grass under your feet (check the area first), and do some Qigong.

Cheers,  
Pam  
pamula1@hotmail.com

## EMAILS TO THE EDITOR (Response to April issue)

Hello Katherine,

For years I have treated pain with Dr. Christopher's Cayenne Heat Ointment. It works great for any injury also. ([www.drchristopher.com](http://www.drchristopher.com))

And for shoes, KIZIK work well for me. ([www.kizik.com](http://www.kizik.com)) I asked my physical therapist if he had a shoe recommendation for peripheral neuropathy. He said no, but had Parkinson's patients who used KIZIK. In checking I found a style (Lima) with a lower heal so I don't feel like I'm falling forward and has laces to adjust if feet are slightly different. They are slip-in with a built-in shoe horn. And are wide with plenty of toe space. They come in many different styles and colors. I ordered by phone (833.675.0266 toll free) and found them very helpful. Also, free shipping!

And lastly - First, Qigong... it's all about the breathing. Second, Tai chi... it's about the mind. Third, chair yoga... you might say it's about the body. All of these depend on a good instructor. They say dancing is good, or I like a hug.

Cheers!!  
Evenyl Roemmich, Vista, CA

## WEBINARS – PAST AND FUTURE

**March Webinar - Neuropathy and Mental Health: A Patient's Perspective**, is on the WNA YouTube channel.

### May Webinar (May 23) - Nanobubbles for Peripheral Neuropathy

Dr. Zvi Yaniv, PhD, interim CEO of PeriphEX Corporation ([www.periphex.com](http://www.periphex.com)), will discuss nanobubbles of oxygen (O2) and carbon dioxide (CO2) as a treatment for Peripheral Neuropathy. A majority of users report that on average they receive up to 3 months of relief from tingling, burning and numbness between treatments.

### June Webinar (June 27) – Chromocell Drug Pipeline

Dr. Eric Lang, MD, Chief Medical Officer of Chromocell, will talk about their development of innovative drugs to treat neuropathic and nociceptive pain without risk of addiction.

## 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.

# OFFICE APPROACH TO SMALL FIBER NEUROPATHY – PART I

## SYMPTOMS AND PHYSICAL TESTING

Jinny O. Tavee, MD. (2018). Office Approach To Small Fiber Neuropathy. *Cleveland Clinic Journal of Medicine*, 85/(10), 801-812. DOI: <https://doi.org/10.3949/ccjm.85a.17124>

### KEY POINTS

- Patients typically develop a symmetric “stocking-glove” pattern of sensory loss in the feet and hands.
- The diagnosis may be confirmed with skin biopsy for nerve fiber density, which can easily be done in a clinic setting with commercially available kits.
- Diabetes is the most common identifiable cause of small fiber neuropathy.
- Serologic testing can help uncover a vitamin deficiency or other potentially treatable condition.
- Antiepileptics, antidepressants, and topical agents are first-line drugs for managing pain.

### ABSTRACT

Small fiber neuropathy is often characterized by neuropathic pain in the feet with normal nerve conduction studies and neurologic examination. Diagnosis requires specialized nerve tests, including autonomic studies and a skin biopsy study showing reduced intraepidermal nerve fiber density. Small fiber neuropathy has numerous causes but is often idiopathic. A practical approach to identifying an underlying cause is to first screen for common ones and then proceed with further testing as needed. Treatment consists of correcting the underlying cause, managing pain, and modifying lifestyle.

Peripheral neuropathy is the most common reason for an outpatient neurology visit in the United States and accounts for over \$10 billion in healthcare spending each year. When the disorder affects only small, thinly myelinated or unmyelinated nerve fibers, it is referred to as small fiber neuropathy, which commonly presents as numbness and burning pain in the feet.

This article details the manifestations and evaluation of small fiber neuropathy, with an eye toward diagnosing an underlying cause amenable to treatment.

