

PN News

Yolo County

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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, DECEMBER 12 – 3:30-4:45 pm

Program: Round-Table Sharing

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

SACRAMENTO

Program: No meeting in December

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



MEETING RECAPS



DAVIS NOVEMBER NOTES

By Mary Sprifke

Our speaker, Dottie Pendleton, provided peaceful relaxation techniques and guided imagery visualization, both very helpful in reducing stress and controlling pain. After a brief description of meditation, we circled our chairs and followed along with three techniques, accompanied by soothing eastern music. With over 30 years of guiding individuals and groups, she quickly built a warm rapport with each of us by inviting participation and valuing our comments and reactions.

Dottie noted we each have preconceived ideas about meditating. One is how much time we need. This will depend upon how we choose to practice and how much time we want to spend. As she said, "There is no one way to meditate." Centering oneself by becoming intentionally focused on breathing, touch, sound, physical support and imagery is another way to define meditation. It can be done alone or with another speaking suggestions to imagine. Quiet and repetition are key factors to join together our mind and body.

Willingness to learn, practicing self-care as a way of caring for ourselves, exploring how to love and accept all of our body, all lead to deeper understanding and acceptance. We experience a quiet, peaceful feeling and bring energy and healing to our physical or emotional soreness.

Getting ready, or centering, begins with willingness and intention.

Close your eyes. Over several minutes,

- Notice how your body is supported – the pressure of your chair
- Notice where your hands and feet are
- Notice your breath – exhale
- Notice your shoulders and jaw relaxing -- add the sound of your breath exhaling
- Notice your belly – big breaths in, then out
- When ready, open your eyes.

Moving our body can help us remember a technique or to follow established steps as in "Catch the Sun." With closed eyes, we reach out toward the sun and gesture its energy back to our body.

Tapping meridian pressure points is another way of waking the body. The mantra sentence repeated with it was, "I deeply and completely love all of myself."

(See the site below.)

With so many online sites to choose from in the meditation field, she recommended we first become familiar with **Gary Craig's website: www.emofree.com**. Craig's unique EFT (Emotional Freedom Techniques) was first introduced to the public in 1995.

To quote Craig's site, "It integrates the Chinese meridian system into the therapy process **by tapping on meridian points with your fingertips**. Properly done, it reduces the conventional therapy process from weeks, months or years to a fraction of that time (often to minutes or hours). Numerous internet versions of it are in use by millions worldwide.

However, the official, in-depth process is given free in our Gold Standard Official EFT Tapping Tutorial on our website.”

The following are some of Dottie Pendleton’s handouts. We plan to invite her to a future meeting, at the enthusiastic behest of our whole group! She is happily retired, and offered to see individuals at her home in central Davis at no cost for further one-on-one guidance. You can reach her at (530) 400-9707 or dottiependleton@sbcglobal.net.

STEPS FOR MEDITATION

- Find some time – even five or ten minutes – and some privacy. You may like to use a timer or alarm clock if you have something scheduled and need to keep track of time. Many people like to meditate before going to sleep at night or first thing in the morning. For best results, establish a regular time that works for you.
- Attain a comfortable position, either sitting up or lying down, with your spine straight (though relaxed), shoulders relaxed, palms of the hands facing upward (the “open” position) if you wish.
- Quiet your mind and become aware of your breathing. Take a few slow, relaxed deep breaths ...exhaling completely after each breath. Take your time to settle in, be sure not to rush the breathing.
- Consciously decide to “let go” of the intellectual, rational, thinking mode for a few minutes. Open yourself to experience whatever the meditative state of mind may have to offer. Completely devote your attention to the meditation for now.
- Focus ... on whatever technique you choose. Try different methods from time to time. Give your full attention and concentration to the process you are using. If your mind wanders off on an unrelated thought, just notice that is happening and gently bring your attention back to the task at hand, focusing on the meditation.
- Enjoy the relaxed, peaceful state resulting from meditation. Notice what it produces for you each time: sensations or feelings, images in your mind’s eye, memories, or just a quiet feeling of being at rest.
- You may receive subtle physical clues that your body is releasing tension – such as muscle twitches, sensations of heat or cold, or a “buzzing” or tingling feeling. Or, you may feel emotions floating to the surface, ranging from self-consciousness to humor to sadness. Let the emotional energy pass through you ... and release it. Just notice what you feel, and let it go. Adjust your position for comfort at any time.
- Have patience and continue practicing. Repetition of any one technique enhances its effectiveness, since your body and mind learn to expect what is next as you get used to the process. Trying different techniques is also helpful ... to bring variety and creativity into your meditations.

