



WESTERN NEUROPATHY ASSOCIATION

February 2020
Issue 02
Volume 18

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Awarded by
GuideStar
November 13, 2018

WESTERN
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www.WNAinfo.org

Neuropathy Hope

Hope through caring, support, research, education, and empowerment
A newsletter for members of Western Neuropathy Association (WNA)

Dear Mrs. Anderson:

Thank you for contacting me last year to express your support for peripheral neuropathy research funding. As President of the Western Neuropathy Association, your perspective on this issue is incredibly valuable for me to hear, and I welcome the opportunity to respond.

I understand you support robust federal funding for peripheral neuropathy research. I recognize that peripheral neuropathy seriously impacts the lives of patients and their families, and that federally supported biomedical research through the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) is essential to developing new treatments and cures for this disease and a host of other conditions.

That is why I was pleased to join my Senate colleagues in approving the Fiscal Year (FY) 2020 funding bill (Public Law 116-93), which the President signed into law on December 20, 2019. This law provides \$7.9 billion in funding for the CDC and \$41.6 billion in funding for the NIH—a \$2.6 billion increase above the FY 2019 funding level.

I believe it is critical that we protect and increase our investments in biomedical research, which holds the promise of improving health outcomes and saving lives. I will keep your research priorities in mind as I work with my colleagues to determine future federal funding levels.

Once again, thank you for writing. Should you have any other questions or comments, please call my Washington, D.C., office at (202) 224-3841 or visit my website at feinstein.senate.gov. You can also follow me online at YouTube, Facebook, and Twitter, and you can sign up for my email newsletter at feinstein.senate.gov/newsletter.

Best regards.
Sincerely yours,
Dianne Feinstein
United States Senator

President's Message By Bev Anderson

You can understand that this letter (above) is an encouragement to me and to all of us that send letters to our legislators that they are read and can make a difference. It gives us an opportunity to make our concerns known. However, it is also a benefit in getting the information back when success is achieved by the legislator you write to. I hope you are as excited as I am with the increase of funding for medical research. It may be what gets the medical research we are watching fully accomplished. The National Institutes of Health (NIH) is a major funder of this research as they are very supportive of what they see as the possibility of a significant breakthrough in pain medication.



Karen Wagner, who spoke to our Annual Conference, recently received a major NIH grant to do a clinical trial to see how it works with cancer pain. The NIH has that much confidence in it. It is in its first clinical trial, which is to see if it causes any harm. They haven't even started to see if it does any good. The response in relieving the pain of many animals bodes well, but it still needs to be tested on humans. The horse that was given the medication when it was laying on the ground and not able to get up was about to be put down by a veterinarian who was standing by is still alive and doing well years later. Dr. Hammock has said there is a large number of healthy and happy animals, including rats and mice, at UC Davis as a result.

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Roster of Our WNA Information and Support Groups

2020 WNA Board of Directors

Bev Anderson
President

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Vice President

Anne Bentz
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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.**

Bev Anderson
Editor

Newsletter Design by



CALIFORNIA

Auburn

1st Monday, 11 AM
Woodside Village MH Park
12155 Luther Road
Sharlene McCord (530) 878-8392

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

Davis

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

Elk Grove

1st Meeting, New Site. February 11, 1 pm
2nd Tues., 1 pm
New Senior Center
8230 Civic Center Dr.
Roger White (916) 686-4719

Folsom

3rd Wednesday, 1:00 PM
Association Resource Center
950 Glenn Dr., Suite 150
Bev Anderson (877) 622-6298
(See note on page 3 for Jan., Feb. & March)

Fresno

3rd Tuesday, 11:00 AM
United Community Church of Christ
5550 N. Fresno St.
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

Merced

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

Modesto

3rd Monday, 10:30 AM
Trinity United Presbyterian Church
1600 Carver Rd., Rm. 503
Harkaman Ghag (209) 541-5404

