



WESTERN NEUROPATHY ASSOCIATION

December 2021

Issue 11

Volume 19

- Medicine Nobel Goes To Scientists Who Discovered Biology Of Senses
- December Support Group Schedule
- Houston Support Group Meeting Notes
- Snacking Before Bedtime? Eat A Kiwi!
- Editor's Note
- Letters To The Editor
- Coronavirus (Covid-19) Booster Update - November 1, 2021
- Large Study Affirms What We Already Know: Masks Work To Prevent Covid-19
- No Alcohol – Less Pain
- Alcohol And Neuropathy
- Alcohol Substitutes For The Holidays
- Giving And Online Shopping



Awarded by GuideStar 2020 Guidelines Certification

WESTERN NEUROPATHY ASSOCIATION

P.O. Box 276567
Sacramento, CA 95827-6567
888-556-3356
admin@WNAinfo.org
www.WNAinfo.org

Celebrating our 24th Year!

Neuropathy Hope

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

A newsletter for members of Western Neuropathy Association (WNA)

MEDICINE NOBEL GOES TO SCIENTISTS WHO DISCOVERED BIOLOGY OF SENSES

Ledford, H. & Callaway, E. (2021, October). Medicine Nobel goes to scientists who discovered biology of senses. *Nature*, 598, 246. doi: <https://doi.org/10.1038/d41586-021-01283-6>

Two researchers who discovered the molecular basis for our ability to sense temperature and touch have won this year's Nobel Prize in Physiology or Medicine.

- Physiologist David Julius at the University of California, San Francisco (UCSF), used capsaicin – the compound that gives chili peppers their gustatory kick – to track down a protein called TRPV1 that responds to painful heat.
- Molecular neurobiologist Ardem Patapoutian at Scripps Research in La Jolla, California, identified receptors in skin and other organs that respond to mechanical forces, such as those generated by touch and pressure.

In addition to explaining the basic biology of senses, the findings have potential medical applications: to combat chronic pain, researchers are looking for compounds that target some of the proteins Julius and Patapoutian discovered.

Making sense of senses

Julius's and Patapoutian's discoveries provided crucial links between external stimuli – such as temperature or touch – and the electrical signals that drive nervous-system responses.

Capsaicin, for example, was known to trigger pain responses, but it was unclear how. In the 1990s, Julius and his colleagues searched through genes that are switched on in response to pain, heat and touch to find one that would react to capsaicin. Their search led them to a gene that codes for TRPV1, a protein which forms a channel embedded in cell membranes that, when activated, allows ions to pass through.

Patapoutian and his collaborators, meanwhile, were looking for molecules that became activated by mechanical forces. The team identified cells that emitted an electrical signal when prodded, and then hunted for genes that might control this response. This led to the discovery of two more ion channels, named Piezo1 and Piezo2, which are activated by pressure.

The quest to discover how the body's cells sense touch

Julius and Patapoutian also independently used menthol – a compound that creates a cooling sensation – to study how cells respond to cold. This led to the discovery of another ion channel, called TRPM8, that is activated by cold.

The team quickly determined that the chili-heat sensing protein had a wider role in conveying painful sensations from heat. The identification of TRPV1 and other related pain-sensing proteins has helped researchers to understand the molecular basis for pain – and seek out new treatments.

“There are a lot of medical problems involving pain and [these] receptors will, for sure, be targets for drug development in the future,” medicine Nobel committee chair Nils-Göran Larsson said at the announcement ceremony.

Note: Julius's research into capsaicin and the TRPV1 receptor lead to the 8% capsaicin patch for the treatment of neuropathic pain. The FDA approved the capsiacin patch for postherpetic neuralgia in 2009 and recently approved it's use for peripheral neuropathy in July 2020. Applied during an in-office procedure, the patch may provide pain relief for up to 3 months.

