



WESTERN NEUROPATHY ASSOCIATION

December 2019  
Issue 12  
Volume 17

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Awarded by  
GuideStar  
November 13, 2018

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# Neuropathy Hope

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

## ■ A CARDIOLOGIST'S DIET BUILT FOR IMPROVING CHOLESTEROL

**The food plan Wesley Milks, MD, adopted to cut his LDL without meds**

By M. Wesley Milks MD October 29, 2019

As a cardiologist, patients often ask me for ways to lower their cholesterol without taking statins. They wonder how effective and viable alternatives can be and what strategies they can use to lower their cholesterol in other ways.

I often tell my patients at the Ohio State University Wexner Medical Center that diet is key. A focus on a plant-based diet, reducing saturated fat, and increasing fiber with vegetables and whole grains, has been shown to reduce cholesterol levels with or without the use of statins. Those levels can drop further by incorporating supplements like soluble fiber products or plant sterols and stanols.

So, several months ago, when my own LDL cholesterol climbed above the optimal range (<100 mg/dL in primary atherosclerotic cardiovascular disease prevention), I decided to find out for myself.

I'm 34, and have few traditional risk factors for atherosclerotic disease, aside from a family history. But because LDL cholesterol levels are so tightly associated with heart disease risk, I wanted to take action and change the way I eat.

Major portions of my diet, growing up in Ohio, included the standard American fare of bacon, eggs, and toast for breakfast, a sandwich and chips at lunch, and then "meat and potatoes"-based dinners. I indulged in pork barbecue, complete with Southern-style fixings, during medical training in North Carolina. So, I feel equipped to commiserate with my patients by sharing my personal journey down a new path.

I cut back on steaks and burgers and replaced them with more greens and fish. At home, we switched to cooking with plant-based oils, such as grapeseed or sunflower. I began eating more vegetables and grains and added over-the-

counter plant sterol/stanol as well as high-potency fish oil supplements.

I expected to see improvement due to my changes, but when I checked the results after six months, even I was surprised. I had reduced my LDL cholesterol by 29%, which is similar to the effect of low or moderate-intensity statin treatment. Along the way, I learned it's a plan my family and I can work into our normal routine, and one that I believe would potentially be effective for anyone who isn't underweight or dealing with digestive diseases.

Here's how I built a diet I would recommend to anyone trying to lower their cholesterol...

### **Predominantly Pescatarian: My Modified Mediterranean Diet**

Benefits of the Mediterranean diet are generally well-accepted, despite some scrutiny of the scientific rigor of the PREDIMED trial, and it's likely a good basis for many individuals. I appreciate the emphasis on fish and healthful oils, but I think putting olive oil on a health pedestal is extreme. Olive oil's monounsaturated fatty acids are clearly more beneficial for health than saturated fat but likely not as metabolically helpful as certain polyunsaturated fats like alpha-linoleic acid or omega-3 polyunsaturated fatty acids.

I also appreciate the focus on limiting land-based meat, but I think the average American's diet still includes more saturated fat than I aim for, particularly in preparations involving poultry skin. Low-fat vegetarian diets have long been touted as capable of reversing atherosclerotic plaque, but I often see that accompanied by increased carbohydrate intake, which can lead to weight gain and metabolic syndrome at the expense of potentially healthy fats.

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## 2019 WNA Board of Directors

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upcoming meeting.**

**Bev Anderson**  
Editor

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# Roster of Our WNA Information and Support Groups

## ALERT TO ALL CONSULTING THE ROSTER

Most support groups do not meet in December. However, a few do. If you don't know for sure, please call the phone number listed to check before going. Auburn does meet in December.

