WESTERN NEUROPATHY ASSOCIATION

CELEBRATING OUR 27TH YEAR!

Neuropathy Hope

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

A newsletter for members of Western Neuropathy Association (WNA)

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Issue 04
Volume 23

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WHAT REALLY WORKS FOR NERVE PAIN

Hallie Levine; *Consumer Reports.org*; January 26, 2025 (submitted by Kris Langenfeld, Director)

Have you experienced pain or tingling in your hands or feet? Those are signs of possible neuropathy, "a general term for nerve dysfunction in your limbs," says Eva Feldman, MD, PhD, a professor of neurology at the University of Michigan Medical School in Ann Arbor.

The likelihood of neuropathy appears to increase with age. That's partly because the number of nerve cells in your body declines over the years, and those that remain become less functional. And "if they are damaged by injury or an underlying medical condition, they struggle more to recover," says Anne Louise Oaklander, MD, PhD, an associate professor of neurology at the Harvard Medical School.

Chronic conditions such as diabetes and autoimmune disease and treatments such as some kinds of chemotherapy can cause neuropathy, too, Oaklander says. Long-term untreated hypothyroidism, kidney disease, and obesity can also increase the risk, according to the Mayo Clinic. Another potential cause is vitamin B12 deficiency, which is thought to affect at least 20 percent of adults over age 60, says Kunal Desai, MD, an assistant professor of neurology at the Yale School of Medicine in New Haven, Conn.

Finding Relief

How your neuropathy is treated usually depends on the cause, Feldman says. If it's type 2 diabetes, exercise and weight loss, if needed, can improve symptoms, according to a 2022 review in the journal Lancet Neurology. Neuropathy due to an autoimmune disorder, hypothyroidism, or a vitamin B12 deficiency often eases once the underlying condition is corrected. If it's caused by chemotherapy, your doctor may change your regimen or advise a treatment break.

If those steps aren't enough, medication may help. The American Academy of Neurology advises trying tricyclic antidepressants like amitriptyline, serotonin norepinephrine reuptake inhibitors such as duloxetine (Cymbalta) and venlafaxine (Effexor ER), or gabapentinoids like gabapentin (Neurontin and others). A topical prescription capsaicin patch helps, but it can cause a rash or burning sensation.

If you have foot neuropathy, you should see a podiatrist several times a year to have your feet checked for sores, ulcers, and signs of infection. You should also examine your feet daily.

And if you're 50 or older, make sure to get Shingrix, the two-dose shingles vaccine. Shingles can cause a painful condition called postherpetic neuralgia, which has similar symptoms to neuropathy, Feldman says. Shingrix has been found to be more than 90 percent effective at preventing it in people who get shingles.

(*Editor - There is not much new in this article BUT the disease is getting attention in the mainstream press. Regarding the doctors mentioned: Dr. Feldman is associated with Michigan Medicine who claim she "…is one of the world's leading authorities on neurodegenerative diseases." Dr. Oaklander has authored 166 papers on neuropathy with one of the latest on long-COVID and small-fiber neuropathy. And Dr. Desai emphasizes the importance of teamwork when treating his patients and regularly reaches out to his patients' primary care doctors to update them on treatment progress. Check out the August 2022 issue of Neuropathy Hope for the American Academy of Neurology's (AAN) updated treatment guidance on painful diabetic neuropathy (PDN).)*

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PERIPHERAL NEUROPATHY SUPPORT GROUPS – MAY 2025 SCHEDULE

Join a meeting to help others, learn something new, and/or share experiences.
In-person or virtual – connect to others with peripheral neuropathy.