### OLDER PATIENTS MOST AFFECTED

The epidemiology of small fiber neuropathy is not well established. It occurs more commonly in older patients, but data are mixed on prevalence by sex. In a Dutch study, the overall prevalence was at least 53 cases per 100,000, with the highest rate in men over age 65.

### CHARACTERISTIC SENSORY DISTURBANCES

Characteristic clinical features:

- Neuropathic pain: burning, numbness, tingling, itching, “frostbite-like” sensations
- Commonly “stocking-glove” pattern, but may be random, migratory, and intermittent
- Symptoms of dysautonomia (eg, skin changes, sweating abnormalities, dry eyes, dry mouth, gastrointestinal dysmotility, orthostasis, palpitations, bowel or bladder changes, sexual dysfunction)
- Normal neurologic examination, nerve conduction studies, needle electromyography

### Sensations vary in quality and time

Patients with small fiber neuropathy typically present with a symmetric length-dependent (“stocking-glove”) distribution of sensory changes, starting in the feet and gradually ascending up the legs and then to the hands.

Commonly reported neuropathic symptoms include various combinations of burning, numbness, tingling, itching, sunburn-like, and frostbite-like sensations. Nonneuropathic symptoms may include tightness, a vise-like squeezing of the feet, and the sensation of a sock rolled up at the end of the shoe. Cramps or spasms may also be reported but rarely occur in isolation.

Symptoms are typically worse at the end of the day and while sitting or lying down at night. They can arise spontaneously but may also be triggered by something as minor as the touch of clothing or cool air against the skin. Bedsheet sensitivity of the feet is reported so often that it is used as an outcome measure in clinical trials. Symptoms can also be exacerbated by extremes in ambient temperature and are especially worse in cold weather.

– Continued on page 5

### Random patterns suggest an immune cause

Symptoms may also have a non-length-dependent distribution that is asymmetric, patchy, intermittent, and migratory, and can involve the face, proximal limbs, and trunk. Symptoms may vary throughout the day, eg, starting with electric-shock sensations on one side of the face, followed by perineal numbness and then tingling in the arms lasting for a few minutes to several hours. While such patterns may be seen with diabetes and other common etiologies, they often suggest an underlying immune-mediated disorder such as Sjögren syndrome or sarcoidosis. Although large fiber polyneuropathy may also be non-length-dependent, the deficits are usually fixed, with no migratory component.

### Autonomic features may be prominent

Autonomic symptoms occur in nearly half of patients and can be as troublesome as neuropathic pain. Small nerve fibers mediate somatic and autonomic functions, an evolutionary link that may reflect visceral defense mechanisms responding to pain as a signal of danger. This may help explain the multi-systemic nature of symptoms, which can include sweating abnormalities, bowel and bladder disturbances, dry eyes, dry mouth, gastrointestinal dysmotility, skin changes (eg, discoloration, loss of hair, shiny skin), sexual dysfunction, orthostatic hypotension, and palpitations. In some cases, isolated dysautonomia may be seen.

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## TARGETED EXAMINATION

### History: Medications, alcohol, infections

When a patient presents with neuropathic pain in the feet, a detailed history should be obtained, including alcohol use, family history of neuropathy, and use of neurotoxic medications such as metronidazole, colchicine, and chemotherapeutic agents.

Human immunodeficiency virus (HIV) and hepatitis C infection are well known to be associated with small fiber neuropathy, so relevant risk factors (eg, blood transfusions, sexual history, intravenous drug use) should be asked about. Recent illnesses and vaccinations are another important line of questioning, as a small-fiber variant of Guillain-Barré syndrome has been described.

### Assess reflexes, strength, sensation

On physical examination, particular attention should be focused on searching for abnormalities indicating large nerve fiber involvement (eg, absent deep tendon reflexes, weakness of the toes). However, absent ankle deep tendon reflexes and reduced vibratory sense may also occur in healthy elderly people.