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
Bev Anderson (877) 622-6298
(See note on page 3 for Jan., Feb. & March)

Roseville

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

Sacramento

3rd Tuesday, 1:30 PM
Northminster Presby. Church
3235 Pope Street
Sonya Wells (916) 627-0228

San Diego

3rd Monday, 1:30 PM
The Remington Club
16925 Hierba Dr.
Chhattar Kucheria (858) 774-1408

San Francisco

2nd Monday, 11 AM – 12:30 PM
Kaiser French Campus
4141 Geary Blvd. between 6th & 7th Ave.
Rm. 411A - Watch for signs.
Merle (415) 346-9781

San Jose

3rd Saturday, 10:30 AM
O'Conner Hospital, 2105 Forest Avenue
SJ DePaul Conf. Rm.
Kathy Romero (407) 319-2557

Santa Barbara

4th Saturday, 10AM (Sept., Oct., Jan., March, May) St.
Raphael Catholic Church
5444 Hollister Ave., Conference Room
Nancy Kriech (805) 967-8886

Santa Cruz

3rd Wednesday, 12:30 PM (odd numbered months)
Trinity Presbyterian Church
420 Melrose Avenue
Mary Ann Leer (831) 477-1239

Santa Rosa

1st Wednesday, 10:30 AM
Steele Lane Community Center
415 Steele Lane
Judy Leandro (707) 480-3740

Walnut Creek

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

Westlake Village - Thousand Oaks

2nd Monday, 4:30-5:30 PM
United Methodist Church
Youth Classroom 1 (faces parking lot)
1049 S. Westlake Blvd.
Angie Becerra (805) 390-2999

NEVADA

Las Vegas

3rd Thursday, 1 PM
Mountain View Presbyterian Church
8601 Del Webb Blvd.
Barbara Montgomery
lvneuropathygroup@gmail.com

OREGON

Grants Pass

3rd Wed., 4:30 – 6:30 PM
(except July, Aug., and Dec.)
Club Northwest
2160 NW Vine Street
David Tally 541-218-4418

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.

New Leadership needed. No meetings for now. Contact for information: Bev Anderson 877-622-6298. **California:** Alturas, Antioch-Brentwood, Bakersfield, Berkeley – Oakland, Carmichael, Clearlake, Costa Mesa, Crescent City, Eureka, Fort Bragg, Garberville, Jackson, Lakeport, Lincoln, Livermore, Lodi, Madera, Mt. Shasta, Oxnard, Quincy, Redding, Redwood City, Salinas, Santa Maria, San Rafael, 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.

FOLSOM AND PLACERVILLE SUPPORT GROUPS

Last year, I had to cancel meetings in Jan., Feb. and Mar. at the last minute due to the weather. You may also experience weather challenges getting to meetings. This year I am trying teleconferences for three months. We will be talking to each other on the telephone. At the time of your meeting, 12:30 PM, 3rd Wednesday (Folsom); 1 PM, 2nd Wednesday (Placerville), call **1-877-366-0711**. A female voice will ask for your Participant Pass Code. So, using your telephone key pad, put in **36199447#** and the conference call room will open

for you; a bell will ring indicating someone has entered. If you get on before I do, there may be music playing. It is easy even if you have never done anything like this. Be brave; follow the directions and enjoy the meeting from the comfort of home or wherever you decide to be at that time with a land line or cell phone. We may have a guest speaker some months if people participate well. – Bev Anderson

SUPPORT GROUP FOR THOSE WITHOUT ONE NEAR THEM ON 1ST MONDAY, 6:30 PM

Last month I announced this for Friday morning. It was not a good time for me or for others so I'm moving it to Monday to see if that will work better. A 6:30 pm start time means we would be finished by 8 pm when favorite TV programs may likely start or bedtime arrives. It allows people to get home from work and grab some dinner.

