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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

2nd TUESDAY, OCTOBER 10, 3:30-5:00 pm

Program: Let’s Talk About It: A peek into our PN reference library and shared experiences.

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

SACRAMENTO

4th TUESDAY, OCTOBER 24 – 1:30-3:30

Program: A professional presentation by Maeve Hassett on meditation and mindfulness. She will discuss the nature of meditation and provide a demonstration. She has been practicing and studying meditation and mindfulness since 1993 and is a graduate of the Spirit Rock Meditation Center’s Community Dharma Leaders Program and Dedicated Practitioners Programs. She has been teaching meditation classes since 2003. She co-founded and co-leads the Rocklin meditation group, and frequently offers dharma talks in Auburn and Nevada City. Maeve also recently retired from a 35-year psychotherapy practice using mind/body awareness as a guiding principle in her work with individuals.

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

MEETING RECAPS



DAVIS & SACRAMENTO SEPTEMBER NOTES

By Mary Sprifke

(Reprinted from March 2017 *PN News*)

We viewed a DVD available from Western Neuropathy Association (WNA), titled **“Peripheral Neuropathy: What It Is and What Can Be Done About It” (2008) featuring Peter T Skaff, M.D.**

In our group, we call this ‘PN 101.’ It is down to earth and full of detail about symptoms, treatments and how to best talk to our doctors. A copy is available for check out at a meeting.

First, how our bodies are ‘wired.’ *Peripheral* refers to nerves away from the center, which start in the spine and go down legs and arms. We have three types of nerves: motor, sensory and autonomic (e.g., lungs, heart, blood pressure, intestines).

Peripheral nerves are like a long wire, with insulation sheathe around it called “myelin” and axons inside. Damage to one or both can cause neuropathy.

Symptoms:

Altered sensations, e.g., numb feet and/or hands, tingling, pins & needles, creepy-crawly feelings.

Pain may present as burning, stinging, or electrical stabbing. *Imbalance* may lead to unsteady walking, less steadiness or dizziness, weakness or atrophy of muscles. Organ system dysfunction, e.g., bowel, bladder, sexual organs.

Some Causes:

- Diabetes and pre-diabetes cause 50% of PN
- Vitamin deficiency, e.g., B12, B6 and folate
- Medications such as Amidorone, Chemo, Nitrofurantoin
- Metabolic dysfunction e.g., thyroid, kidney, and high triglycerides
- Heredity
- Gastrointestinal, e.g., Crohn’s or Celiac disease
- Heavy metal poisoning, toxins (alcohol)
- Autoimmune disorders
- Carpel Tunnel or Radiculopathy pinched nerves
- Infections – acute, chronic and/or post-infection e.g., HIV/AIDS, Hepatitis C, Lyme disease, GBS or Shingles.
- Cancer
- Vasculitis
- Amyloidosis
- Paraproteinemia
- Toxins

The Doctor Visit:

So, what's up, Doc?

??? ??? ???

A **clinical history** will be taken and physical tests ordered.

Lab tests for blood and urine, including a 2-hour oral glucose (sugar) tolerance tests are ordered. Thyroid and B12 levels are also checked.

Other tests may include Electrical EMG/NCV (Electromyography and Nerve Conduction Velocity) to help locate the PN. Imaging studies to locate pinched nerves near the spine (Radiculopathy). Other possible tests are a lumbar puncture or MRI or a muscle or nerve (or skin) biopsy.

TREATING PN (there are LOTS of options!)

1) Treat the underlying cause and remove the insult to the nerve to aid healing (nerves can regenerate).

2) Treat the symptoms

- Improve body functions
- Healthy diet
- Regular exercise regimen
- Normalize blood sugar
- Wear protective footwear
- Self-exam legs and feet daily
- Maintain a healthy body weight
- Get diabetic education

Peter Skaff, M.D.



Normal pain medications, Nociceptive or traditional include **NSAIDS** (Ibuprophen, Voltaren); Tylenol; **Opiates** (Vicadin, Norco, Hydrocodone); Topical Analgesics: Lidocaine patch or cream, or Naproxin [Voltarin or Diclofenac]

PN pain medications for injured nerves change the way the body processes pain signals. They often take 2-4 weeks to kick in and need to be given at least that much time to work. Antidepressants (older class) tricyclic can be given to start with a low dose of 10-15 mg, checking for tolerance.

Newer class **antidepressants (SNRI)** are Cymbalta (Duloxetine) and Venlafaxine (Effexor). These may have side effects such as nausea, dry mouth, constipation, diarrhea, fatigue, drowsiness, difficulty sleeping, loss of appetite, and dizziness. These are not taken at the level of treating depression.