2021 WNA Board of Directors

Bev Anderson
President

Karen C. Polastri, IOM
Vice President

Pam Hart
Secretary

Darrell O'Sullivan
Treasurer

Katherine Stenzel
Director

Sonya Wells,
PharmD, MPH
Director

Emeritus Council

Anne Bentz
Emeritus

Michael Green
Emeritus

Johnathan Istilart
Emeritus

Brad Livingood
Emeritus

Dick Ward
Emeritus

Lindsay Campoy
WNA Administration
(888) 556-3356
admin@pnhelp.org

Please contact
your group leader or
check your group
page on the
WNA website –
www.WNAinfo.org
to find out about the
topic/speaker for the
upcoming meeting.

Katherine Stenzel
Editor

Newsletter Design by



DECEMBER SUPPORT GROUP SCHEDULE

In-Person Meetings

Houston TX Residents' Quarterly Meeting

December 4 (Saturday) 1:00pm – 3:00pm CST
Memorial Drive United Methodist Church, 12955 Memorial Drive
Room DS100, enter at back (south) of building
Contact: Katherine Stenzel at klstenzel@hotmail.com for additional information.

Auburn CA Support Group

December 6 (Monday) 11:00 am PST
Woodside Village Mobile Home Park, 12155 Luther Road
Contact: Sharlene McCord (530) 878-8392 or Kathy Clemens (916) 580-9449 / kaclemens@earthlink.net

Virtual Meetings

Everyone is welcome to join the Monterey Group this month to take the opportunity to talk with other people that know about and experience neuropathy. Houston TX will not have meetings this month.

Monterey CA Support Group

December 15 (Wednesday) 10:30am – 11:30am PST/12:30pm – 1:30pm CST
Sign-in opens at 10:00am PST/12:00pm CST
Contact: Bill Donovan, MD at wbdpad@cal.berkeley.edu for the meeting link via Zoom. Please provide your name, mailing address and telephone number.

HOUSTON SUPPORT GROUP – MEETING NOTES

During the October Support Group meeting, member Bill Porter recommended using socks that are white – not a color or pattern. Bill said this makes it easy to see if there is any blood coming from your feet, for example if there is an open cut or sore, as it's difficult to feel what happens to our feet when they are numb. Excellent suggestion!

Attendees have continued to take a stretch break at the one-hour mark of our two-hour meetings. Standing up out of our chairs and moving our arms and legs around gives many people momentary relief from their neuropathy pain.

Several members bought Voxx socks after the webinar held in late September. Our 'testers' will update at future meetings with their treatment response.

SNACKING BEFORE BEDTIME? EAT A KIWI!

Kiwifruit contains vitamin C, carotenoids, polyphenols, and dietary fiber, and these are all potentially beneficial to the immune system¹. "It also contains a high concentration of serotonin, which is a precursor for the hormone melatonin that regulates your sleep-wake cycle," says Samantha Cassetty, a registered dietitian and adviser to Performance Kitchen. One small study found that after four weeks of eating two kiwifruits one hour before bedtime, people reported an easier time falling asleep, and slept for a longer period of time. They also woke up less during the night. "Since kiwifruits are filled with antioxidants and anti-inflammatory compounds, they also make a nice replacement for less nutritious nighttime snacks," Cassetty adds.²

References

¹ Skinner, M. A., Bentley-Hewitt, K., et al. (2013). Effects of kiwifruit on innate and adaptive immunity and symptoms of upper respiratory tract infections. *Advances In Food And Nutrition Research*, 68, 301-320. DOI: 10.1016/B978-0-12-394294-4.00017-1

² Pajer, N. (2021, October). *Superfoods To Help You Sleep*. AARP. <https://www.aarp.org/health/healthy-living/info-2021/superfoods-for-sleep.html>