This is what you do. At 6:30 pm, call **1-877-366-0711**. A woman's voice will ask for your participant code. Using your telephone keypad put in **36199447#**. You will immediately be in the "conference room." If music is playing, I'm not in the 'conference room' yet. Otherwise, I'll welcome you and list your name so we'll know who all is there. A bell rings when a person enters or leaves.

We sometimes hold the WNA Board of Director meetings as teleconferences like this. If weather is not good, I am likely to call in. Currently the Placerville and Folsom groups are on winter schedule, which means we have teleconference meetings. This is helpful because I don't have to guess if we can have a meeting or not due to poor weather. If I'm snowed in, I don't leave the house or if snow is in the forecast, I don't take a chance on it. Placerville can be the same. A heavy storm in Folsom doesn't work well either. So if you would like to talk to me or others about neuropathy and don't have a group please call in.

MEMBERS NEEDED – TIME FOR A PARTY

The attendance in groups is up but membership is down. We were close to 1,000 at one time but now we are just under 500. Our membership count makes a difference in how we are perceived by funders and others with whom we want to work. We are asking each group to encourage people to join WNA. Maybe a current member will choose to sponsor a person's first year as a member especially if finances is a reason they have not previously joined. We know how many members are in each group. The group that has the largest growth percentage will be rewarded with

a party or other award of the same value of their choice.

Mailing envelopes and brochures will be sent to each group leader for people to use or they can join online. Membership is \$30 a year. Members receive the monthly newsletter, know they are giving support to WNA so each old and new member benefits from each new person joining. Let's see how far we get by May 31. The award will be given in June or July.

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".

2020 ANNUAL WESTERN NEUROPATHY CONFERENCE

Thursday, May 7, 2020 • KVIE, Public Television, Sacramento

Program plans are in progress. We will announce all of it in next month's newsletter and also feature the registration form. **SAVE THE DATE** and plan on joining us!

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.

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COMMONLY USED MEDS FOUND TO PROFOUNDLY ALTER GUT MICROBIOME

Health risks may be raised due to microbial changes caused by commonly used drug categories.

By Zeena Nackerdien PhD, CME Writer, MedPage Today, October 29, 2019

Study Authors: Arnau Vich Vila, Valerie Collij, et al.

Target Audience and Goal Statement: Infectious disease specialists, gastroenterologists, primary care physicians

The goal of this study was to assess how 41 commonly used medications impacted the composition, metabolic function, and the resistome of the gut microbiome.

Question Addressed:

What were the correlations between commonly used drugs and gut microbial changes in the general population, as well as in patients affected by gastrointestinal disorders?

Study Synopsis and Perspective:

Serious drug toxicities cause over 100,000 deaths at an estimated cost of \$30-\$100 billion USD every year. Any given drug may affect each person differently (drug-drug interactions or drug interactions with food/beverages/dietary supplements). Alternatively, the presence of another disease may affect how a person responds to a medication. Personalizing therapy to each patient entails understanding the patient's probable response to a medication in order to increase its efficacy and reduce adverse drug reactions.

Action Points:

Extensive changes in taxonomic structure, metabolic function, and the resistome to the human gut microbiome have been observed with 18 commonly used drug categories, according to a European study.

Note that changes in the gut microbiome can increase the risk of enteric infections, obesity, and other disorders; therefore, these associations need to be functionally investigated given the importance of the gut microbiota in health and the widespread use of these drugs.

Pharmacogenomics and, more recently, the microbiome -- which is also known as the "second genome" -- have emerged as important ways to assess the roles of an individual's genetic and microbial makeup in understanding responses to drugs and related toxicities. Pharmacomicrobiomics present a novel route towards personalized medicine by looking at the interplay of microbiome variation and response and disposition of drugs (absorption, distribution, metabolism, and excretion).