Less common are **Anti-convulsants** including Gabapentin (Neurontin) and Pre-Gabalin (Lyrica). Their side effects are listed online and commonly include dizziness, nausea and blurred vision.

Anti-hypertensives may also be considered: They are a class of drugs that are used to treat hypertension. Anti-hypertensive therapy seeks to prevent the complications of high blood pressure, such as stroke and myocardial infarcti

Non-RX Approaches:

- Physical Therapy – very important to address balance issues
- Balance and gait training
- Physical conditioning
- Electrical stimulation
- Adaptive devices: cane, walker, wheelchair, walking sticks
- Surgery for pinched nerve or arthritis in the spine
- Radiculopathy and Entrapment PN – need to relieve pressure
- Nerve blocks – can numb specific areas of pain
- Massage
- Acupuncture
- Join a support group

Invasive Treatments:

- Surgery for pinched nerve or arthritis in the spine
- Radiculopathy and Entrapment PN needed to relieve pressure
- Nerve blocks – can numb specific areas of pain

BE PREPARED FOR YOUR DOCTOR VISIT: (and request a referral to a neurologist)



ToonClips.com #7802 service@toonclips.com

- ✓ Write down your own description of your symptoms: what, where, how long, come and go when, worse in the morning, or at night? What activity affects your pain? How long has it been at the current level? Has it changed over time? Does it run in your family?
- ✓ Provide a complete list of all medications and supplements and their dosages; list all doctors who treat you for other issues.
- ✓ Relax and be honest – the doctor wants to help you!
- ✓ Those with persistent problems should see their doctor.

End notes and audience Q/A.

- ❖ A fasting level of 110-140 indicates pre-diabetes; a 2-hour test score of 140-200 indicates diabetes.
- ❖ Blood sugar levels for pre-diabetes should be under 110 fasting, and below 140 for the 2-hour glucose test.
- ❖ Peripheral neuropathy is often a first signal of pre-diabetes or diabetes.

- ❖ With circulation issues, a good history and physical exam can tell the difference between PN and other problems.
- ❖ In 2008, between 15-20 million were affected in the U.S. Most causes are treatable.
- ❖ Muscles tighten with pain and massage or acupuncture can bring relief.
- ❖ Nerves regenerate when the injury/insult is removed.
- ❖ Insomnia from nerve pain is worst when there's been no activity.
- ❖ PN is not caused by poor circulation. Your GP should be aware of PN, since some symptoms can be similar. A physical examination can tell the difference.

SACRAMENTO SEPTEMBER NOTES

By Charles Moore

The Sacramento PN Support Group met on Monday, September 18, instead of on Tuesday, September 19 to accommodate our speaker. Unfortunately she lost her voice that day and wasn't able to be there. We viewed the Dr. Skaff DVD instead. See the notes above.

Alternative Medicine for PN – from Mayo Clinic Website

Some people with peripheral neuropathy try complementary treatments for relief. Although researchers haven't studied these techniques as thoroughly as they have most medications, the following therapies have shown some promise:

Acupuncture. Inserting thin needles into various points on your body might reduce peripheral neuropathy symptoms. You might need multiple sessions before you notice improvement. Acupuncture is generally considered safe when performed by a certified practitioner using sterile needles.

Alpha-lipoic acid. This has been used as a treatment for peripheral neuropathy in Europe for years. Discuss using alpha-lipoic acid with your doctor because it can affect blood sugar levels. Other side effects can include stomach upset and skin rash.

Herbs. Certain herbs, such as evening primrose oil, might help reduce neuropathy pain in people with diabetes. Some herbs interact with medications, so discuss herbs you're considering with your doctor.

Amino acids. Amino acids, such as acetyl-L-carnitine, might benefit people who have undergone chemotherapy and people with diabetes. Side effects might include nausea and vomiting.



An Opportunity to participate ...

the FOUNDATION *for*
PERIPHERAL NEUROPATHY®

Registration for remote access for the
Peripheral Neuropathy Patient Conference is now open.

Peripheral Neuropathy Patient Conference: Remote Participation

Saturday, October 21, 2017
8:50-12:15 p.m. Central Time

To watch this conference live, please call 847.883.9942.

Registration closes Friday, October 20, 2017

Registration is \$10.00.

For questions or concerns email to info@tffpn.org.

The Foundation for Peripheral Neuropathy
485 Half Day Road, Suite 350
Buffalo Grove, IL 60089



It's To Laugh . . .



UPCOMING MEETINGS



Davis

2nd Tuesday, November 11, 3:30-5:00

(Mary Sprifke 530-756-5102)

Davis Senior Center

246 A Street, Davis

Sacramento

4th Tuesday, November 28, 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

Seeking new leaders

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”
 - 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 Neuropathy Groups
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