- When you are ready to finish, count from 5 to 1 if you like. Take a breath or two, wiggle your fingers and toes, and open your eyes. Stretch a little bit; get up slowly. Return to everyday activities refreshed, relaxed, and alert with a clear mind and a peaceful heart.

c. 2009 by Dottie Pendleton

HEART FOCUS BREATH



In a comfortable position, consciously decide to bring your focus into the present time and place, setting aside all other concerns for the moment. Become aware of the natural rhythm of your breath, just noticing

when you are inhaling and when you are exhaling, without judging or forcing the breath in any way. On an inhaled breath, imagine there is a beautiful glowing light right in the middle of your chest, where your heart energy center is.

Each time you breathe in, imagine the radiant light is growing brighter and stronger, filling your heart with fresh new energy. As you exhale, imagine the area around your heart is relaxing and becoming more spacious and free. When you feel ready, allow your exhaled breath to become a “letting go” breath, inviting and allowing your body to release and relax a little more each time you breathe out. Consciously let go of unwanted thoughts, emotional energy, physical tension, whatever you are ready to release for now. Enjoy a few minutes of calm resting, and then return to ordinary activities feeling refreshed and alert.

TIBETAN HEALING LIGHT (To read to the person meditating)

Use a mental device of an external power source: sun, force of nature, spiritual divinity, etc., in order to access internal healing power.

Scan your body, noticing areas that feel cold, dark or sad.

Apply healing light from the sun (or use other power source) to ignite and purify those areas.

Light up dark, cold, or sad areas with loving warm sunlight, Dissolve the darkness and “vaporize” any cold or hard places with a laser beam of sunshine, filling the space with bright, radiant light. Imagine one cell. Go inside the cell and see how beautiful, how spacious it is. Ignite the cell with the sparkling golden light, until it glows brightly. Imagine all cells in the body glowing with beautiful radiant golden light.

Picture your body as completely filled with sunlight, and radiating golden light from every pore. Imagine beams of light shining from fingertips and toes, in every color. Let the light fill all space around you for 3 feet, then fill the entire room.

Leave it all in place, to keep healing and protecting you even after the meditation is over and you return your attention to the ordinary waking state.

Count out ... 5-4-3-2-1



Guided Imagery Resources (from Dottie Pendleton)

Belleruth Naparstek: www.healthjourneys.com

Marty Rossman: www.thehealingmind.org

Imagery International: www.imageryinternational.com

Academy for Guided Imagery: www.acadgi.com

Beyond Ordinary Nursing: www.integrativeimagery.com

Charlotte Resnick: www.imageryforkids.com

Music

Steven Halpern, Robert Coxon, Kitaro, Andreas Vollenweider, Imee Ooi, Deuter, Bearn & Dexter, Kamal, Tony Scott, Deva Premal, Carlos Nakai.

New Earth Records: www.newearthrecords.com

Sounds True: www.soundstrue.com

SACRAMENTO NOVEMBER NOTES – Book Summary, Norman Latov

By Charles Moore

The group discussed Dr. Latov's book in depth.

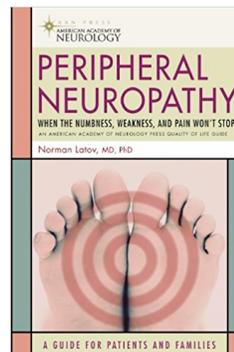
I earlier wrote that I would write a book review of Latov's book. A book review assumes an evaluation of the book. I really do not feel adequate to make judgments on Latov's work, so what I am presenting below might better be seen as a summary of what you will find in his book.

