



WESTERN NEUROPATHY ASSOCIATION

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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)

■ CHARLES MOORE SUMMARIZES: PERIPHERAL NEUROPATHY – WHEN THE NUMBNESS, WEAKNESS, AND PAIN WON'T STOP

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

(Dr. Charles Moore, Leader of the Sacramento Neuropathy Support Group for a number of years, Retired Professor of English, California State University at Sacramento, prepared this summary of the book we recommend for group leaders and members, friends, and anyone interested in finding out more about neuropathy. He presented it to his group and to the Davis Neuropathy Support Group. We are delighted to have the opportunity to make it available to the readers of NEUROPATHY HOPE.)

Chapter 1: 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 which 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

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Roster of Our WNA Information and Support Groups

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**Please contact
your group leader
or check your
local paper to
find out about
the topic/speaker
for the upcoming
meeting.**

Bev Anderson
Editor

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CALIFORNIA

Antioch-Brentwood

3rd Wednesday, 2 PM (odd numbered months)
Antioch-Kaiser, Deer Valley Rooms 1 & 2
Marty Price (925) 626-7988

Auburn

1st Monday, 11 AM
Woodside Village MH Park
12155 Luther Road
Sharlene McCord (530) 878-8392
Nov. Speaker: Bev Anderson, WNA President

Berkeley-Oakland

3rd Wed., 3-4 PM
North Berkeley Senior Center
1901 Hearst Ave.
Kathleen Nagel (510) 653-8625

Carmichael - Atria

Atria - Carmichael Oaks
8350 Fair Oaks Boulevard
For information, call:
Ryan Harris 916-342-8440

Castro Valley

2nd Wednesday, 1:30 PM
First Presbyterian Church
2490 Grove Way (next to Trader Joe)
Joy Rotz (510) 842-8440

Concord

3rd Thursday, 1:30 PM
First Christian Church
3039 Willow Pass Road
Wayne Korsinen (925)685-0953

Costa Mesa

3rd Wednesday, 10:00 AM
Call Martha Woodside
949-573-0056 for the location

Davis

2nd Tuesday, 3:30-5:00 PM
Davis Senior Center, 646 A Street
Mary Sprifke (530) 756-5102

Elk Grove

2nd Tuesday, 1 PM
Elk Grove Senior Center
8830 Sharkey Avenue
Roger White (916) 686-4719

Folsom

1st Thursday, 12:30 PM (odd numbered months)
Burger Rehabilitation
1301 E. Bidwell St., Folsom
Bev Anderson (877) 622-6298
<http://folsom.neuropathysupportgroup.org>

Fresno

3rd Tuesday, 11:00 AM
Denny's Restaurant
1110 East Shaw
Bonnie Zimmerman (559) 313-6140

Grass Valley

2nd Monday, 1:30 PM
GV United Methodist Church
236 S. Church Street
Bev Anderson 877-622-6298

Livermore

4th Tuesday, 10 AM
Heritage Estates, 900 E. Stanley Blvd.
Lee Parlett (925) 292-9280

Merced

2nd Thursday, 1 PM
Central Presbyterian Church
1920 Canal Street
(The Hoffmeiser Center across the street from
the church)
Larry Frice (209) 358-2045

Modesto

3rd Monday, 10:30 AM
Trinity United Presbyterian Church
1600 Carver Rd., Rm. 503
Ray (209) 634-4373

Monterey

3rd Wed., 10:30 AM (odd numbered months)
First Presbyterian Church
501 El Dorado Street
Dr. William Donovan (831) 625-3407

Napa

1st Thursday, 2 PM
Napa Senior Center, 1500 Jefferson St.
Ron Patrick (707) 257-2343
bonjournapa@hotmail.com

Placerville

2nd Wednesday, 1 PM
El Dorado Senior Center
937 Spring Street
Lolly Jones (505) 228-3233

Redwood City

4th Tuesday, 1 PM
Sequoia Hospital Health and Wellness Center
749 Brewster Avenue
Danielle LaFlash (415) 297-1815