EDITOR'S NOTE Katherine Stenzel, Editor, WNA Board Director

To close out 2021, I want to thank the many people who have helped me as I've tried to fill Bev's shoes as Editor. Barbara Montgomery wrote several articles focusing on communicating with your doctor in general and specifically about your neuropathy pain. I took many of her suggestions to heart and ordered "My Personal Health Record Keeper" notebook from Amazon to keep all my doctor's notes and tests together. Julie Falligant encouraged us to use our breath to help with our pain through several informational segments on yogic breathing. The Houston Support Group also asked her to start our sessions with a yoga pose to help with balance and flexibility. Dr. William Donovan has changed his contribution from the Medical Literature Reviews to informational articles relating to neuropathy. He will also present to the membership a presentation on Peripheral Neuropathy in February of next year. Board Director Sonya Wells and Board Treasurer Darrell O'Sullivan have contributed articles relating to their professional interests that benefit our members regarding alternative treatments and wellness. Member Wojciech Makowski has shared his research into his peripheral neuropathy as I told him that I need assistance finding information on the Internet. Thanks to all of you for making this transition easier.

Our last issue of this year starts with the cover article on the Nobel Prize in Medicine and how it relates to neuropathy understanding and treatment. This is followed by two themes – Covid-19 and Alcohol. A study on face masks discusses the importance and effectiveness of their use in reducing the risk of testing positive for Covid-19. This is in conjunction with an update on the Covid-19 boosters for Moderna, Pfizer-BioNTech and Janssen (Johnson and Johnson). The second theme on alcohol and neuropathy starts with my personal experience of stopping drinking and how it affected my neuropathy. Dr. Donovan contributed more information on the effects of alcohol on neuropathy in general. And the theme is concluded with a sampling of non-alcohol drinks and wines for the holidays or for sipping on a quiet evening.

Please send your comments and suggestions to klstenzel@hotmail.com

...Katherine

LETTERS TO THE EDITOR

September Issue

After your sleep article, I thought you might enjoy this. Article: *For Sleep Hong Kong Residents, 5-Hour Bus Tour Is A Snooze*. October 21, 2021 by A. Fung and M. Cheng. A new tour in Hong Kong "to appeal to people who are easily lulled asleep by long rides. It was inspired by the tendency of tired commuters to fall asleep on public transit." – Wojciech Makowski, Santa Rosa, California

November Issue

I was a vegetarian for 35 years and then went completely plant-based/vegan 2 years ago. In the research I did, many wrote that if someone was trying to choose between giving up meat or dairy (if both would be too dramatic of a change), removing dairy from one's diet would have the biggest impact.

Also if anyone wants to watch a documentary on plant-based diet, I always recommend "*The Game Changers*." It is from the perspective of athletes and is super useful for understanding nutrition and the human body. – Kris Langenfeld, Houston, Texas

General Neuropathy Information

I have found it helpful to have a daily meditation practice and setting an intention for the session that my pain is not a feeling but a body sensation. I have a better relationship to my chronic pain knowing it is simply a sensation expressing itself to my mind. My pain is not a feeling, simply a sensation.

– Jeff Haber, Portland, Oregon

Help With Health Care Challenges

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

Medicare

www.Medicare.gov

...

The Affordable Health Care Act

For current information go to www.HealthCare.gov

...

HICAP

Health Insurance Counseling

for seniors and people with disabilities.

www.cahealthadvocates.org

/HICAP/

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

...

Health Rights Hotline

Serving Placer, El Dorado, Yolo, & Sacramento Counties, regardless where you receive your health coverage.

Tollfree (888) 354-4474 or TDD (916) 551-2180.

In Sacramento, (916) 551-2100.

www.hrh.org.

...

HMO Help Center

Assistance

24 hours a day, seven days a week.

(888) HMO-2219

or (877) 688-9891 TDD

...

DRA's Health

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 - **12% off all home units.**
Contact: 800-521-6664 or www.anodynetherapy.com

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.