PERIPHERAL NEUROPATHY: WHEN THE NUMBNESS, WEAKNESS, AND PAIN WON'T STOP

by Norman Latov, MD, PhD, Demos Publishing Company 2006

Terms to note:

- Central nervous system: the brain and the spinal cord.
- Peripheral nervous system: all the nerves that lie outside the central nervous system.
- Three types of nerves: motor, sensory, and autonomic.
- Motor nerves control muscles and voluntary movement.
- Sensory nerves transmit signals from specialized receptors in the skin, joints, and internal organs.
- Autonomic nerves control involuntary functions such as heart rate, blood pressure, bowel and bladder.



Chapter 2: Function and Organization of the Peripheral Nerves (3-6)

The peripheral nerves are made up of axons, which are long processes (structures) extended from the nerve cell bodies (called neurons) that transmit electrical impulses. The cell body

receives and processes nerve signals and sends these signals through the axon to the end of the neuron, called the axon terminal. The axon

terminal then releases chemicals that allow the nerve to signal to "jump" to the next neuron. Polyneuropathy involves multiple nerves; mononeuropathy involves a single nerve (e.g., carpal tunnel syndrome).

Chapter 3: Understanding the Symptoms of PN (7-10)

Motor neuropathy is manifest by weakness in the arms or legs. Muscle atrophy or wasting and spontaneous muscle twitching are signs of motor nerve damage. Subtle symptoms include heaviness in the legs, difficulty getting up from a

low chair, pulling the rail when walking up stairs, or catching a toe on the carpet.

Sensory symptoms can be highly variable and may include pain, insensitivity or loss of sensation, spontaneous sensations, unpleasant altered sensations, or hypersensitivity to pressure or touch.

Unusual sensations are variably described as numbness, pins and needles stinging, prickling, tearing, squeezing, stiff, and deadened, among others.

Proprioception: disruption of joint or position sensation prevents the flow of information about the position of the body or limbs in space, resulting in impaired balance or coordination. Symptoms include a widened stance, unsteady or less fluid gait, a tendency to fall or difficulty with fine manipulations such as tying a shoelace or buttoning a shirt.

Autonomic symptoms are less common in generalized neuropathies than sensory or motor symptoms, but they can be the presenting symptoms in predominately autonomic neuropathies, resulting from abnormalities in blood pressure, gastrointestinal motility, bladder emptying, sexual functions, temperature regulation, or integrity of the skin.

Nerve axons are further subdivided into small or large fibers. Large fibers are incased by an insulating membrane called the myelin sheath. The myelin sheath allows for more rapid conduction of the electrical impulse. The large fibers transmit motor signals to the muscles and sensory signals that convey vibratory sensations or information about the position of joints in space. The small fibers remain unmyelinated; they are slow conducting and transmit signals from pain receptors in the skin. They also form the autonomic fibers that send signals to and from the internal organs.

Chapter 4: Evaluation and Diagnosis (11-16)

The neurologist makes a diagnosis of neuropathy based on characteristic symptoms and signs. A detailed history is taken to obtain information about the onset, distribution, and progression of the symptoms. This is usually followed by a neurologic examination to identify

the type, distribution, and severity of any deficits that may be present.

Motor functions are evaluated by testing for muscle wasting and strength.

Sensory functions are evaluated by testing for perception of a pin-prick, light touch, vibration or position in the hands and feet.

Balance is tested by standing with feet together and eyes closed or walking in a straight line, heel to toe.

Electrodiagnostic tests include nerve conduction studies that determine how the nerves conduct electrical stimuli and EMG (electromyography) studies that examine the effect of the nerves on the muscles they supply.

Ellectrodiagnostic studies, however, only measure the large nerve unmyelinated axons. They are typically normal if only the small fibers are affected.



Note: A recent diagnostic tool has been developed to assess small fiber neuropathies. The machine is called a SudoScan (check www.sudoscan.com).

The hands are simply placed on top of the screen and almost magically the scanner reads the small fibers.

Dr. Frederic Gorin, with the UC Davis Med Center, heads up the neurology group that uses the SudoScan locally.

There are other ways to assess the condition of the nerves: a nerve biopsy may be necessary; a spinal tap may be required; blood and urine tests may be needed.