Roseville

2nd Wednesday, 1PM (odd numbered months)
Sierra Point Sr. Res., 5161 Foothills Blvd.
Stan Pashote (916) 409-5747

Sacramento

2nd Tuesday, Nov. 14, 1:30 PM
Northminster Presby. Church
3235 Pope Street
Charles Moore (916) 485-7723
<http://sacramento.neuropathysupportgroup.org/>

San Jose

3rd Saturday, 10:30 AM
O'Conner Hospital, 2105 Forest Avenue
SJ DePaul Conf. Rm.
Danielle LaFlash (415) 297-1815

San Rafael

3rd Wednesday, 1 PM
Lutheran Church of the Resurrection
1100 Las Galinas Avenue
Scott Stokes (415) 246-9156

Santa Barbara

4th Saturday, 10AM (odd numbered months)
The First Methodist Church
Garden & Anapamu
Shirley Hopper (805) 689-5939

Santa Cruz

3rd Wednesday, 1PM (odd numbered months)
Trinity Presbyterian Church
420 Melrose Avenue
Mary Ann Leer (831) 477-1239

Santa Rosa

1st Wednesday, 10:30 AM
Santa Rosa Senior Center
704 Bennett Valley Road
Larry Metzger (707) 541-6776

Thousand Oaks - Westlake Village

2nd Monday, 2:30 - 4 PM
United Methodist Church of Westlake Village
1049 S. Westlake Blvd.
Angie Becerra (805) 390-2999

Walnut Creek

4th Friday, 10 AM
Rossmoor, Hillside Clubhouse
Vista Room
Karen Hewitt (925) 932-2248

NEVADA

Las Vegas

First meeting - Jan 18, 2018
3rd Thursday, 1 PM
Mountain View Presbyterian Church
8601 Del Webb Blvd.
Barbara Montgomery (818) 400 0296

OREGON

Grants Pass

3rd Wednesday, 2:00 PM
Club Northwest
2160 N.W. Vine St.
Carol Smith (541) 955-4995
<http://grantspass.neuropathysupportgroup.org>

For information on groups in the following areas or any other place you are interested in finding out about a support group, call Bev Anderson at (877) 622-6298. She is actively trying to open new groups and re-open closed groups. Check with her about a group in your area especially if you would volunteer to be the leader.

California: Alturas, Bakersfield, Clearlake, Crescent City, Eureka, Fort Bragg, Garberville, Jackson, Lakeport, Lincoln, Lodi, Madera, Mt. Shasta, Oxnard, Placerville, Quincy, Redding, Salinas, San Francisco, Santa Maria, Sonoma, Sonora, Stockton, Susanville, Truckee, Tulare-Visalia, Turlock, West Sacramento, Weed, Ukiah, Woodland, Yreka, Yuba City-Marysville. **Nevada:** Reno-Sparks. **Oregon:** Brookings, Medford, Portland, Salem.

President's Message By Bev Anderson



Happy New Year rings again as the old year stumbles away and the baby year toddles in. We all take a deep breath wondering what the new year will bring and how we and our family will fare. We all face some of the same questions knowing that we will receive different answers, but most everyone will be ready to welcome 2018 when it comes. With neuropathy, we can hope that at least one new treatment will come out that successfully treats at least the pain and discomfort. We usually talk about pain but many I talk with would be greatly appreciative of something that would also stop the burning feeling.



Antonio Benevento and Bev Anderson at the WNA Booth at the Occupational Therapy Association of California (OTAC) Conference, Oct. 21, 2017

Two years ago, an active member of our Board, Johnathan Istilart, was hired to teach English as a Second Language in South Korea. He is teaching in Seoul so we have thought of him a great deal this year as danger looms there. However, he is enjoying it and may continue to teach there for some time. Now, Antonio Benevento, new to our Board and much appreciated, and his wife have decided to move closer to her family in South Carolina and at this writing has already done so. It went quickly. As they were packing, they found out they would be taking a California kid with them as his wife discovered she was pregnant with their first child. These two have two things in common. Both have a degree in finance from Cal State University – Sacramento and both are very much missed. One more thing we know about these guys is that wherever they are, they are likely to pass on information and knowledge about neuropathy even though neither has it themselves. When a person is elected to our Board, their 'welcome gift' includes three of the most informative books about PN on our list of recommendations. Listening to Antonio tell Occupational Therapists about neuropathy and WNA at the OTC Conference this year was a delight just as it was when Johnathan was in our booth at that conference two years ago.