- Continued on page 5

CORONAVIRUS (COVID-19) BOOSTER UPDATE - NOVEMBER 1, 2021

Submitted by Sonya Wells, PharmD, MPH, WNA Board Director

Just a few weeks ago, the U.S. Food and Drug Administration (FDA) took action to expand the use of COVID-19 vaccine booster doses in eligible populations. The FDA has amended the emergency use authorizations (EUA) for COVID-19 vaccines to allow for the use of a single booster dose as follows:

- The use of a single booster dose of the Moderna COVID-19 Vaccine that may be administered at least 6 months after completion of the primary series to individuals:
 - 65 years of age and older
 - 18 through 64 years of age at high risk of severe COVID-19
 - 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2
- The use of a single booster dose of the Janssen (Johnson and Johnson) COVID-19 Vaccine may be administered at least 2 months after completion of the single-dose primary regimen to individuals 18 years of age and older.
- The use of each of the available COVID-19 vaccines as a heterologous (or "mix and match") booster dose in eligible individuals following completion of primary vaccination with a different available COVID-19 vaccine.
- To clarify that a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine may be administered at least 6 months after completion of the primary series to individuals 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2.

Authorization of the Moderna COVID-19 Vaccine Booster Dose

To support the authorization for emergency use of a single booster dose of the Moderna COVID-19 Vaccine, the FDA analyzed immune response data from people who received a booster dose at least 6 months after their second dose and compared it to the immune responses of people after completing their two-dose series. The antibody response of the booster group against SARS-CoV-2 virus 29 days after a booster dose of the vaccine demonstrated a booster response.

The FDA also evaluated an additional analysis from Moderna comparing the rates of COVID-19 accrued during the Delta variant surge during July

and August 2021, which suggest that there is a waning of vaccine effectiveness over time.

Safety was evaluated for an average of approximately six months. The most commonly reported side effects were pain at the injection site, tiredness, headache, muscle and/or joint pain, chills, swollen lymph nodes in the same arm as the injection, nausea and vomiting, and fever. Of note, swollen lymph nodes in the underarm were observed more frequently following the booster dose than after the primary two-dose series.

Ongoing analyses from the FDA and the Centers for Disease Control and Prevention (CDC) safety surveillance systems have identified increased risks of inflammatory heart conditions, myocarditis and pericarditis, following vaccination with the Moderna COVID-19 vaccine, particularly following the second dose. Typically, onset of symptoms has been a few days following vaccination. The observed risk is higher among males under 40 years of age, particularly males 18 through 24, than among females and older males.

The Moderna COVID-19 single booster dose is half of the dose that is administered for a primary series dose and is administered at least six months after completion of a primary series of the vaccine.

Authorization of Janssen (Johnson and Johnson) COVID-19 Vaccine Booster Dose

The authorization for emergency use of a single booster dose of the Janssen COVID-19 Vaccine is based on the FDA's evaluation of immune response data in participants who received a booster dose approximately 2 months after their first dose. The results demonstrated a booster response.

Earlier analyses from the FDA and CDC safety surveillance systems suggest an increased risk of a serious and rare type of blood clot in combination with low blood platelets following administration of the Janssen COVID-19 vaccine. This serious condition is called thrombocytopenia syndrome (TTS). People who developed TTS after receiving the vaccine had symptoms that began about one to two weeks after vaccination. Reporting of TTS has been highest in females ages 18 through 49 years. In addition, safety surveillance suggests an increased risk of a specific serious neurological disorder called Guillain Barré syndrome, within 42 days following receipt of the Janssen COVID-19 Vaccine.

- Continued on page 5

LARGE STUDY AFFIRMS WHAT WE ALREADY KNOW: MASKS WORK TO PREVENT COVID-19

Brenda Goodman, MA, MedScape, September 03, 2021

A large, real-world test of face masks in Bangladesh shows that masks work to reduce community spread of COVID-19. It also shows that surgical masks are more effective than cloth face coverings. The study offers a host of lessons about mask wearing that will be important worldwide. One key finding of the study is that wearing a mask doesn't lead people to abandon social distancing, something public health officials had feared might happen if masks gave people a false sense of security. "What was demonstrated by the study is that masks are effective against COVID-19, even under a rigorous and systematic evaluation that was done in the throes of the pandemic," said Ashley Styczynski, MD, who was an infectious disease fellow at Stanford University when she collaborated on the study with other colleagues at Stanford, Yale, and Innovations for Poverty Action (IPA), a large research and policy nonprofit organization that currently works in 22 countries. "And so, I think people who have been holding out on wearing masks because [they] felt like there wasn't enough evidence for it, we're hoping this will really help bridge that gap for them," she said. The study involved included 340,000 people in Bangladesh. The investigators found important differences by age and by the type of mask. Villages that used surgical masks had 11% fewer COVID-19 cases and villages in which cloth masks were worn, infections were reduced by only 5%. On testing, the filtration efficiency of the cloth masks was only about 37%, compared to 95% for the three-layer surgical masks.