	Houston TX Peripheral Neuropathy Support Group (1st Saturday of the last month in each quarter) Next meeting Saturday, June 7, 2025 **Santa Cruz CA Peripheral Neuropathy Support Group** After many years, the Santa Cruz support group will be dissolving. Many thanks to Mary Ann Leer and Clyde Vaughn for their continued leadership and efforts to help those suffering from peripheral neuropathy in the Santa Cruz area.
In-Person 5 Monday	**Auburn CA Peripheral Neuropathy Support Group** **12 noon - 1:30pm Pacific** Unity of Auburn, 1212 High Street, Auburn, CA Host – Pam Hart, *pamhart@pnhelp.org*, and Cass Capel, *cassbrowncapel@me.com*
Virtual 7 Wednesday	**1st Wednesday Strategies for Singles with Neuropathy Support Group** **4pm Pacific / 5pm Mountain / 6pm Central / 7pm Eastern (1 hour long)** Meeting ID: 977 1022 2791 / Passcode: 401294 Host – Erika McDannell, contact Erika for Zoom link
Virtual 10 Saturday	**2nd Saturday Peripheral Neuropathy Support Group** **11am Pacific / noon Mountain / 1pm Central / 2pm Eastern (2 hours long)** Meeting ID: 857 8287 7624 / Passcode: 369333 Host - Katherine Stenzel, contact Katherine for Zoom link
Virtual 13 Tuesday	**2nd Tuesday Peripheral Neuropathy Support Group** **2pm Pacific / 3pm Mountain / 4pm Central / 5pm Eastern (90 minutes long)** Meeting ID: 980 2190 9000 / Passcode: 784590 Host – Shana Phelps, contact Shana for Zoom link *(everyone welcome, Colorado focus on healthcare providers)*
Virtual 14 Wednesday	**2nd Wednesday Chemo-Induced Peripheral Neuropathy (CIPN) Support Group** **2pm Pacific / 3pm Mountain / 4pm Central / 5pm Eastern (90 minutes long)** Meeting ID: 830 5538 3243 / Passcode: 396320 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual 21 Wednesday	**3rd Wednesday Peripheral Neuropathy Support Group** **10am Pacific / 11am Mountain / Noon Central / 1pm Eastern (2 hours long)** Meeting ID: 833 4473 0364 / Passcode: 341654 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual 21 Wednesday	**3rd Wednesday CIDP and Autoimmune Support Group** **3pm Pacific / 4pm Mountain / 5pm Central / 6pm Eastern (1 hour long)** Host - John Phillips, contact John for Zoom link
Virtual 24 Saturday	**4th Saturday Peripheral Neuropathy Open Discussion** **11am Pacific / noon Mountain / 1pm Central / 2pm Eastern (2 hours long)** Meeting ID: 851 7949 9276 / Passcode: 159827 Host - John Phillips, contact Katherine for Zoom link

Contact emails in the sidebar Board of Directors listing.
Support Group information can also be found on ***www.pnhelp.org*** under the Support Group tab.

FROM THE PRESIDENT Pam Hart, WNA President

National Neuropathy Awareness Week, May 12-16

Each year during the second week of May, individuals, families, and communities come together to observe National Neuropathy Awareness Week. This important observance shines a light on neuropathy—a condition that we know so well. Please join us to educate the public about the condition, raise awareness about its impact on daily life, and promote better understanding of the need for early diagnosis and treatment.

The Importance of Raising Awareness

Neuropathy can be an invisible illness, making it difficult for others to understand the severity of the condition. Because the symptoms often worsen over time, individuals with neuropathy may face challenges in managing their day-to-day lives. By observing National Neuropathy Awareness Week, we can bring more attention to this condition.

The week serves as an opportunity to:

- **Educate the public**: Many people are unaware of what neuropathy is and how it impacts those who suffer from it. By sharing information, people can learn about the early warning signs, which may lead to a quicker diagnosis and more effective treatments. We have information cards that can be distributed – email your request to *admin@pnhelp.org*.
- **Promote support for patients**: Those with neuropathy may feel isolated in their struggle. Awareness Week encourages communities to offer support, understanding, and resources for individuals living with the condition. Our support groups continue to meet online at various times during the month. You can find a time that will work for you in this newsletter.
- **Encourage research**: Awareness Week also highlights the need for further research into the causes and treatment options for neuropathy. Medical advancements, particularly in areas like pain management, stem cell therapy, and nerve regeneration, are essential to improving the lives of those affected by neuropathy.

How You Can Get Involved

There are many ways to participate in National Neuropathy Awareness Week:

- **Spread the word**: Share information about neuropathy on social media, in your community, or at your workplace. The more people who know about the condition, the greater the chance of better support and understanding for those affected. Attending a support group not only helps you – but others who can learn from your experiences.
- **Wear or display WNA products**: We now have some awesome products that will grab attention and start the conversation about neuropathy. Please help us by visiting the merchandise store at our website, *www.pnhelp.org/store*, and purchasing a product that will encourage these discussions. Wear a T-shirt to your doctor's appointment, carry a bag with our message, drink out of a mug that will inspire questions.
- **Advocate for better care**: If you or a loved one is affected by neuropathy, consider advocating for better access to treatments, and patient resources. Our Peripheral Neuropathy Patient Toolkit, *www.pnhelp.org/patient-toolkit-0*, contains documents to help patients advocate with their healthcare team by providing detailed guides and treatment descriptions.
- **Support the Western Neuropathy Association**: Your continued membership and donations help us to get the word out to others and to find new and creative ways to manage this disease. Our organization is a registered non-profit and is listed on many charity sites such as Benevity, Guidestar, Charity Navigator and *NGOs1.com*.