Similarly, proprioception, motor strength, balance, and vibratory sensation are functions of large myelinated nerve fibers, and thus remain unaffected in patients with only small fiber neuropathy.

Evidence of a systemic disorder should also be sought, as it may indicate an underlying etiology.

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## DIAGNOSTIC TESTING

Although patients with either large or small fiber neuropathy may have subjective hyperesthesia or numbness of the distal lower extremities, the absence of significant abnormalities on neurologic examination should prompt consideration of small fiber neuropathy.

### Electromyography worthwhile

Nerve conduction studies and needle electrode examination evaluate only large nerve fiber conditions. While electromyographic results are normal in patients with isolated small fiber neuropathy, the test can help evaluate subclinical large nerve fiber involvement and alternative diagnoses such as bilateral S1 radiculopathy. Nerve conduction studies may be less useful in patients over age 75, as they may lack sural sensory responses because of aging changes.

### Skin biopsy easy to do

Skin biopsy for evaluating intraepidermal nerve fiber density is one of the most widely used tests for small fiber neuropathy. This minimally invasive procedure can now be performed in a primary care office using readily available tools or prepackaged kits and analyzed by several commercial laboratories.

Skin specimens are obtained by 3-mm punch biopsy of the distal leg and thigh and are sent to a laboratory for analysis. The sample is immunostained against a panaxonal marker nerve, and fiber densities are calculated. The results are compared with normative data for age and sex, and a formal report with the diagnosis is sent to the ordering physician. The test has a sensitivity of 88%.

– Continued on page 6

## AMANITA MUSCARIA TREATMENT FOR PERIPHERAL NEUROPATHY

As detailed in the April issue of Neuropathy Hope, a new treatment for peripheral neuropathy is being offered to Neuropathy Hope readers as a **free trial for the months of April and May**. *Amanita muscaria*, a traditional natural medicine, has been utilized for centuries to address various conditions, including neuropathic pain.

**Summary from article:** Amanita Muscaria can reduce symptoms of neuropathic pain. If you're intrigued to trial the efficacy of Amanita Muscaria for yourself, simply head over to [www.era.so](http://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. **Refer to Page 6 of the April 2024 issue for more details.**

## OFFICE APPROACH TO SMALL FIBER NEUROPATHY – PART I SYMPTOMS AND PHYSICAL TESTING - Continued from page 5

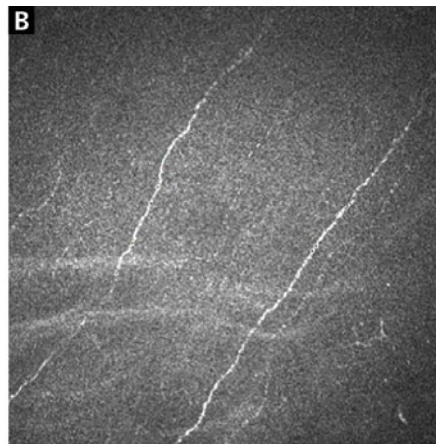
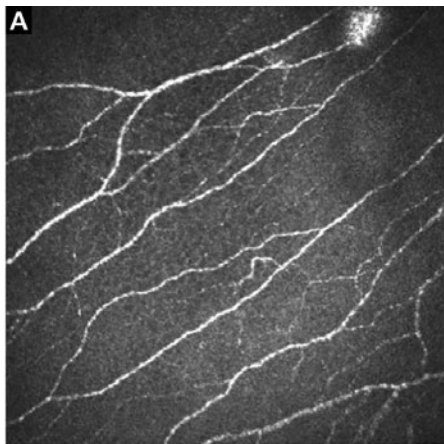
### Quantitative sudomotor axon reflex testing