Masks were most effective for older individuals. People aged 50 to 60 years who wore surgical masks were 23% less likely to test positive for COVID compared to those who didn't wear masks. For people older than 60, the reduction in risk was greater — 35%.

Four measures tripled the wearing of masks from a baseline level of 13% to 42%.

- No-cost masks
- Offering information through video and local leaders
- Regular reminders to people in public markets and offer masks or encourage anyone who wasn't wearing one or wearing it correctly
- Modeling by local leaders - by wearing masks and remind those they represent to wear masks

The study also found neither text message reminders, nor signs posted in public places, nor local incentives — moved the needle on mask wearing. Styczynski said, "masks will continue to be important even in countries such as the United States, where vaccines aren't stopping transmission 100% and there are still large portions of the population who are unvaccinated, such as children".

"If we want to reduce COVID-19, it's really important that we consider the ongoing utility of masks, in addition to vaccines, and not really thinking of them as one or the other," Styczynski said.

Coronavirus (Covid-19) Booster Update - November 1, 2021 - continued from page 4

Authorization of "Mix and Match" Booster Dose

The FDA has also authorized the use of heterologous (or "mix and match") booster doses for currently available (i.e., FDA-authorized or approved) COVID-19 vaccines. The FDA has determined that the known and potential benefits of the use of a single heterologous booster dose outweigh the known and potential risks of their use in eligible populations.

A single booster dose of any of the available COVID-19 vaccines may be administered as a heterologous booster dose following completion of primary vaccination with a different available COVID-19

vaccine. The eligible population(s) and dosing interval for a heterologous booster dose are the same as those authorized for a booster dose of the vaccine used for primary vaccination.

For example, Janssen COVID-19 Vaccine recipients 18 years of age and older may receive a single booster dose of Janssen COVID-19 Vaccine, Moderna COVID-19 Vaccine (half dose) or Pfizer-BioNTech COVID-19 Vaccine at least two months after receiving their Janssen COVID-19 Vaccine primary vaccination.

DISCOUNTS FOR WNA MEMBERS

Continued from page 4

Neuropathy Support Formula/Nerve Renew (1-888-840-7142) is a supplement that a 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. They now have Nerve Renew Fast Acting Cream at \$20 for WNA members. It reportedly takes the edge off numbness.

Building Better Balance DVD, Developing Spine Health – The DVDs are \$30 each. The price of a full set (4 DVDs) is \$100 (that's a 20% discount). You can order the DVDs by going to the website www.building-better-balance.com. Shipping is free. You can also order the DVDs over the phone using a credit card. Call (707) 318-4476 and leave a message. Vanessa Kettler, Balance and Fall Prevention www.building-better-balance.com (707) 318-4476

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 888-556-3356 or email admin@WNAinfo.org.

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

NO ALCOHOL – LESS PAIN Katherine Stenzel, Editor, WNA Board Director

I had long suspected that alcohol was contributing to my peripheral neuropathy. While not a heavy drinker, I really enjoyed my two to three glasses of prosecco each evening! My husband quit drinking in September 2020 which reduced my consumption, but I didn't stop. Recently I noticed that when I drank more than the reduced average, those dreadful shocking pains visited me in my shins. After that happened a couple of times in a row, I stopped drinking.

After that day, no more shocking pains. And the burning in the soles of my feet at night has reduced. I cannot say definitely that the elimination of alcohol from my diet has stopped the shocking pains and burning as my neuropathy symptoms are mild. It could be the 'no alcohol' or it could be my mind.