Final Thoughts

National Neuropathy Awareness Week is an essential reminder of the challenges faced by those living with neuropathy and the importance of raising awareness about this often-overlooked condition. By educating ourselves and others, we can foster a more supportive and informed community for people who are affected by neuropathy, ensuring they receive the care, attention, and resources they deserve.

During this week, take a moment to reflect on how you can contribute to a world with greater awareness and understanding of neuropathy. Whether through advocacy, education, or support, your involvement can make a meaningful difference in the lives of those affected.

To your health,

Pam
pamhart@pnhelp.org

HEALTH CARE CHALLENGES WEBSITES
(updated)

SHIPs
State Health Insurance Assistance Programs
www.shiphelp.org
(877) 839-2675

Help for navigating the complexities of Medicare. Search the website for your specific state program.

Medicare Rights Center
www.medicarerights.org
(800) 333-4114

Non-profit that works to ensure access to affordable health care for older adults and people with disabilities.

Medicare
www.medicare.org
(800) MEDICARE
(800) 633-4227

Get started with Medicare, options, news.

Benefits and Insurance for People with Disabilities
www.usa.gov/disability-benefits-insurance
(844) USAGOV1
(844) 872-4681

For those with a disability, learn how government programs and services can help in your daily life.

Differences Between Peripheral Neuropathy And Multiple Sclerosis

Julie Stachowiak, PhD; *VeryWellHealth.com*; October 08, 2023

Peripheral neuropathy (PN) and multiple sclerosis (MS) are neurological disorders that share several symptoms, including pain and paresthesias (abnormal sensations). Either condition can make it difficult to use your arms and hands or to walk. Despite these similarities, PN and MS are completely distinct diseases with different causes and treatments. Both of them can worsen if they are not medically managed, so it is important to seek medical attention if you experience neurological symptoms. While you may be diagnosed with one of these conditions, it's possible to also have the other or an entirely different neurological issue as well. This article will explore the symptoms, causes, diagnostic procedures, and treatments of PN and MS.

SYMPTOMS

The two conditions share some symptoms, but, in general, MS produces a wider range of symptoms than PN does. Both MS and PN can cause tingling, pain, or decreased sensation of the hands, arms, feet, or legs, but patterns and timing differ.

The tingling and other sensory problems of MS tend to affect one side of the body, while both sides generally are affected in PN in what is described as a "stocking-glove" pattern. MS is more likely than PN to cause muscle weakness, but some types of PN can make you weak as well. MS is also much more likely than PN to cause bowel and bladder control problems; sexual difficulties; visual problems; slurred speech and trouble swallowing. Cognitive (thinking and problem solving) difficulties are only seen in MS patients.

Timing and Pattern

Most patients with MS develop weakness and numbness as a part of a flare-up, so symptoms usually develop over a couple of days and persist for a few weeks. They tend to improve afterward, especially if you seek medical help and start treatment right away. On the contrary, most neuropathies are chronic, meaning symptoms develop slowly over time and last a long time. Symptoms tend to initially affect the feet, followed by lower legs and subsequently the hands.

CAUSES

Peripheral neuropathy and multiple sclerosis affect different areas of the nervous system.

- Multiple sclerosis affects the brain, spinal cord, and optic nerves, which are areas of the **central nervous system**.
- Peripheral neuropathy affects the **peripheral nervous system**, which includes sensory and motor peripheral nerves located throughout the body in areas such as the arms and legs.

MS is believed to occur when the body's own immune system attacks the myelin (a fatty protective layer that coats nerves) in the central nervous system. This interferes with the nerves' ability to function properly, resulting in the symptoms of MS. Genetics and environmental factors are believed to contribute to this inflammatory autoimmune demyelination.

