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SEPTEMBER 2016

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EDITOR: MARY SPRIFKE



Contributors:
Charles Moore
Mary Sprifke
www.NerveRemedyReviews

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.** The Western Neuropathy Association (WNA) and the Yolo Neuropathy Groups (*PN News*) do not endorse any treatments, medications, articles, abstracts or products discussed herein.



Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no help at all.

Dale Carnegie

DAVIS

TUESDAY, SEPTEMBER 13, 3:30 – 5:00 p.m.

Program: Round Table Discussion

Davis Senior Center
646 A Street, Davis, 95616
Contact: Mary Sprifke (530) 756-5102 or
Retta Gilbert at (530) 747-0186

WOODLAND

No Meeting – No leader(s)

SACRAMENTO

TUESDAY, SEPTEMBER 20 – 1:30-3:30

Program: Debbie Eernisse, Fitness Trainer, Yoga Teacher, and Balance Specialist.

Northminster Presbyterian Church
3235 Pope Avenue
Sacramento, CA 95825
Contact: Charles Moore (916) 485-7723

MEETING RECAPS



DAVIS JUNE NOTES

By Mary Sprifke

We were treated to a comprehensive and professional presentation by Dr. Kene Ofili, DPM, AACFAS, whose practice is with Dignity Health in Woodland. Jennifer Ring also helped facilitate the program. Dr. Ofili's specialty is foot and ankle care.

His presentation "*Talking Feet*" focused on Age-Related issues. (It soon became clear that aging is not for the faint of heart.) Some areas covered were PN, foot deformities, skin and nail changes, decreased bone strength, and arthritis.

Peripheral Neuropathy (PN)

- Treat any underlying medical condition
- Over-the-counter topicals, e.g., BioFreeze, capsaicin ointment
- Physical Therapy – to aid proprioception, balance and stability
- Massage
- Acupuncture
- Prescriptions - Gabapentin, Cymbalta, Lyrica, or compounded Rx
- Peripheral Nerve Blocks

Foot Deformities

- Bunions, hammertoes, flatfeet, etc.
- Many are progressive and may worsen
- Can cause corns and calluses
- Foot gets stiffer
- More difficult to get relief from cushions, inserts or pads

Non-Surgical treatments: footwear modifications, padding, shoe inserts/custom orthotics, injections. Switch shoes and seek good support. High arches can lead to tarsal tunnel syndrome, pinching nerves and leading to tingling. Doctors should test for systemic versus neuropathic causes, including nerve conductivity and muscle reflexes. Flat feet after age 10 get worse and need treatment.

Surgery – Foot and ankle surgeon helps determine if this is advisable. For hammertoes, the tendons become rigid; surgery fuses two small joints.

Skin and Nail Changes

- Skin becomes thinner; corns and calluses appear
- Cushioning becomes thinner, pain when standing or walking
- Nails become thickened or discolored, difficult to trim (lab tests needed to determine fungal infection.)
- Fungal infections (OTC = Clotrimazole, Lamisil, tea tree oil. Use clear polish to protect nail matrix from infection. Treatment may require 6-9 months; nails may fall off. Rx is Terbina, which may affect the liver. Some fungi respond to Vicks Vapor Rub or to equal amounts of Listerine and vinegar.



Self-examine your feet; change sweaty socks; moisturize to reduce cracks and cuts; ensure shoes fit properly; podiatrist can trim corns and calluses, suggest topical medicine and appropriate padding. (Note: check with your insurance regarding coverage for nail care. A referral from your GP may be needed.)

Bone Changes

- Density decreases, can lead to osteoporosis
- Stress fractures

Don't overdo exercise; walk on good surfaces; wear supportive shoes

Arthritis

- Can develop in any joint
- Associated with 'wear and tear' of the body
- Progresses with age
- Can occur in toes or ankle
- Makes walking difficult
- Can produce corns and calluses

Modify activities, wear proper footwear, and consider joint replacement surgery

SACRAMENTO JUNE NOTES

By Charles Moore

At our PN meeting on June 21, 2016, we welcomed new members: Karen Wells, Vic Cereceres, and Vicki Hull and discussed their backgrounds with neuropathy.

Then we played a **video of a presentation by Dr. William Donovan** at the Western Neuropathy Association (WNA) Annual Conference in 2014. Our viewing was accompanied by an outline handout called "Neuropathy Overview" (see below). It was a very complete overview of the topic.