Trillions of microorganisms in the gut help program

different aspects of human health and physiology. A growing body of evidence has begun to emerge supporting a bidirectional interaction between drugs and the gut microbiome in which microbes can metabolize drugs or drugs can modify the composition of the gut microbiome. Adding to the extant literature, a new study reported by Arnau Vich Vila, MSc, of the University Medical Center Groningen in the Netherlands, and colleagues at United European Gastroenterology (UEG) Week in Barcelona found that 18 commonly used drug categories extensively affected the taxonomic structure and metabolic function of the gut microbiome. In addition, eight different categories of drugs were found to increase antibiotic resistance mechanisms in the study participants (anti-androgen oral contraceptives, beta-sympathomimetic inhalers, laxatives, metformin, other oral anti diabetics, proton pump inhibitors [PPIs], nonsteroidal anti-inflammatory drugs, and triptans).

The probabilities of intestinal infections, obesity, and other serious conditions and disorders linked to the gut microbiome could potentially be raised by the observed changes.

To reach these conclusions, researchers performed metagenomics sequencing on 1,883 fresh frozen fecal samples from three independent cohorts: a population-based group, patients with inflammatory bowel disease, and patients with irritable bowel syndrome, intermixed with healthy controls.

They compared the taxonomic and metabolic function profiles of drug users and non-users, by looking at the effect of single medication use and then combined medication use. Finally, they combined cohort-specific results in a meta-analysis using an approach based on inverse variance.

Eighteen out of 41 drug categories were found to be significantly associated with changes in gut microbiota composition and/or function. The drug categories with the most significant impact were PPIs, metformin, antibiotics, and laxatives.

Seven drug categories remained significant after correcting for polypharmacy (false discovery rate <0.05). These drug categories were linked to changes in 46 taxa and pathways.

One example was the association between selective serotonin reuptake inhibitors taken by

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Commonly Used Meds Found to Profoundly Alter Gut Microbiome – Continued from page 4

those with IBS and the abundance of the bacterium *Eubacterium ramulus* (a flavonoid-degrading intestinal bacterium).

Additionally, the gut microbiota of PPI users showed increased abundance of upper gastrointestinal tract bacteria (e.g., streptococci) and increased fatty acid production, while oral steroid use was tied to high levels of methanogenic bacteria, which has been associated with obesity and an increase in body mass index. An enrichment of *Escherichia coli*-derived metabolic pathways was observed among metformin users.

Source Reference: *“Impact of 41 commonly used drugs on the composition, metabolic function and resistome of the gut microbiome”* United European Gastroenterology Week, Abstract OP334 Study Highlights and Explanation of Findings:

There are at least 1,000 known species of bacteria among the trillions of microorganisms comprising the human microbiome. Over the past 15 years, many studies have reported changes in the gut microbiota of individuals who are obese, have diabetes, or have liver diseases. Additionally, changes to the microbiome were demonstrated in cancer and neurodegenerative diseases. Extensive changes in taxonomic structure, metabolic function, and the resistome in relation to commonly used drugs have been observed in the current study.

Researchers also enumerated the drug use prevalence in Europe and described the typical indications of the four medication categories found to have the most profound impact on the gut microbiome:

PPIs -- used to treat dyspepsia, which affects from 11% to 24% of the European population; PPIs are also used to treat peptic ulcer, *Helicobacter Pylori* eradication, gastroesophageal reflux, and Barrett's esophagus.

Metformin -- used as a treatment for type 2 diabetes, affecting 10% of European adults.

Antibiotics -- used to treat bacterial infections, taken by 34% of the European population each year.

Laxatives -- used to treat and prevent constipation, affecting 17% of European adults.

Commenting in a press release, Vich Vila said, “We already know that the efficiency and the toxicity of certain drugs are influenced by the bacterial composition of the gastrointestinal tract and that the gut microbiota has been related to multiple health conditions; therefore, it is crucial to understand which are the consequences of medication use in the gut microbiome. Our work highlights the importance of considering the role of the gut microbiota when designing treatments and also points to new hypotheses that could explain certain side-effects

associated with medication use.”