During this 'no alcohol' time, I visited the doctor for a blood test. After years of my glucose levels in the middle to high

90s, for the first time in 14 years my glucose was just below 90! I was thrilled. I definitely attribute this result to the 'no alcohol'.

As I write this nearly six weeks after that day in September, I'm still happy with my decision. No more electric shocks but the nighttime burning may be increasing. Again, with mild symptoms sometimes it's hard to tell. But I feel better in the mornings without a fuzzy head when I start my day.

While I'm enjoying my healthier body, I miss the time just sitting with a glass in my hand, chatting with my husband or cooking dinner. My beverage of choice (i.e. necessity) now – water – I hate! To find a substitute or just a sipping drink, I searched the Internet and asked support group members for suggestions. Read on to see if something interests you.

ALCOHOL AND NEUROPATHY William P. Donovan, MD

Although diabetes is the most common cause of peripheral neuropathy, alcohol comes in second. Alcohol (the type we drink is ethanol) is a toxin that poisons all bodily tissue including nerves, regardless of where they are in the body—brain, spinal cord, and the periphery.

In addition to effects on the peripheral nerves—numbness, tingling, and pain--alcohol causes loss of balance, both light touch and deep pressure, as well as vibratory sense and balance. Effects on the spinal cord also include loss of balance and unsteady gait. Effects on the brain range from total amnesia in Korsakoff's Disease to tremor, blackouts, hallucinations and dementia.

Going through this list of alcohol-related problems reminds me of a patient of mine who appeared unconcerned—until I mentioned "impotence". Yes, alcohol can decrease sexual desire and function.

For those who do not suffer alcohol addiction, and can drink moderately, the generally accepted limit is one a day

for women and two drinks a day for men. For those who have a serious problem, the adverse effects are often complicated by inadequate diet and vitamin deficiency.

For those with neuropathy not thought to be alcohol related, alcohol can make the problem worse. Although my neurologist has diagnosed my neuropathy as being related to borderline Type II diabetic neuropathy, my symptoms are worsened by factors other than sugar: heavy bodied red wine, anti-cancer drug 5FU, statins and metformin—to name those I know about.

For readers wanting more information on the subject, I suggest going to the National Library of Medicine online, where PubMed has 2,666+ articles on "alcohol and neuropathy." To do this search, our WNA website will tell you how. Click on this link: <https://www.pnhelp.org/resources/medical-literature-review>.

The next issue of Neuropathy Hope will be a combined issue for January and February.

It will list the support group meetings for both months and include informational articles on neuropathy and health as usual. Look for it in your mailbox or inbox around January 1, 2022. Regular issues will continue with March 2022.

ALCOHOL SUBSTITUTES FOR THE HOLIDAYS

Katherine Stenzel, Editor, WNA Board Director

Want to try something different for the holidays? Trying to cut back on sugar and/or alcohol? Try some of these alcohol-free drinks at a party or home on the couch as you enjoy the lights of your holiday decorations.

(Katherine - My husband and I tried some of these. Our comments are listed in italics.)

Suggested by William P. Donovan, MD, Monterey CA Support Group Leader

- Sugar-free tonic with a lime

(My husband tried this when we went out for dinner and found it to be refreshing.)

Suggested by Helaine Greenberg, Reno, NV

- Stella Rosa Peach Non-Alcoholic

(Slightly sweet and slightly effervescent.)

- Swoon Mixers over ice – naturally zero sugar!

The New York Times published an article earlier this year on non-alcoholic drinks.¹ They determined there are key components that make a drink great – a balance of acidity, sweetness, bitterness, salinity and water. But of course, the key is to create this balance without alcohol as a base. Alcohol has a signature burn that helps slow the drinker down. Bitter, sour, or spicy flavors can achieve a similar effect with bitterness highlighted as a key element. Bitter flavors also evoke a physiological response that tells us whatever we're consuming should be poisonous. This helps people pause while drinking and also stimulates appetite and digestion.

Most Drinkable – Delicate and Refreshing

- Pentire Adrift – characteristic gin flavors such that when served with tonic, it's a close dupe to a gin and tonic.