Please Note: The Sacramento Peripheral Neuropathy Support Group does not meet in July.

We look forward to our meeting on August 16 which will feature "Medical Marijuana and Neuropathy Pain," presented by Kristen Meyer, who works at Abatin Wellness marijuana dispensary. See you in August.

NEUROPATHY OVERVIEW -- by WILLIAM B DONOVAN, MD (handout)

INTRODUCTION

Definition
Prevalence

SYMPTOMS

Numbness
Pain--sore, pressure, stabbing
Paresthesia--tingling, burning, shocks
Movements--cramps, jerks, tightness
Imbalance--position sense, gait
Weakness--atrophy
Autonomic--heart, circulation, bladder, gut
Loss of function--fear of disability, progression
Depression

CAUSAL CLASSIFICATION

Hereditary--CMT, celiac
Metabolic--diabetes (40%), amyloid, uremia
Mechanical--trauma, carpal tunnel, tumor, disc
Infectious--HIV, Shingles, Lyme, leprosy
Toxic--chemotherapy, heavy metals, alcohol, ciguatera, agent orange, medication
Malignancy--multiple myeloma, sarcoid, paraneoplastic
Autoimmune--Guillain Barre, CIDP
Vitamin Deficiency--B1, B6, B12, folic acid
Idiopathic (40%)



MEDICATIONS KNOWN TO CAUSE

Allopurinol, amiodarone, ara-c, carboplatin, chloroquin, cisplatin, colchicine, danosine, dapson, disulfuram, docetaxel. Etoposide, ethambutal, fluoroquinolones, gentamin, gold compounds, indomethacin, isoniazid, lithium, mercury, metformin, metronidazole, nitrofurantoin, nitrous oxide, paclitaxel, perhexilene, Dilantin, vitamin B-6, sulfapyridine, statins, stavudine, streptokinase, suramin, tacrolimus, thalidomide, TNF antagonists, vincristine, zalcitabine, zimeldine.

PREVENTION and MITIGATION

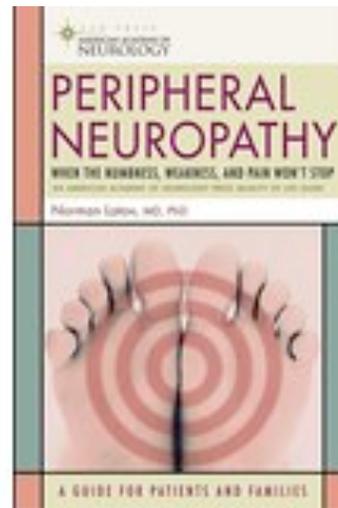
Minimize refined carbohydrates (A1c hemoglobin)
Minimize saturated, maximize unsaturated, fats
Minimize HIV exposure—safe sex and needles
Shingles vaccine--Zostavax®
Avoid toxins, heavy metal exposure
Sufficient B vitamin intake
Antioxidants—alpha Lipoic acid 600mg,
Acetyl- L- carnitine 1000mg

TREATMENT

Treat cause, if identified
MD-trial and error, dosage adjustment
Physical—exercise, PT, OT, shoes, balance training
Nerve blocks—anesthetic, corticosteroid
Psychotherapy—support group
Cymbalta® (duloxetine)
Effexor® (venlafaxine)
Tricyclic antidepressants
Lyrica® (pregabalin)
Neurontin® (gabapentin)
Capsaicin
Lidocaine patch
Strong opioids—oxycodone, methadone, morphine, fentanyl, tramadol
Immune globulin

ALTERNATIVE-COMPLEMENTARY THERAPY

Acupuncture
Transcranial magnetism
Neuragen
H-Wave, E-stim, mirror feedback
Flector® patch or Pennsaid® (diclofenac)
Botox® (botulinum toxin)
Omega-3 fatty acid—fish oil, flaxseed
Benfotiamine
Agmatine (decarboxylated arginine)
Herbs-nigella sativa (kolangi), turmeric
Marijuana



BOOKS

Authors—Norman Latov MD PhD,
Mims Cushing

RESOURCES

www.pnhelp.org
www.neuropathy.org
www.ncbi.nlm.nih.gov/sites/entrez

SACRAMENTO AUGUST NOTES

By Charles Moore

On August 16, 2016, the Sacramento Peripheral Neuropathy Support Group met in the Chapel at Northminster Presbyterian Church to hear a presentation by Kristian Meyer of the Abatin Wellness Center on using marijuana (cannabis) to relieve neuropathy pain. Some 50 people were in attendance, many having traveled from other support groups throughout Northern California.