Gail Cresci, PhD, RD, of the Cleveland Clinic in Ohio, who was not involved in the study, commented that it's well known that medications can alter the composition and diversity of gut microbes, in particular those that alter gastric pH (such as PPIs), destroy bacteria (antibiotics), or alter motility (laxatives).

“Metagenomics sequencing is now moving the field forward regarding gut microbiome function and medical therapies,” she told MedPage Today. *“This has been seen with immunotherapeutic agents using the microbiome composition and function as a means to gauge cancer immune therapy response, and toxicity, and using prebiotics, probiotics, postbiotics, and fecal microbiota transplant to modulate immune therapy.”*

Similarly, David T. Rubin, MD, of the University of Chicago, said the study contributes to the evolving understanding of just how variable the gut microbiota can be. *“It is certainly appreciated that diet and inflammation affect the composition of the gut microbiota, but assessment of the impact of many medical therapies had not been previously described,”* he told MedPage Today.

“The finding that most of these treatments indeed affect the composition of the gut microbiota in direct or indirect ways has implications for how these medications may be impacting other biological functions, including metabolism,” said Rubin, who was not involved with the research. *“It will be of interest to further understand longitudinal changes over time, and whether the microbiome reverts to its baseline or compensates in other ways.”*

Characterizing the study as associative, Jack Gilbert, PhD, of the University of California San Diego, said it nevertheless identified potentially important drug-related changes. *“This is preliminary, but provides some testable hypotheses for future work,”* he told MedPage Today.

Last Updated October 29, 2019

Reviewed by Robert Jasmer, MD Associate Clinical Professor of Medicine, University of California, San Francisco

Primary Source -- United European Gastroenterology (UEG) Week

Source Reference: Vich Vila A, et al “Impact of 41 commonly used drugs on the composition, metabolic function and resistome of the gut microbiome” UEG Week 2019; Abstract OP334.

Secondary Source -- MedPage Today
Used by permission of MedPage Today

DISCOUNTS FOR WNA MEMBERS

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Neuropathy Support Formula/Nerve Renew

(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.

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 (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.

NEUROPATHY MEDICAL 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:

- 28066745 This article describes deep gluteal syndrome (DGS), a neuropathy due to the hip rotator muscles compressing the sciatic nerve. DGS can mimic lumbar disc-related sciatica with pain in the buttock and hip radiating down the leg. It can be explored by endoscopy and be decompressed if it does not respond to physical therapy with muscle stretching.
- 15520047 This Brazilian paper discusses the use of pentoxifylline as a non-opioid analgesic. The drug is usually prescribed for circulatory disorders. It inhibits the release of cytokines, TNF-alpha and IL-beta resulting in reduction in the sensation of pain.
- 17140731 This Chinese paper discusses the use of pentoxifylline in the reduction of neuropathic pain. The agent reduces the viscosity of blood and is used for circulatory disorders, but can reduce inflammatory cytokines which may account for its ability to prevent pain.

BALANCE NEWS

From Vanessa Kettler

Over 100 million Americans suffer from chronic physical pain. It is estimated that pain disrupts the sleep of 20% of Americans a few nights a week or more. Our entire medical system is focused on relieving discomfort and pain, often using drugs to accomplish this. That brings numerous problems since many pain relievers are addictive as evidenced by the current opioid epidemic.

But physical pain is not the only kind we deal with. Mental pain is also very common as statistics on depression and other emotional illnesses show. It too is primarily resolved using pharmaceuticals, often causing significant side effects in the process.

There are other ways to receive relief as this month's article describes. Exercise and life style changes can do much to reduce the symptoms of pain. The connection between tension and mental and physical pain is explored as well as important information about the use of drugs. Alternatives to drug therapy are described in detail.