Thanks to all of you who donated items you no longer want or need to help the Western Neuropathy Association when the

truck came your way. The amount we have received from this source has been quite helpful and has allowed us to move ahead on our goals for distribution of information and the starting of new groups.

Thanks also to all who have paid dues and/or made a donation during 2017. We are able to continue doing what we have committed to do as a nonprofit because of the donations and support from you and others. We are a nonprofit with mostly volunteers doing the work without any remuneration except to be reimbursed if their own funds are used to pay for something the organization has asked them to accomplish. Most volunteers are also contributors as well.

Another option would be as you review your will or trust, please consider leaving a legacy gift to the Western Neuropathy Association. Your contribution might make a difference for people with neuropathy by leaving such a bequeath. It is now estimated that 10% of the population has symptoms of neuropathy so the incidence of neuropathy is greater rather than lesser. That is likely the case until a cure is found. The more of us that band together to demand treatments and a cure, the sooner it will happen. It takes funds to promote this. Personally, I've set up a percentage of my estate to go to WNA. I encourage you to join me in doing this. Talk to whoever is helping you with your will so they can set it up. Recently, I was told by a member that we are in her will. We do appreciate knowing, but surprises are nice, too.

I wish you a very happy and safe new year from New Year's Eve 2017 through 2018 and beyond,

Bev

Help With Health Care Challenges

If the number is not in your area, call the one listed and ask for the right number.

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www.Medicare.gov

...

The Affordable Health Care Act

For current information go to www.HealthCare.gov

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Health Insurance Counseling

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/HICAP/
Call (800) 434-0222 to ask a question or to make an appointment.

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Access Project Free publications about the health care, insurance rights and concerns of people with disabilities and serious health conditions. For more information, go to <http://dralegal.org/> and click on "Projects".

DISCOUNTS FOR WNA MEMBERS

The following companies or individuals have agreed to give WNA a discount to WNA members. Give them a call or visit. If you choose to purchase the service or wares of any on this list, pull out your WNA Membership Card and claim the discount.

Anodyne Therapy

Infrared Light Therapy equipment - **\$50 off Model Freedom 300 (single leg at a time) and \$50 discount on Model 120 that does both legs at the same time.** Contact: 800-521-6664 or www.anodynetherapy.com

HealthLight Infrared Light Therapy equipment - 10% off Single Boot System and Dual boot system.

Contact: 888-395-3040 or www.healthlight.us

Auburn

The Footpath

825 Lincoln Way
(530) 885-2091
www.footpathshoes.com
WNA Discount: 10% off the regular price shoes.

Elk Grove

Shoes That Fit

8649 Elk Grove Blvd.
(916) 686-1050
WNA Discount: 20% off the regular price shoes.

Fortuna

Strehl's Family Shoes & Repair

Corner of 12th & Main
1155 Main Street
(707) 725-2610
Marilyn Strehl, C.PED
is a Certified Pedorthic
WNA Discount: 10% off the regular price shoes.

West Sacramento

Beverly's Never Just

Haircuts and Lilly's Nails

2007 W. Capitol Ave
Hair - (916) 372-5606
Nails - (916) 346-8342
WNA discount: 10% off the regular price.

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PERIPHERAL NEUROPATHY LITERATURE REVIEW By William B. Donovan, M.D.

We can access the National Library of Medicine (NLM) to obtain information on peripheral neuropathy (PN). There are over 100 medical articles a month written on PN.