Quantitative sudomotor axon reflex testing (QSART) is a noninvasive autonomic study that assesses the volume of sweat produced by the limbs in response to acetylcholine. A measure of postganglionic sympathetic sudomotor nerve function, QSART has a sensitivity of up to 80% and can be used to diagnose small fiber neuropathy. In a series of 115 patients with sarcoidosis small fiber neuropathy, the QSART and skin biopsy findings were concordant in 17 cases and complementary in 29, allowing for confirmation of small fiber neuropathy in patients whose condition would have remained undiagnosed had only one test been performed. QSART can also be considered in cases where skin biopsy may be contraindicated (eg, patient use of anticoagulation). Of note, the study may be affected by a number of external factors, including caffeine, tobacco, antihistamines, and tricyclic antidepressants; these should be held before testing.

### Other diagnostic studies

Other tests may be helpful, as follows:

- Tilt-table and cardiovascular testing may be useful for patients with orthostasis and palpitations.
- Thermoregulatory sweat testing can be used to evaluate patients with abnormal patterns of sweating, eg, hyperhidrosis of the face and head.
- Corneal confocal microscopy is a promising new noninvasive diagnostic tool that provides objective quantification of small nerve fibers in the subbasal layer of the cornea, which holds the densest concentration of these fibers. Routine corneal confocal microscopy is currently limited to ophthalmology, but the growing use of the corneal findings as a marker for therapeutic interventions in neuropathy studies may prompt more widespread availability soon.



Corneal confocal microscopy in small fiber neuropathy:

**A** normal corneal nerve fibers and branching

**B** marked reduction of corneal nerve fibers

To be continued in the next issues: **Part 2 – Serologic Testing**, June Issue • **Part 3 – Treatment**, July Issue

## ■ LYRICA AND WEIGHT GAIN - CAN IT BE REVERSED? Joe Graedon; People's Pharmacy; November 27, 2023.

Submitted by Barbara Duvall; Houston, TX. Summarized by Katherine Stenzel, Editor

*Editor – This title is deceptive as it hints that weight gain can be reversed. But the article has no information on the reversal of weight gain. In reality, the article should be titled WHY YOU GAIN WEIGHT WHEN ON LYRICA. I asked Barbara if she had the same conclusion about the reversal mentioned in the article. Her comment: “Probably the same advice as how to avoid weight gain on prednisone or anything else..... eat less!! The Lift and Push lifestyle... lift the fork less and push away from the table.”*

Pregabalin (Lyrica) has become a go-to drug for nerve pain (neuropathy). There aren't many medications in the doctor's tool kit for this kind of problem. A similar drug, gabapentin, has been approved for treating epilepsy and postherpetic neuralgia. This can be excruciating nerve pain that continues after a shingles attack. These “gabapentinoids” can cause a large number of side effects. Weight gain is surprisingly common among people taking Lyrica. Other common Lyrica side effects include fatigue, vertigo, brain fog, fluid retention, dry mouth, blurred vision, constipation, gas, depression, tremor and skin rash.

- **Lyrica and Weight Gain:** The official prescribing information presents data from a number of clinical trials. Lyrica and weight gain range from **4% to 16%** depending upon the study. The international Journal *Die Pharmazie* published an article on Oct. 1, 2022 about “Drug-Induced Weight Gain In The Last 10 Years.” It reported a 3.86% weight gain with pregabalin.
- **Veterans and Weight Gain with Pregabalin and Duloxetine:** A study published in the journal *Federal Practitioner* (May, 2021) followed veterans for 12 to 18 months after they were treated for neuropathy. Those on pregabalin alone gained 2.9 pounds. Those who received both pregabalin and duloxetine (Cymbalta) gained 5.5 pounds.
- **Appetite:** Increased appetite is a recognized adverse reaction to this medication. This may explain why there is a clear connection between Lyrica and weight gain for many people.
- **Metabolism:** There may also be a metabolic component that is not well understood. In other words, the drug may affect hormones like leptin and ghrelin, which impact weight.
- **Somnolence:** Sleepiness and dizziness are common side effects of Lyrica. Some studies put the incidence of dizziness around 20 to 30 percent. Somnolence clocks in around 13 to 25 percent. When you feel tired and dizzy all the time, it is hard to move around let alone exercise. Lack of energy is another component to this triad.
- **Confusion:** There is also a brain fog component to the side effect profile of pregabalin. The official prescribing information describes this as confusion or abnormal thinking. This effect could lead to less motivation to exercise.