From the article: "Over 40% of chronic pain is spine related. One of the heaviest stressors on the spine is carrying extra weight. Another common source of pain is knee pain where weight is even more of a factor. If you are overweight or obese, weight loss is by far the most effective pain reduction strategy regardless of the specific cause of your pain."

The rise of obesity globally is a huge factor in the use of drugs to control pain. I have summarized some important facts regarding the epidemic of obesity. Interesting and frightening statistics on how pervasive the problem is along with some helpful tips on some critical choices we make. (Did you know that Vitamin C in colorful foods like oranges and red peppers can help you lose up to 30% more fat during exercise? An orange a day keeps the weight scales at bay.)

In related news, several articles have appeared lately which question the benefits of steroid injections to reduce pain in

compromised joints. It used to be that the protocol for administering steroid injections was 3 times per lifetime for any one site. That limitation seems to have been dissolved as cortisone shots become commonplace.

Around 27 million Americans have osteoarthritis of the knee. Bone on bone arthritis can be excruciatingly painful. Cortisone injections provide significant relief for some with an injection often prescribed every 6 months. But for many others treatment is not successful. One reason for alarm is that steroids remain in the body permanently and sometimes end up settling in areas which make things worse.

There are other answers. One is to try to make sure you never get to this stage by taking care of your knees now. If you are one of those with knee OA or if you have problems with your knees or if you are a dancer or athlete who wants to keep their knees healthy, please read my article on 2 fantastic yet simple exercises to improve knee health and reduce knee pain.

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On a personal note: It has been 10 months since I stopped eating

President's Message – Continued from page 1

New Group Leaders

We have two new group leaders that started in January.

Harkaman Ghag is the new leader in Modesto, CA. He is stepping in for Ray Nichols who retired as he turns 90. We have no age of retirement but he thought it was best for him. Harkaman attended the group and found the need. Much like Ray did the years ago he chose to help and ended up being the leader. Harkaman lived in the United Kingdom until his teen years when his family moved to the United States. He is a dual citizen in both countries, which is fairly common with those from the United Kingdom. He has a keen interest in neuropathy and enjoys working with people. He has a science background. We trust he will do well and the people of Modesto with neuropathy will attend the meetings.

Sonya Wells who is a pharmacist, has a master's degree in public health, and is on the WNA Board of Directors, is the new leader in Sacramento following Charles Moore. Sonya has been a speaker for the Sacramento Group and other groups but this is her first experience in leading a group. She enjoys working with people and has a lot of knowledge about neuropathy and other medical conditions. She, herself, has neuropathy.

A few months ago David Tally became the leader in Grants Pass, Oregon, following Carol Smith's retirement. I don't recall if I gave him congratulations here so I want to be sure that all know he is there and doing a great job. Their meeting is later in the day now to facilitate people working full time as he is. David has Tally Media Group, LLC in Grants Pass, Oregon.

We need leaders for a number of groups. If you wonder why there is not a group near you, it is likely because there is no one stepping forward to lead it. If you are interested, please let me know and I can walk you through starting and/or leading a group. You will not be alone. A primary requirement is that you like people and work well with them. People with a variety of backgrounds serve as leaders. All do a good job, even though no one is doing the job exactly the same as others.

Don't take anything, medication or supplement, without checking with your doctor. In the article on gut involvement in our health you get the idea that any of these can interfere or even cause harm if they interact negatively with something we are already taking to help some problem we have. For an example, I take Warfarin generic for Coumadin, which is a blood thinner. I take a blood test every four weeks regularly. If I eat something I shouldn't or take a medication I've not told them about, I go back to once a week until the balance is again achieved. I have taken

it for 28 years so I'm familiar with it but it can change with a new medication or if I accidentally eat something that has a 'no-no' in it. Supplements can alter it too. Be very careful of supplements. Be sure to know what is in your supplement. Some new ones are actually medicines from other countries that didn't pass the United States tests so they are coming in as supplements, which have no supervision or testing. When enough people die from use without knowing their origin, maybe Congress will rethink allowing them to skirt any scrutiny. We hear anger at pharmaceuticals but not so much big supplement companies.