I review these references and select articles that would appear to be most interesting to us neuropathy sufferers. This is the link to **PubMed** that will connect to the

NLM: www.ncbi.nlm.nih.gov/sites/entrez

If you are reading this article on the computer, just click on the above link to go there. If you are reading the print edition of the newsletter, type this link into the address bar of the browser on a computer. If you don't know how, get a librarian or friend to help you.

After you get to **PubMed**, you will see a line that says "**Search PubMed**" followed by "**for**" and a space. Every article in the **NLM** is given a **PMID**, an eight digit identification number. I will give you **PMID** numbers of the selected articles. Type the **PMID** into the space after the "**for**" and click on "**Go**" at the end of the space, or press the ENTER key on your keyboard. You will then see a one

paragraph abstract of the article appear, as well as links to related articles.

The reader can also go to the WNA website www.pnhelp.org, click on the RESOURCES tab and select MEDICAL LITERATURE REVIEW from the menu to review the archive of summaries that have appeared in this column over recent years.

This month's PMIDs:

- 28092909 The authors share their experience of three patients who were treated with autologous hemopoitin stem cell transplantation following which, in clear temporal association, developed immune mediated neuropathies.
- 8067783 This paper explores stem cell transplantation to effect peripheral nerve regeneration. The problem of harvesting the stem cells is the donor site morbidity. The stem cells become Schwann-like cells that secrete neurotropic factors that promote axonal growth and remyelination.

NEW TREATMENT FOR NEUROPATHY: MEDICINE'S NEXT BIG THING?

NEW YORK, N.Y. (Ivanhoe Newsletter)

Thirty percent of all Americans will be affected by peripheral neuropathy, a condition that impacts nerves leading to the arms and legs. In many cases, doctors prescribe medicines to help manage the pain, burning and tingling. Now, researchers are testing a new non-addictive treatment inspired from a surprising source.

Joseph Malkevitch has been a math enthusiast for most of his adult life. Ironically, for years Joseph has been battling a medical condition that is highly unpredictable.

Malkevitch explained, "I noticed it in the form of tingling in my feet and toes and initially it went away and I just tossed it aside as a glitch."

Joseph's doctors diagnosed him with peripheral neuropathy: damage to the nerves in the peripheral system which lead from the brain to the extremities. But they could not determine a cause. Medical experts say that is not uncommon.

Donald M. Simpson, M.D., FAAN, Professor of Neurology, Clinical Neurophysiology Laboratories, Director, Neuromuscular Division; Director, Neuro-AIDS Program, Icahn School of Medicine at Mount Sinai said, "In upwards of 30 percent of patients with peripheral neuropathy one can't identify a cause."

Now, researchers are testing a drug to treat neuropathy pain. Right now, it is known only

as CC8464. Inspired by the toxin found in Japanese pufferfish, the drug copies how the fish toxins disrupt signals in the body. "How it works in the body is by targeting those peripheral nerve fibers and not penetrating the brain, said Heikke Mansikka, M.D., Ph.D. VP Clinical Development at Chromocell.

Researchers say since the drug candidate bypasses the brain and works directly on the peripheral nerves, it may not be addictive. While Joseph chooses to manage his neuropathy without medication, he knows others with this condition may be searching for serious pain relief.

The potential new drug is being developed by the New Jersey based company, Chromocell. The FDA granted the drug "fast track" status based on need. It is currently in phase one* clinical trials.

Contributors to this news report include: Cyndy McGrath, Field and Supervising Producer; Kirk Manson, Videographer; Gabriella Battistio, Assistant Producer; Roque Correa, Editor.

**Phase One consists of persons taking the new drug to see if it causes harm. Subjects consist of healthy young people as the purpose is to find out it is safe to use and appropriate to go to Phase 2 where it will be seen if it does good for people it is focused on helping.*

TYPES OF MEDICINE BEING PRACTICED TODAY

FFPN website, used with permission

There are many different types of medicine being practiced today and we are often left wondering – what does each one do?