A number of conditions can damage the peripheral nerves and lead to PN. Common causes include type 1 or type 2 diabetes (conditions affecting how your body turns food into energy); chronic kidney disease; hypothyroidism (underactive thyroid); some autoimmune diseases, including systemic lupus erythematosus or rheumatoid arthritis (conditions that occur when your immune system mistakenly attacks healthy cells); HIV (human immunodeficiency virus) infection; herpes simplex virus (HSV) infection; toxins, such as lead, mercury, and heavy alcohol intake; injury-related nerve damage; alcohol overuse and certain medications (including some HIV medications and chemotherapy).

Some peripheral neuropathies, called mononeuropathies, affect only one nerve, whereas others (polyneuropathies) affect multiple nerves. Furthermore, different neuropathies either result from damage to the axons (nerve fibers) or the myelin.

DIAGNOSIS

While MS is primarily thought of as affecting the CNS, there is evidence of effect in the PNS as well so it's not cut and dry. Your physical examination is likely to be very different when it comes to PN and MS. For example, reflexes are decreased or absent in PN, whereas they are brisk with MS. And MS can cause spasticity, or stiffness of the muscles, while PN does

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not. Also, with PN your sensory deficit is almost always worse distally (farther away from your body) than proximally (closer to your body), while this pattern is not present in MS.

Despite those differences, diagnostic tests are often performed to confirm what is causing your symptoms as well as the extent and severity of your illness.

Diagnostic Tests

Blood work can be helpful in identifying many of the causes of PN, but blood tests are usually normal in MS. However, blood tests can identify illnesses that may mimic MS, such as another autoimmune condition or an infection.

Nerve tests like electromyography (EMG) and/or nerve conduction velocity(NCV) studies are expected to show signs of PN, but they are not associated with any abnormalities in MS. In some cases of PN, nerve biopsy can also serve diagnostic purposes.

Magnetic resonance imaging (MRI) typically shows signs of MS but usually doesn't show significant changes in people with PN.

A lumbar puncture, also known as a spinal tap, is considered the gold standard for diagnosing MS as it can detect compounds called oligoclonal bands (OCBs) found in the cerebrospinal fluid of 95% of people with MS. A lumbar puncture can also provide evidence of PN by detecting certain proteins that increase during demyelination.

TREATMENT

Treatment of the underlying disease process differs for MS and PN, but symptomatic treatment is often the same. For example, treatment of painful paresthesia in MS and PN can include:

- Nonsteroidal anti-inflammatories (NSAIDs, such as Advil, a type of ibuprofen, or Aleve, a type of naproxen)
- Certain antidepressants like Elavil (amitriptyline) or Cymbalta (duloxetine)
- Certain anticonvulsants like Lyrica (pregabalin) or Neurontin (gabapentin)
- Topical medications like topical lidocaine or capsaicin

Besides medication, other pain-alleviating therapies used in both illnesses include:

- Transcutaneous electrical nerve stimulation (TENS)
- Complementary therapies like acupuncture or massage

There are no effective treatments for sensory loss. Occupational therapy and physical therapy may be of some benefit in terms of adjusting to the loss of sensation in both MS and PN.

Treatment of the diseases themselves differs. A number of MS disease-modifying treatments (DMTs) are used to prevent progression and MS exacerbations (flare-ups). Exacerbations are typically treated with intravenous (IV) steroids.

Peripheral neuropathy is treated based on the underlying cause. For example, if diabetes is the culprit, then getting your blood sugar under control is a primary goal. If a medication or toxin is causing the side effect, removing or stopping the offending agent is important. In general, management of PN focuses on preventing additional nerve damage, as there's no medication for repairing nerves. If the neuropathy is caused by compression of a single nerve, like in carpal tunnel syndrome, surgery can be effective.

For severe cases of MS or some forms of PN, intravenous immune globulin (IVIG) therapy may be used. With IVIG therapy, you'll receive high levels of proteins that work as antibodies (immunoglobulins) to replace your body's own stores. This procedure helps suppress immune system activity and works to prevent your body from destroying its own cells. Similar to IVIG, plasmapheresis, which is plasma exchange, can be an option for severe cases of MS and PN. With this procedure, blood is removed from the body and filtered through a machine so that harmful substances can be removed before the blood is returned to the body. It is less commonly employed than IVIG.

It's helpful to keep a log of your symptoms so you can describe them in detail to your doctor/health care team. Include any patterns in their occurrence and aggravating or provoking factors.