(Ordered a bottle from Amazon!)

Bittersweet Aperitif

- Ghia – good entry point for non-alcoholic beverages; balanced flavors of citrus, grape juice, ginger and gentian.

The California Winery Advisor researched the non-alcoholic varieties and found the truly good alcohol-free versions.² They stated that some of these are very close to the taste of regular wine. While alcohol offers the texture to a drink, without it the fruit flavors can be more noticeable than usual.

Top Picks for Best Tasting Non-Alcoholic Wines

- Ariel Cabernet Sauvignon – Top Pick with aromas and flavor of dark berries

(Take little sips and it almost tastes like wine.)

- Sutter Home Fre Moscato – Flavors and aromas of white peaches and tropical fruit

- Chateau de De Fleur Non-alcoholic Champagne – High quality, contains flavors of apple and peach

- Sutter Home Fre Brut Champagne – Satisfying sparkling wine with hints of green apples, pears and strawberry

(Only adequate. I'll try the Chateau de De Fleur next.)

- Ariel Chardonnay – Buttery and oaky flavor profile, composed of chardonnays from the 2011 vintage

(Tastes a little better than water. Sipping did not help.)

I tasted two more varieties from Sutter Home Fre winery.

- Sutter Home Fre Sparkling Brut

(Plenty of bubbles and not too sweet)

- Sutter Home Fre Chardonnay

(Slightly acidic, I bought more than once)

If after reading all the non-alcoholic recommendations and you still want to have a glass of real wine, beer or a mixed drink, find support from Dr. Quynh Pham, who specializes in musculoskeletal medicine and pain management at UCLA. “While peripheral neuropathy can be caused by the prolonged intake of alcohol, the exact role of alcohol in the development of this condition [remains unconfirmed],” she says. “But overall, if a person is healthy (not nutritionally deficient), occasional alcohol intake should not worsen the condition.”³

References

¹ Perling, A. (2021, January). *The Best Non-Alcoholic Drinks* New York Times/Wirecutter. <https://www.nytimes.com/wirecutter/reviews/best-non-alcoholic-drinks/>

² California Winery Advisor. (2021, January). *Best Tasting Non-Alcoholic Wine | Where To Buy In 2021* <https://californiawineryadvisor.com/non-alcoholic-wine-best/>

³ De Jesus, D. (2019, August). *I Suffer From Peripheral Neuropathy. Can I Still Drink?* Wine Spectator. <https://www.winespectator.com/articles/health-q-a-i-suffer-from-peripheral-neuropathy-can-i-still-drink>



WESTERN NEUROPATHY ASSOCIATION

A California public benefit, nonprofit, tax exempt corporation

P.O. Box 276567, Sacramento, CA 95827-6567

Call WNA using our toll free phone number:

(888) 556-3356 • Email: admin@WNAinfo.org

HAPPY HOLIDAYS

From All Of Us At WNA



GIVING AND ONLINE HOLIDAY SHOPPING

Planning on doing some online shopping? We recommend AmazonSmile and iGive.com.



AmazonSmile is an easy and automatic way for you to support WNA every time you shop, at no cost to you.

When you shop at **smile.amazon.com**, you'll find the exact same low prices, vast selection and convenient shopping experience as Amazon.com, with the added bonus that AmazonSmile will donate a portion of the purchase price to the **Western Neuropathy Association!** Make sure you type in our organization.

You can also support WNA by shopping at one of the 1700+ stores at **iGive.com** and selecting the Western Neuropathy Association as your charity of choice - they will donate a rebate of your purchase at no extra cost to you!



Western Neuropathy Association (WNA)

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

Katherine Stenzel, Editor

P.O. Box 276567
Sacramento, CA 95827-6567
(888) 556-3356
www.WNAinfo.org

WNA Headquarters: 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.

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

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. Western Neuropathy Association (WNA) does not endorse any treatments, medications, articles, abstracts or products discussed herein. You are strongly encouraged to consult a neurologist with any questions or comments you may have regarding your condition. The best care can only be given by a qualified provider who knows you personally.