Conventional

The standard form of care in the U.S., often referred to as Western medicine, practitioners hold M.D. (medical doctor) or D.O. (Doctor of Osteopathy) degrees. They work together with other licensed health professionals that provide the support services that are critical to patients. These professionals include registered nurses, anesthesiologists, physical and occupational therapists, and many others to provide the best possible care for patients. They determine diagnosis and treatment based on the medical knowledge and experience they have gained through conventional education or practice, using drugs, surgeries, or physical therapies.

Complementary

While complementary and alternative forms of medicine are often thought of interchangeably, there are differences. Complementary therapies are used together with conventional medicine. This might include a regimen of vitamins, supplements, herbs, and ‘natural’ substances to be used in conjunction with other medications.

Alternative

Alternative therapies, on the other hand, are used in place of conventional medicine. One example would be if you choose to do yoga instead of a physical therapy regimen. Both complementary and alternative therapies (CAM) are referred to as Eastern medicine as many of the therapies originated in China.

Integrative

A total approach to health care, integrative medicine combines conventional and CAM therapies into a treatment plan where there is some high-quality evidence of safety and effectiveness.

Complementary and Alternative Medicines (CAM) are divided into several broad categories:

Natural Products: This category is the most popular form of CAM, used by more than 15% of the U.S. population. These include herbal medicines, vitamins, minerals, and products sold over the counter as dietary supplements.

Mind and Body Medicine: Using mind and body practices that focus on the interactions among

the brain, mind, body, and behavior, to affect physical functioning and promote health. Examples are: Meditation, yoga, acupuncture, deep breathing exercises, hypnotherapy, progressive relaxation, and tai chi.

Manipulative and Body-based Practices: These practices focus primarily of the structures and systems of the body, including bones and joints, soft tissue, and circulatory and lymphatic systems. Spinal manipulation and massage fall into this category.

Energy medicine is among the most controversial of the CAM therapies. These therapies involve the manipulation of various energy fields to affect health. The most common practices include those involving electromagnetic fields (magnet and light therapy).

Many of the CAM therapies have not been evaluated in rigorous controlled clinical trials, as has been the standard for pharmacotherapies utilized in Western medicine. In an attempt to address this limitation, the National Center for Complementary and Alternative Medicine, part of the National Institutes of Health, has developed an international presence in the field of complementary and alternative medicine. With a mission to explore and evaluate complementary and alternative therapies, it oversees many research projects in the United States – whether they are safe and whether they work.

As with any medical treatments, there can be risks with CAM therapies. And, while it is important to be aware of the risks, it is also encouraging to hear about the CAM therapies used by many PN sufferers. Just like conventional therapies, there is not one treatment that worked for everyone. Sometimes they had to try several different therapies, but some of them did find relief. It can be a matter of a little, short-lived relief, but when you live with the daily pain and symptoms of PN, it can be a welcome respite. The real goal is to find a treatment that is safe and will not do you any harm.

Complementary and alternative therapies should not replace your conventional care. The best approach is to integrate these therapies with your current treatments.

DISCOUNTS FOR WNA MEMBERS

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Neuropathy Support Formula

(1-888-840-7142) is a supplement that a sizable number of people are taking and reporting it has helped them. The company gives members of WNA a discount and free shipping. The 30-day supply is \$40 (normally \$49.97). It can be auto-shipped monthly for the same. A 3-month supply via auto-ship is \$95.00. They also have a Nerve Repair Optimizer that is available for \$20 with free shipping. Marsha, the manager, said that if anyone wants more information about the product, they can call and ask for her. If she is not readily available, leave your number and she will call you back.

Free DVD on “Coping with Chronic Neuropathy”, introduced by Dominick Spatafora of the NAF and endorsed by major university neurologists, is available by contacting the Neuropathy Support Network at www.neuropathysupportnetwork.org/order-neuropathy-dvd.html

Additional Discounts

Do you know a business that might offer our members a discount? Tell them that they will be listed each month in our newsletter and on our website so our members will know of their generosity and patronize their business. Call (877) 622-6298 or e-mail info@pnhelp.org.