WHAT CAUSES GOUT PAIN?

Lauren Freid, MD; *HealthCentral.com*; November 8, 2024

If you've experienced gout, you know it can be agonizing. It's a type of arthritis that most commonly targets the big toe, flaring up when your body can't adequately flush out certain natural chemicals. The buildup of those chemicals can lead to severe joint pain and lingering discomfort; inflammation, tenderness, and redness in your joints; and limited range of motion for days or even weeks, according to the Mayo Clinic.

Getting a grip on all those symptoms starts by understanding what's happening in your body when an episode of gout strikes—and what you can do to get things back under control.

What Is Gout?

Gout is the most common form of inflammatory arthritis, according to the Arthritis Foundation. In addition to targeting the big toe, gout can cause pain in other joints, including your ankles, elbow, feet, hands, knees and wrists. The National Kidney Foundation estimates that 8.3 million American adults have gout, about three-quarters of them men.

Gout results from a buildup of a waste chemical called uric acid, a byproduct of the breakdown of chemicals called purines. Your body continually makes purines and then breaks them down while simultaneously making a new supply. You also get purines from the foods you eat.

"Purines come from proteins in your diet or from the natural breakdown of your cells, such as blood cells, [when those cells] are replaced with young cells," says Theodore Fields, M.D., a rheumatologist who specializes in the treatment of gout at the Hospital for Special Surgery in New York City.

Purines can be found in every cell in your body. But what do they do? "Purines are natural compounds and are part of your building blocks of DNA and RNA in your cells," explains Kirti Shanker, M.D., a family medicine specialist at The Ohio State University Wexner Medical Center in Columbus, OH.

According to the Cleveland Clinic, the following foods contain high amounts of purines: alcohol; high-fructose corn syrup, an ingredient found in many processed foods; meat, particularly red meat, but also game meats like venison, as well as organ meats, such as liver and kidney, plus gravy and meat sauces, too; some seafood, such as cod, haddock, herring, scallops, mussels, trout, and tuna; sugary foods and drinks; and turkey, particularly deli-processed turkey.

The Role of Your Kidneys in Gout

Once purines have broken down into uric acid as a waste product, your body works to remove it from your system. Your kidneys handle most of this process by filtering uric acid out of your blood. "It then gets eliminated or excreted through your kidneys into your urine," Dr. Shanker explains.

But if you have too much uric acid in your system—a condition called hyperuricemia—your kidneys may not be able to filter and eliminate the excess amount. What happens then? When you "can't break down the uric acid any further," all that extra uric acid has to go somewhere, says Dr. Fields. "If the uric acid levels get too high, the crystals of uric acid, called sodium urate crystals, can deposit in multiple sites in the body, including the joints."

Now, Your Immune System Kicks In

Those crystals don't belong in your joints. Your immune system, therefore, treats them as foreign bodies and goes on the attack, triggering a complex immune response.

First, the immune system deploys a type of white blood cell called macrophages to surround the urate crystals and ingest them in a process called phagocytosis, says Dr. Fields. As they're busily gobbling up the crystals, the white cells release inflammatory chemicals called cytokines. These small proteins then stimulate the immune system to send even more white blood cells to the joint. "These cytokines also cause the signs and symptoms of inflammation—redness, heat, swelling, and pain," explains Dr. Fields.

And your big toe is usually the target. Why? Dr. Shanker says it's because your toe is so far from your core, where your heart and many of your other major organs are. For that reason, it gets less blood flow and has a lower temperature than the rest of your body, making it conducive to the formation of uric acid crystals, she adds.

How Your Body Tries to Fight Off Gout Attacks

"Fortunately, the body has multiple built-in mechanisms to stop gout flares," notes Dr. Fields. For example, different types of white blood cells (macrophages) race to the joints when urate crystals first form. Some types increase inflammation,

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WHAT CAUSES GOUT PAIN?

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while some may decrease it. "The types that decrease inflammation appear to become more frequent over time, resulting in an easing of [gout] symptoms," Dr. Fields explains. But that doesn't mean your gout has gone away.

THE FOUR STAGES OF GOUT

STAGE 1

In the first stage, uric acid is elevated but no symptoms occur.

STAGE 2

In the second stage, acute gout attacks cause intense pain and inflammation in one or more of your joints.