### CALIFORNIA

#### Auburn

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

#### Castro Valley

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

#### Concord

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

#### Davis

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

#### Elk Grove

No meeting until the new Center opens  
and meeting space is made available.  
TBA

Roger White (916) 686-4719

#### Folsom

3<sup>rd</sup> Wednesday, 1:00 PM  
Association Resource Center  
950 Glenn Dr., Suite 150  
Bev Anderson (877) 622-6298

#### Fresno

3<sup>rd</sup> Tuesday, 11:00 AM  
United Community Church of Christ  
5550 N. Fresno St.  
Bonnie Zimmerman (559) 313-6140

#### Grass Valley

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

#### Merced

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

#### Modesto

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

#### Monterey

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

#### Napa

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

#### Placerville

2<sup>nd</sup> Wednesday, 1 PM  
El Dorado Senior Center  
937 Spring Street  
Bev Anderson (877) 622-6298

#### Roseville

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

#### Sacramento

3<sup>rd</sup> Tuesday, 1:30 PM  
Northminster Presby. Church  
3235 Pope Street  
Bev Anderson 877-622-6298

#### San Diego

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

#### San Francisco

2<sup>nd</sup> 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

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

#### Santa Barbara

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

#### Santa Cruz

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

#### Santa Rosa

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

#### Walnut Creek

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

#### Westlake Village - Thousand Oaks

2<sup>nd</sup> 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

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

### OREGON

#### Grants Pass

3<sup>rd</sup> Wednesday 6 – 7:30 PM Dec., July, Aug.  
3<sup>rd</sup> Wednesday 4:30 to 6:00 PM All other months  
Club Northwest  
2160 N.W. Vine St.  
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.

## President's Message By Bev Anderson



**I think I can see 2020 from here.** Can you see it? It is not far away, that is for sure. And here comes December with so much to do and so much festivity. Some holiday is happening almost every day. Some holidays go for many days. A significant component of celebrating for most of us is family. People we don't see all year will be here as they have before, and it is like you saw them yesterday. At the family Christmas gathering that I attend, I represent the first generation of five as I'm the step-great-great grandmother of eight. Not everyone is there due to distance, but I see the others at some point during school vacations. It likely is similar to your family gatherings, no matter what holiday you are celebrating.

**December 3 is the Tuesday after Thanksgiving and dubbed 'Giving Tuesday'.** It is a national day encouraging donations to nonprofits. You likely have received my WNA end-of-the-year letter mentioning it. We are hoping many will donate something that day or thereabouts.

**This issue continues looking at diet and other things we put in our stomachs.** There is so much out there telling you this or that. Make choices of what you eat carefully, noting if it seems to be good for you or not. Talk to your doctor about the type of diet they would recommend. If you have special needs, there may be a diet that a doctor will recommend for you. Know why you take any supplement and be sure all are on the list your doctors have. If they prescribe something that does not go with a supplement you use, they will need to talk with you about it. If it is not on your medication list, they won't know what happened when you report a reaction.

**One of the most critical diet ingredients we tend not to be careful enough about is vegetables.** I take Warfarin, so my usual vegetable choices have to be balanced. During the blackouts, my planning was not thought through enough resulting in my usual vegetable intake being altered. The blood test I took not many days after the lights came on was skewed drastically. I was surprised at how much difference it made. At the same time, I took a fasting blood test. What I've seen so far also has surprises. Take it from me; please eat your veggies. I'm including a recipe in this issue that might help us all eat more veggies. It is from a friend of mine. You will note some options. You might make it both ways and choose which you like best.

Happy holidays (there are many of them from now into January. Enjoy!),

*Bev*

## 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](http://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](http://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:

- 25739706 This article discusses deep gluteal syndrome often referred to as piriformis syndrome, manifested by hip and buttocks pain. This is caused by entrapment of the sciatic nerve and can be diagnosed by magnetic resonance neurography (MRN) with endoscopic correlation. Infiltration with local anesthetic and corticosteroid can contribute to the diagnosis as well as the treatment.
- 25574881 Sciatica and buttocks pain can be caused by pressure of the piriformis muscle on the sciatic nerve, mimicking sciatica caused by an intervertebral disc impinging on that nerve. It can be reproduced by pressing deep into the buttock. Physical therapy is commonly used to stretch the muscle and relieve pain. Some cases require injection of corticosteroid or botulinum toxin.