We'll mail an agreement form to the business, and once we have it, we'll add them to this list.

■ QUESTIONS – HAVE YOU TRIED A SAUNA? DOES IT HELP NEUROPATHY?

(Editor's questions)

I've never tried taking a sauna in the Nordic tradition, but know plenty of people that have. I'm a Life Member of Sons of Norway as my husband was full Norwegian. It was sort of included in his proposal – "Will you marry me? And join Sons of Norway?" I think there was a pause between the sentences to be sure of the answer to the first before asking the second which was said laughing. I guess he realized our first outing in public with people close to him (He was my next-door neighbor at the time) was to a Sons of Norway Lutefisk Dinner. I survived that and went to several more gatherings with him. Being of north-central England stock, I'm probably part Norwegian anyway.

The December issue of Viking has a great article on the tradition and benefits of sauna bathing and talks about different approaches showing a variety of unique facilities around the world but especially in Scandinavia. In the list of benefits, it sounds like it might help people with neuropathy. If you have tried it and have a response as to whether it helped you or not, I'd like to hear from you. It might be a complementary treatment heretofore undiscovered. Before trying something like this, it is highly recommended that you consult with your doctor and the rest of your medical team. Here are 8 listed benefits:

- **Sleep better** – The calming effect of the sauna helps prepare you for a good night's sleep.
- **Recover faster** – Whether you are sore after a workout or have arthritis, sauna can ease your pain.
- **Reduce stress** -The heat relaxes muscles, releases endorphins and increases blood circulation.
- **Improve skin**- The sweat flushes out bacteria and toxins to help cleanse the skin.
- **Improve heart health** – It can improve circulatory functions. However, I'd be concerned about it depending on the current heart condition. Maybe the heat experience in the sauna would be OK but the running out into the cold or swimming in cold water is probably not advised as it is a major shock to your system to do those traditional activities.
- **Fight Common Illnesses** – It can help promote white blood cells that ward off diseases and to relieve symptoms of sinus congestion.
- **Protect the brain** – Studies show that it lowers the risk of dementia.
- **Connect with others** – It is possible to be alone but doing it together with others encourages conversations.

Charles Moore Summarizes: Peripheral Neuropathy: When The Numbness, Weakness, And Pain Won't Stop

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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.

Electrodiagnostic 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.

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Charles Moore Summarizes: Peripheral Neuropathy: When The Numbness, Weakness, And Pain Won't Stop

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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 paresthesia's (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 ganglioneuropathy 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 (Hydrocodone/acetaminophen or Hydrocodone/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 for Lidocaine (4%) and Benzyl Alcohol (10%).

(Pp. 85-87) Alternative Medication:

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. Including this chapter seems a positive way to end Latov's study on peripheral neuropathy.



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WESTERN NEUROPATHY ASSOCIATION

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ARE YOU GETTING ENOUGH B12?

B12 is critical to formation of red blood cells and maintaining nerve function. Low B12 is a cause of neuropathy. Doctors don't always include it in blood tests. We tend to have lower levels as we age so it is an important thing to ask your doctor about. It might not be evident for a while but low B12 can lead to anemia, nerve damage, memory problems and your ability to reason.

B12 is a water-soluble vitamin. The main source is animal products like meat, fish, eggs, and dairy products. Acids in the stomach release it to be absorbed in the small intestine.

People who have disorders like celiac disease, Crohn's disease, or have had weight loss surgery may have challenges keeping up on B12.

Diet also plays a role. Strict vegans need to choose a supplement that can provide the B12 from other sources. This is especially true of women bearing children and breastfeeding. The mother and child must have adequate B12 or the child risks having permanent neurological damage.

Some medications may cause a problem especially any that relate to digestive issues. B12 may not be assimilated to normal levels so supplementation may be necessary.

Talk to your doctor about including it in a blood test order and addressing any problem that might be found.

For full articles on the need for B12, please access Harvard Health Publications and put 'B12' in the search bar.



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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

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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