Kristian (pronounced the same as Christian) gave a relatively brief discussion on medical cannabis focusing first on a glossary of terms. This was accompanied by some photocopied handouts and newspaper formatted copies of O'Shaughnessy's *The Journal of Cannabis in Clinical Practice* (Winter 2015-16). Kristian also recommended a couple of books on medical cannabis. I would recommend Michael Backes: *Cannabis Pharmacy*, which received excellent reviews and was published only two years ago.



Cannabinoids are "any group of closely related compounds that include cannibinol and the active constituents of cannabis." The two most important of these are Cannabidiol

(CBD) and tetrahydrocannabinol (THC). These are known as phytocannabinoids and are found naturally in the cannabis plant. According to Kristian the THC used in medical cannabis is inactive, but must be present for pain relief.

Suggested methods of medicating with cannabis: ingesting, topical, oils, spraying, sub-lingual.

Kristian explained how one accesses medical cannabis. One must have a valid California driver's license. To gain entry to a dispensary one must get a medical referral from a doctor. The referral is not itself a prescription, but allows access to specialist help from a dispensary. Locally, Kristian mentioned two local doctors (noted below).

One might, of course, get a referral from one's primary care doctor or other doctor with one's medical provider. Audience response indicated that Kaiser and Mercy doctors were not writing referrals for medical cannabis. One member noted that she had received a referral from a Sutter doctor.

One member of the audience was told by his primary doctor he was going to cut back his opiate prescription or stop it completely. When the patient said he would have to try medical cannabis, his primary doctor said that he would not continue the opiate prescription the patient had been using successfully.



Bev Anderson, president of Western Neuropathy Association, said that California law gives chronic pain patients the right to continue helpful opiate prescriptions so the doctor was not well informed. The law restricting the wide prescribing of opiates for people who didn't need them did not apply to people in chronic pain.

Once the patient has a referral to a dispensary, s/he meets with a worker at the clinic to determine what medication might best help with the patient's own health problem.

An oral spray or smoking is the fastest acting means of medicating. Ingesting operates longer term and requires metabolizing in the liver so the two methods serve different purposes.

Kristian urged the audience to "start low and do slow" in starting medication. Over time the patient will probably increase the amount of medication. A typical cost at Abatin Wellness would be about \$100 per month.

Much of the presentation involved an extended question and answer session. The audience had many questions, and Kristian answered clearly and admitted a few times that she would need to

do some research to answer a particular question.

My impression was that the audience was quite pleased with the discussion.

In preparing these notes on the minutes for the meeting, I chanced to read an article in the *Sacramento Bee* that I found interesting and thought provoking:

"Regulate Potency in Pot Before Legalizing It" by Sam Quinones, *Sacramento Bee*, p. 1E, Sunday August 21, 2016.

Online, Google provided a most interesting article that considered the issues of using medical cannabis:
"Treating Neuropathic Pain With Cannabis: Pro and Con"

Also debate-style session at World Congress on Pain focuses on safety, efficacy of marijuana for neuropathic pain, by Pat McCaffre, December 22, 2014

Doctors in the Sacramento Area

Denise D. Cantin, D. O.
4800 Manzanita Ave., Suite B9
Carmichael, CA 95608
916-904-6676

Dr. R. David Ferrera, M.D.
2020 Hurley Way #400
Sacramento, CA 95825
916-662-5098

Foot Care Resources in Woodland

All About You Salon

91 W. Main Street
Woodland, CA 95695
Teresa Wells
530-661-1912, cell: 530-304-7746

Pro Cut Salon

1861 Gibson Road
Woodland CA 95695
530-662-1565

It's To Laugh . . .



"This is what you call diabetic foot care?"



Nervestra™ Advanced Nerve Support – from the Web

www.NerveRemedyReview.com

Nervestra™ was our number one overall pick because it's an all-natural liquid formula, passed our five-point criteria, and had excellent customer friendly business practices.