### 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](http://www.Medicare.gov)

...

#### The Affordable Health Care Act

For current information go to [www.HealthCare.gov](http://www.HealthCare.gov)

...

#### HICAP

#### Health Insurance Counseling

for seniors and people with disabilities.  
[www.cahealthadvocates.org](http://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](http://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](http://www.anodynetherapy.com)

### Auburn

#### The Footpath

825 Lincoln Way  
(530) 885-2091  
[www.footpathshoes.com](http://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 diseases 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.

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 antidiabetics, 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 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

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## Commonly Used Meds Found to Profoundly Alter Gut Microbiome

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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

## 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](http://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](http://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](mailto:info@pnhelp.org).

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

## A Cardiologist's Diet Built for Improving Cholesterol – Continued from page 1

### Less Red Meat

Like many, I'm disappointed by the recent NutriRECS Consortium recommendation that people should "continue current [levels of] processed meat and unprocessed red meat consumption" despite cited information that a reduction in such consumption likely has health benefits. An analysis of multiple studies involving hundreds of thousands of people concluded that diets with less red and/or processed meat were associated with a reduction of approximately 14% in cardiovascular mortality over a period of four to 26 years.

The Consortium suggested that these benefits of red/processed meat reduction "probably do not outweigh the undesirable effects (impact on quality of life, burden of modifying cultural and personal meal preparation and eating habits)." My own experience is a rebuttal to this argument. I have enjoyed challenging my historical dietary norms and have already realized significant cholesterol reduction and some weight loss as a result. Unfortunately, I can't prove that I'm preventing a heart attack from occurring.

### Not Quite Vegan

Though I do support reduced meat consumption on a societal level, I didn't become fully vegan because I accept many dairy and seafood products, particularly fish, as part of a healthy diet, assuming one pays attention to dietary sources of cholesterol such as egg yolk and shrimp.

My family would describe me as adventurous with plant-based protein sources like tofu, quinoa, and chia seeds, but I still crave a protein-dense option that, I've found, can only be satisfied by fish. In addition, omega-3 polyunsaturated fatty acids in fatty fish such as salmon and sardines have proven health benefits. I have nothing against a vegan diet, but I personally don't want

to miss out on the dietary satisfaction and potential health benefits from fish.

### Fewer Carbs, Not Zero Carbs

I appreciate the benefits of promoting carbohydrate reduction in individuals who are overweight, particularly if they have a cardiometabolic profile of prediabetes that includes hyperglycemia and hypertriglyceridemia. However, I don't promote strict, very-low-carb diets in individuals of normal weight who have elevated cholesterol, given that many low-carb or "ketogenic" diets may actually raise LDL cholesterol.

One patient of mine adopted the ketogenic diet to lose weight and found that her LDL cholesterol tripled, likely because she replaced the carbohydrates with a lot of breakfast meat such as bacon and pork sausage. The choice of fats that replace carbs in the diet needs very special attention in people contemplating a ketogenic diet. These low-carb diets may severely restrict nutrient-dense foods that offer cardiovascular benefits and show mixed effects on LDL cholesterol levels.

I tell my patients that we celebrate small successes in change together, as something as fundamental to identity as dietary choices usually takes a long time to evolve.

M. Wesley Milks, MD, is a cardiologist and clinical assistant professor of medicine at Ohio State University Wexner Medical Center in Columbus. He has a focus in cardiovascular disease prevention, which includes management of lipid disorders and advanced cardiovascular risk prediction tools. Milks is a Diplomate of the American Board of Clinical Lipidology.

Milks disclosed no relevant relationships with companies or entities.

Last updated 10.29.2019

## SWEET AND SOUR VEGGIES

Recipe from a friend • A tasty way to serve vegetables

- 1 pound carrots – peel and slice on the diagonal
- 1 green bell pepper cubed
- 1 onion cubed
- 1 can of chunk pineapple
- ¼ cup sugar
- 1 teaspoon soy sauce
- 1 pinch of salt
- 1 tablespoon vinegar
- 1 tablespoon cornstarch



Add pineapple juice from the can to the carrot juice, and also add ¼ cup sugar, 1 teaspoon soy sauce, 1 tablespoon of vinegar, and a pinch of salt. (The vinegar is optional.)