**Will Changing the Dose Lead to Weight Loss?** There are no studies demonstrating that reducing the dose results in weight loss. If you decide to lower your dose, please coordinate closely with the prescriber. Discontinuing pregabalin suddenly, or even reducing the dose, could result in unpleasant withdrawal side effects. People may experience headache, nausea, anxiety, insomnia and sweating.

## ■ PEER SUPPORT FOR SYMPTOM IMPROVEMENT Chronicle, Winter 2023-2024, acpanow.com; Scott Farmer, MBA

Peer support plays a crucial role in symptom improvement, lessening of anxiety and depression, and overall wellbeing. Here are several reasons why peer support is so important:

- **Understanding and Empathy** Peers who have experienced similar challenges can offer a unique level of understanding and empathy. They've walked similar paths and can relate to the emotions, struggles, and triumphs that others may be going through.
- **Reducing Isolation** Dealing with challenges can often make individuals feel isolated. Peer support creates a sense of community and belonging, breaking the isolation and fostering connections with others who share similar experiences.
- **Validation and Normalization** Peer support provides validation by acknowledging the reality of their experiences. Knowing that others have faced similar challenges helps normalize feelings and reduces the stigma associated with certain issues.
- **Sharing Practical Strategies** Peers can offer practical insights and coping strategies that have worked for them. This exchange of practical advice can be invaluable, providing individuals with a variety of tools to navigate their own challenges.
- **Building Confidence and Self-Esteem** Interacting with peers who have overcome similar obstacles with their peripheral neuropathy can boost confidence and self-esteem. Seeing others succeed can inspire hope and motivate individuals to take positive steps in their own lives. Peer support creates a safe and non-judgmental space where individuals can openly discuss their experiences. This safe space encourages honesty and vulnerability, fostering a sense of trust and openness.



## WESTERN NEUROPATHY ASSOCIATION

A California public benefit, nonprofit,  
tax exempt corporation

3620 American River Drive, Suite 230  
Sacramento, CA 95864

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

## IN THIS ISSUE

The main article in this issue starts on Page 4 – Office Approach to Small Fiber Neuropathy, Part 1. This is written for a doctor (neurologist, PCP, etc) as a guide for determining a cause of a patient’s peripheral neuropathy. I really like this paper as it’s written in easy-to-understand language with few medical terms. While this paper is 6 years old, the main information is still valid. Next month will include Part 2 – Serologic Testing with Part 3 – Treatments concluding the paper in the July issue.

The front-page discussion on diet demonstrates how quickly our body can change or rather effect the immune system. It seems that one diet impacts our innate immune system pathways, and the other our adaptive immune system pathways. It appears significant but personally I don’t understand the differences. If you do, help the rest of us with an explanation. You know where to reach me.

Have you noticed that you’ve gained weight while on Lyrica? Turn to page 7 for reasons that could be happening. At least you will know that it is not all in your head.

May these give you Hope.

..Katherine

[klstenzel@hotmail.com](mailto:klstenzel@hotmail.com)



### Western Neuropathy Association (WNA)

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

Katherine Stenzel, Editor  
[klstenzel@hotmail.com](mailto:klstenzel@hotmail.com)

3620 American River Drive, Suite 230  
Sacramento, CA 95864  
(888) 556-3356  
[www.WNAinfo.org](http://www.WNAinfo.org)

WNA Headquarters: [admin@WNAinfo.org](mailto: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.

Tax ID # 68-0476041

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

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