Our Review: We put Nervestra™ in our number one spot even **though it's the newest neuropathy support supplement to hit the market**. Actually, that might be why they won the #1 spot while the others had a formula that was - in our professional opinion - outdated.

The most groundbreaking research regarding Omega Fatty Acid's' incredible ability to support nerve health just hit the scene in 2015. And the pain management ingredient in Nervestra™ - Corydalis Plant - shocked the scientific community in 2014 and looks like the most promising pain remedy to date. Sometimes being late to the game is an advantage, because to the best of our knowledge, no other formula on the market has combined these ingredients.

Now to address the liquid formula, which is shown to absorb at twice the rate of pills and capsules. How did it taste? Well...to our relief and our surprise, it actually tastes quite good. **Ingredients:** White sweet aftertaste, no water necessary. For those of us who take medicine throughout the day and find it inconvenient to search out a glass of water, or just plain don't like swallowing pills, Nervestra™



1. Liquid Delivery: Yes



2. Recommended Ingredients: 3 of 3



3. Pain Support Ingredient: Yes



4. Money-Back Guarantee: Yes



5. 24-Hour Customer Support: Yes



is perfect.

Nervestra™ also has a Doctor Certified seal of approval, meaning its claims have passed a review by a third party that checks for accuracy, ethics, consistency, and investigates whether or not the manufacturer has been accused of fraudulent activity. This is a breathe of fresh air, because without third party testing a manufacturer can pretty much tell you whatever they want.

Made in the United States at an FDA Registered Facility (rather than China like most of the supplement industry), with a 100% money-back guarantee and 24-hour customer service, and an informative website that offers neuropathy sufferers more than just a product, Nervestra™ worked hard to earn our vote of confidence and our #1 spot.



Ingredients: White Willow Bark, Turmeric Root, Devil's Claw Root, California Poppy Flower, Skullcap Herb, Passionflower Leaf, Spirulina Algae (Omeg-3 & Omega-6), Corydalis Root, L-Arginine, Alpha Lipoic Acid, B-12 (as methylcobalamine)

Note: Always seek the advice of your medical provider. The *PN News* does not endorse any particular product.

UPCOMING MEETINGS



Davis

2nd Tuesday, October 12, 3:30-5:00

(Mary Sprifke (530-756-5102))

Davis Senior Center

246 A Street, Davis

Sacramento

3rd Tuesday, October 18, 1:30-3:00

(Charles Moore 916-485-7723)

Northminster Presbyterian Church

3235 Pope Avenue, Sacramento

The mission of the Yolo Neuropathy Groups is to ensure that through information, empowerment and mutual support, all may have hope and that no person will face their peripheral neuropathy alone.

Woodland

Cancelled, pending new leadership

RESOURCES:

1. Norman Latov M.D., Ph.D. – *Peripheral Neuropathy: When the Numbness, Weakness and Pain Won't Stop*
2. Harry J. Gould, III, M.D., and Ph.D. – *Understanding Pain: What It Is, Why it Happens and How It's Managed*
3. Alexander McLellan N.D. and Marc Spitz D.P.M. – *The Numb Foot Book – check Amazon.com -- Out of Print*
4. Mims Cushing & Norman Latov, MD – *You CAN Cope With Peripheral Neuropathy 365 Days a Year*
5. John Senneff – *Numb Toes and Aching Soles: Coping with Peripheral Neuropathy*
6. John Senneff – *Numb Toes and Other Woes: More of Peripheral Neuropathy*
7. John Senneff – *Nutrients for Neuropathy: How to use natural supplements to treat the severe pain of PN*
 - **The Foundation for Peripheral Neuropathy- www.foundationforpn.org (a national organization)**
 - **Western Neuropathy Association (WNA) (formerly PCNA) – www.pnhelp.org or toll-free (877) 662-6298**
 - **www.diabetes.org**
 - **www.neuropathyjournal.org**
 - **www.neuropathysupportnetwork.org**
 - **Neuropathy Journal at www.neuropathyjournal.org**
 - **Eugene B Richardson MDiv, MSM, EdM, MS, Patient Educator in the DVD “Coping with Chronic Neuropathy”**

To send *PN News* to others or if you no longer wish to receive this newsletter, please contact (530) 756-5102.

Yolo PN News

Mary Sprifke, Editor

1121 Decatur Ct.

Davis, CA 95618