Chapter 5: Causes of Peripheral Neuropathy (17-72)

Neuropathy in Diabetes and Glucose Intolerance Diabetes is the most common cause of neuropathy in the United States. There are approximately 16 million people with diabetes in the U.S. with 50 percent having some degree of neuropathy. The likelihood of developing neuropathy and the degree of severity increase

with the duration of the diabetes and the increase in blood sugar levels.

Studies show that glucose intolerance, by itself, is a common cause of small fiber neuropathy, including in cases that were previously thought to be idiopathic, or of unknown causes. Most importantly, the small fiber neuropathy associated with glucose intolerance is often reversible with diet, exercise, and weight loss.

Neuropathies Associated with Nutritional Deficiencies and Gastrointestinal Disorders

Vitamin Deficiencies

Deficiencies in vitamins B1, B6, B12, and E can cause peripheral neuropathy.

Of these, B12 deficiency is the most common, with the others being rare in anyone with a normal diet in the absence of gastrointestinal disease. Uptake of B12 from the gut requires a rather complicated active mechanism that sometimes fails.

Deficiency of B6 can cause a painful sensory neuropathy, with burning paresthesias (odd sensations) in the hands and feet. Conversely, a dietary excess of B6--over 200 mg per day for 6 months or 2 grams daily for 1-2 weeks---can also cause a sensory ganglioneuroathy with large fiber sensory loss.

Some additional causes of neuropathy that Latov discusses are the following:
Celiac Neuropathy, Alcoholic Neuropathy, Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), Hepatitis C, HIV, Lyme Disease, Hereditary Neuropathies, Chemotherapy, carpal tunnel, tarsal tunnel, etc.

Chapter 6: Management of Neuropathy

Drug Therapy for Neuropathic Pain

There are three main classes of drugs that are used to treat neuropathic pain. One group has anticonvulsant (anti-seizure) properties, one has

antidepressive effects, and the third; the opiates, are only used for pain. Each of these therapies is frequently used alone, but can also be used in combination because they can have additive or complementary effects.

Pain Drugs with Anticonvulsant Actions:
Pregabalin (Lyrica), Gabapentin (Neurontin)

Drugs with Antidepressant Activity:
Duloxetine (Cymbalta), Amitriptyline (Elavil), Nortriptyline (Pamelor)

Opiate Use in Neuropathic Pain:
Oxycodone (Oxycontin), Fentanyl, Methadone (Dolophine).

For some reason, Latov does not mention Vicodin (Hydrocodon/acetaminophen or Hydrocodon/APAP). NORCO is Vicodin compounded with less Tylenol.



Topical Medications:
Lidocaine patch, Capsaicin (Zostrix)
Add: Elmore Oil (often available at Professional Village Pharmacy or order on-line by name)
Salonpas has a new medication: A Roll-on application of Lidocaine (4%) and Benzyl Alcohol (10%).

Latov cautions against alternative medications, especially in place of prescribed medications. He does allow that Alpha Lipoic Acid seems to have had some success with diabetic peripheral neuropathy. He recommends 600-800 mg of ALA a day. Today, neurologists are recommending dosages as high as 600-1800 mg a day.

Chapter 7: Sharing Stories and experiences
Latov includes nine personal narratives written by women and men who have faced some kind of peripheral neuropathy. Some stories show a positive ending; some do not.

UPCOMING MEETINGS

Davis

2nd Tuesday, January 9, 3:30-5:00

(Mary Sprifke 530-756-5102)

Davis Senior Center

246 A Street, Davis

Sacramento

3rd Tuesday, January 16, 1:30-3:00

(Charles Moore 916-485-7723)

Northminster Presbyterian Church

3235 Pope Avenue, Sacramento

May Your Days Be Merry and Bright ...

*Happy
Holidays!*



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.

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***
8. Dr. Valerie Monteiro & Dr. John Coppola: ***Defeat Neuropathy Now ... In Spite of Your Doctor***
 - **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**
 - **Eugene B Richardson MDiv, MSM, EdM, MS, Patient Educator in the DVD “Coping with Chronic Neuropathy”**
 - **DVD's: “Forks Over Knives” and “What the Health?”**

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

Yolo PN News

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