Boil liquid. When boiling add 1 tablespoon of cornstarch. (Shake it up in a small amount of the liquid reserved from the pot and then return it gradually, stirring as you add it.)

Add bell pepper and onion – cook until it bubbles.

Add carrots and pineapple and heat them through. Including the pineapple here is optional.

Cook carrots in sparse water – about 1 cup.  
Drain carrots but reserve juice.

## EicOsis ANNOUNCES SBIR GRANT AWARD FROM NCI/NIH

Funds will be used to evaluate the potential of drug candidate EC5026 to treat cancer-associated pain

DAVIS, Calif., Oct. 30, 2019 /PRNNNewswire/ -- EicOsis LLC, a pharmaceutical company developing a new oral non-narcotic analgesic, announced today it has been awarded a \$268,000 Small Business Innovation Research (SBIR) grant from the National Cancer Institute (NCI), part of the National Institutes of Health (NIH). The grant funding will support preclinical testing of EicOsis drug EC5026; an inhibitor of the soluble epoxide hydrolase (she) enzyme, for chronic neuropathic pain associated with certain chemotherapy drugs.

EC5026 is an orally active potent small molecule that has been shown to be highly efficacious for pain relief of both inflammatory and neuropathic pain in a variety of animal species. EicOsis will evaluate if EC5026 is also effective to relieve pain during cancer treatment. This work, led by Dr. Karen Wagner, will test the EicOsis compound in preclinical models of chemotherapy-induced peripheral neuropathy. EC5026 is currently being advanced to Phase 1 human clinical trials for neuropathy pain with financial support from Blueprint Neurotherapeutics Network (BPN) of the NIH.

According to the NCI, pain is a common reason for halting life-saving chemotherapy treatments, highlighting the importance of managing pain adequately. Current therapeutic options are typically ineffective at managing this pain and can have undesirable side effects and addiction potential. EC5026 is a first-in-class analgesic therapy with a novel mechanism of action that has a high potential of impacting chronic pain treatment in humans.

“Chemotherapy-induced peripheral neuropathy often results in persistent symptoms and long-term functional disability, reducing the quality of life of cancer survivors,” said Dr. Primo Lara, director of the NCI-designated UC Davis Comprehensive Cancer Center. “Current available treatments are not consistently efficacious in cancer patients and there is a clear need to evaluate alternative approaches. We look forward to learning how the drug may be beneficial.”

The patented technology was developed by Dr. Bruce Hammock, a distinguished UC Davis professor. SOURCE: EicOsis Related Links: <http://www.eicosis.com>

## GETTING SAFELY UP AFTER A FALL

By Vanessa Kettler

- The very first thing you should do after you fall is nothing. Call for help.
- Check yourself out for injury. Do not attempt to get back up again if you feel anything hurting. Make certain it is safe to move.
- Move yourself over to a piece of sturdy furniture.
- If possible, do not crawl on your hands and knees to get there. The nerve endings in the knees are so close to the skin surface that it is very painful for most older people to crawl.
- Instead “scoot” backwards. Scooting is done by sitting on the floor with your legs in front of you and using your hands pushing against the floor to move yourself backwards.
- After reaching something sturdy, kneel on one knee as you put the other foot flat on the floor. Use your arms to pull yourself up. To alleviate the pain of kneeling, place something under your knee like folded clothing or even your pocketbook.



- As an alternative, try to push yourself off the floor instead of pulling yourself up.

It is very important to report your fall to your health care provider. Even if you have suffered no physical injury. Falls are significantly underreported. It is essential for your doctor to have a clear understanding of your health and the challenges you face. They can help in many ways.



# WESTERN NEUROPATHY ASSOCIATION

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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.

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