Be sure you know why you take every medication and supplement you have. Be sure they are all on the list your primary care doctor has so if they prescribe or other doctors prescribe for you, they can avoid interaction that could make you quite ill.

Beware of scammers. I regularly get callers and notes asking about someone who is advertising in their town about a treatment for neuropathy. Maybe they just saw a large ad in the paper or they have gone to one of the lunches or diners that are hosted to draw you in to hear their convincing proclamation. If you fall for it, they want to vacuum your wallet or even let you set a loan to pay for it on time. The trouble is ... it is all a ruse. They may do something in the treatments that feels good or makes you feel like you are making progress, but when the treatments stop, you are soon back to where you were or are worse. This goes for the even medical personnel and others with a variety of treatments sometimes including a type of novacain. If your doctor saw all they do to people in these programs, they would be sickened. I've had calls about lasers and don't find that they are a high quality type; they are not known to be a major help for neuropathy. Doctors who do the random stem cell injections are breaking their oath to do no harm. You can be permanently injured with these as what they put in may not interact with your body but grows at its own pace and direction. There are stem cell helps and cures coming out of stem cell research but they are specifically designed for the person receiving it.

We have had some diet articles in recent issues. In the October, 2019 issue of the Large Print Reader's Digest, an article states that a heart-healthy diet may prevent hearing loss. So, eating right can be quite healthy and helpful to us.

Please take care of yourself and think before you jump into anything you are not totally sure about. You are valuable to us and others who also love you.

Bew

Balance News – Continued from page 6

refined sugar and most heavily processed foods. The pain which I used to experience in my fingers from osteoarthritis has almost completely gone. That pain used to keep me up at night. Diet can have a clear and unmistakable effect on how we experience pain.

Recent news articles are highlighting how even temporary dietary changes can significantly reduce depression as well. In one randomized trial, men and women aged 17-35 in Australia who switched to a healthier diet had fewer depression symptoms after only three weeks. From one study: *"Modifying diet to reduce processed*

food intake and increase consumption of fruit, vegetables, fish, and olive oil improved depression symptoms in young adults. These findings add to a growing literature showing a modest change to diet is a useful adjunct therapy to reduce symptoms of depression."

I quibble with the word "adjunct". I would suggest that diet and/or other alternative depression treatments be tried before pharmaceuticals and that if drug treatment is necessary that those less invasive therapies be continued to minimize drug side effects.



WESTERN NEUROPATHY ASSOCIATION

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2020 Annual Western Neuropathy Conference

Thursday, May 7, 2020
at KVIE, Public Television, Sacramento

SAVE THE DATE and plan on joining us!

PAIN RELIEF TO HELP YOU SLEEP AT NIGHT

Patients and doctors are recommending Frankincense & Myrrh Neuropathy to be given a try. It seems to have helped a sizable number of people. It is said that it takes the edge off pain without negative interactions with prescription medications. It is presented as a safe, non-drowsy, topical rubbing oil with no side effects. Its satisfaction guarantee offers a full product refund to those who don't experience relief.

Anodyne Therapy is listed in our Discount Column in this newsletter. We contacted them recently to be sure they still give a discount. They are excited about how well their units are doing and have additional medical trials and tests that confirm their observations. We are trusting they will be exhibiting at our Annual Conference on May 7 in Sacramento.

They advertise it as getting drug-free relief from burning, tingling, and numbing of foot and leg pain. They say customers with chemo-induced peripheral neuropathy (CIPN) are having a good response. Anodyne Therapy is the only patented method of treating neuropathy using a photo energy device. It is a type of light therapy.

Magni/Life has several types of cream for different types of problems available at Rite Aid, CVS, and Amazon. Some people report good results. There is Leg & Back Pain, Pain & Fatigue Relief, and Muscle Cramp Relief.



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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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