STAGE 3

Called intercritical periods, the third stage of gout stage involves periods between attacks. These can last months, possibly years, according to the Arthritis Foundation. You'll feel normal, but you will remain at risk of recurrent attacks.

STAGE 4

This is advanced gout, or "chronic tophaceous gout," in which deposits of uric acid called tophi (pronounced toe-fi) form. Dr. Shanker describes them as large, chunky clumps and says that they develop over years and years of untreated gout. They can damage your joints and cause deformity. Frequent gout attacks occur at this stage, and there is often pain between attacks. About one in five people with untreated gout will reach this stage, says Dr. Fields. With treatment, most people never reach this stage.

Medications for Preventing and Treating Gout

In fact, gout rarely goes away entirely on its own. "Generally, we do need to treat it," notes Dr. Fields. The following medications are used for gout.

- **Colcrys and Mitigare** (colchicine). Colchicine is a prescription anti-inflammatory drug that is specifically for gout to both prevent and treat it.
- **Corticosteroids.** These prescription anti-inflammatory medications can be taken either in pill form or via injection. Less inflammation can help decrease gout flares. Corticosteroids are given for up to two weeks.
- **Krystexxa** (pegloticase) is a treatment for chronic refractory gout. (Refractory means your gout is not responding to the treatment you are taking.) The enzyme in the medication works to metabolize the uric acid and eliminate it through your urine.
- **Non-steroidal anti-inflammatory agents** (NSAIDs). These meds include over-the-counter painkillers such as Advil and Motrin (ibuprofen) and Aleve (naproxen), and prescription-strength drugs including Celebrex (celecoxib), Indocin (indomethacin), and Naprosyn (naproxen). They help treat the pain gout causes and can help decrease inflammation in your body, but they don't prevent urate crystals from forming.
- **Zyloprim** (allopurinol) is a medication that lowers the level of uric acid in your blood. Dr. Fields says that current guidelines advise starting this drug if you have two or more gout attacks in a year. You'll take this indefinitely to prevent gout flares and tophi.

Risk Factors

Dr. Shanker says any of the following can increase your risk of gout:

- **Chemotherapy** If you're undergoing chemotherapy, be aware that this type of treatment, which kills cancer cells, causes the release of purines, which in turn ups your risk of gout (and kidney stones), according to the Hospital for Special Surgery.
- **Existing Kidney Problems** Kidney disease, as well as genetic defects that affect the kidneys (including autosomal-dominant tubulointerstitial kidney disease-UMOD, or ADTKT-UMOD), can lead to an excess of uric acid in your system because your kidneys are not fully capable of filtering it out of your blood and into your urine.
- **Obesity** If you are obese, your belly fat can increase the production of cytokines, which means more existing inflammation in your body that can trigger gout, according to the Arthritis Foundation. Also, your kidneys can't function as efficiently as well when you're obese, with a diminished ability to rid your body of uric acid.
- **Taking Certain Medications** Diuretics, often used to treat high blood pressure, and low-dose aspirin can both interfere with your body's ability to excrete uric acid, says Dr. Shanker.

Key Takeaways

The complex process that leads to gout involves the buildup of excessive amounts of uric acid, which forms crystals that lodge in your joints—most often in your big toe—and cause agony. Remember, gout is both preventable and treatable with medications and dietary changes, our experts say.

WESTERN
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NATIONAL NEUROPATHY AWARENESS WEEK

– MAY 12-16, 2025 –

IN THIS ISSUE

The **front-page article on treatment for nerve pain** is from Consumer Reports! While there is not anything new revealed, Dr. Oaklander's comment on the number of nerve cells declining as we age was eye opening. I had never heard of that before. Not only do we have less cells – but those cells are less functional! So, a double whammy. AND if they are diseased, they struggle to recover! Yikes!

Be sure and read our President's column on **Page 3** to learn how you can participate and advocate during **National Neuropathy Awareness Week.** From wearing or using WNA branded products that may encourage conversation to increasing your knowledge about this disease, there is much that you can do to help the cause. And thank you in advance!

Do you have pain in your big toe? Big pain in your big toe? It may not be neuropathic pain – but **GOUT! Page 6 and 7** have a very detailed explanation about gout – who, what and where. I found it fascinating to read, mostly because it's treatable with medication and diet. So don't automatically assume that any/every pain is from your neuropathy – it may have an entirely different cause.

May these give you Hope.
..Katherine
klstenzel@hotmail.com

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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.

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