WESTERN NEUROPATHY ASSOCIATION

CELEBRATING OUR 26TH YEAR!

# Neuropathy Hope

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

A newsletter for members of Western Neuropathy Association (WNA)

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**WESTERN NEUROPATHY ASSOCIATION**
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## WHY IS NEUROPATHY WORSE AT NIGHT?

Khosro Farhad, MD; Mass General Brigham; February 16, 2024

For many people with neuropathy, pain is more manageable during the day but flares up at night. It can seriously disrupt sleep, which can make you more aware of the pain and make good sleep even more difficult. Why is nerve pain worse at night?

Khosro Farhad, MD, a Mass General Brigham neurologist, cares for patients at Massachusetts General Hospital and Wentworth-Douglass Hospital. "It isn't known for sure, but there are some hypotheses," says Dr. Farhad.

### Gate Control Theory Of Pain

The gate control theory of pain may be the most likely explanation for worse nighttime nerve pain. This theory describes how your body may process pain signals. It says that nerves in your spine act as gatekeepers that allow pain signals to travel to your brain — or not.

If the gates are open, your brain receives the pain signal from your peripheral nerves, and you feel pain. If the gates are closed, your brain doesn't receive the pain signal, and you don't feel pain (or you feel less pain).

Several things can affect whether the pain gates in your spine open or close, such as:

- **Movement:** Activity may close the gates.
- **Physical sensations and certain types of pressure:** Pleasant physical sensations, such as a massage or gentle heat, may close the gates.
- **Stress:** Anxiety and stress may open the gates and worsen nerve pain.

At night, when you're lying in bed, the lack of movement may open the gates to more intense signals from nerve pain. "We know that cold worsens most types of neuropathy pain," says Dr. Farhad. "So, if your house or bedroom is cooler at night, the lower temperature may worsen nerve pain."

### Natural Body Rhythms

Dr. Farhad says another hypothesis about nighttime pain involves natural body rhythms that may increase your pain threshold during the day and decrease it at night. During the day, your body may naturally produce certain hormones and chemicals that suppress pain. At night, your body makes less of these chemicals.

### How To Prevent/Manage Nerve Pain At Night

There are several ways to lessen nighttime neuropathy pain. Dr. Farhad suggests trying:

- **A warmer bedroom**. While many people sleep better in a cooler room, a cold bedroom can cause neuropathy pain to flare up. Make sure you're warm enough to be comfortable. If you use a fan in your bedroom, aim it away from your body.
- **Good sleep hygiene**. Neuropathy can disrupt your sleep, but an unrestful pre-bed activity or sleeping space just makes things worse. Create a relaxing nighttime routine. Stop using screens an hour or two before going to bed. For good sleep hygiene, make your bedroom as dark and quiet as possible.
- **Soft socks**. For some people with neuropathy, the touch of sheets and covers can make pain worse. If your feet get painful at night, try wearing soft socks. Dr. Farhad also recommends diabetic socks, which are available in most drugstores.
- **Timing your pain medication.** "You may need only a partial dose or no pain medication during the day," says Dr. Farhad. But if your pain is worse at night, take a dose of pain medication in the evening before you go to bed.
- **Topical pain relievers.** Pain relievers you rub on your skin may help with nighttime pain. There are several over-the-counter options you can try such as capsaicin or lidocaine.

**WNA Neuropathy Assistance Line**
**833-980-4181**

**Katherine Stenzel**
Editor

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Diane Blakley Designs

# Peripheral Neuropathy Support Groups
# Virtual And In-Person For November 2024

*Encourage, inform, share, support, and hope.*
*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**<br>(1st Saturday in each quarter)<br>***Next meeting December 7, 2024***<br>Host – Katherine Stenzel and John Phillips |
| In-Person<br>4<br>Monday | **Auburn CA Peripheral Neuropathy Support Group**<br>**Monday, 12 noon - 1:30pm Pacific**<br>Beecher Room at the Auburn Library, 350 Nevada St., Auburn, CA<br>Host – Pam Hart, *pamula1@hotmail.com,* and Cass Capel, *capelkbphd@gmail.com* |
| In-Person<br>6<br>Wednesday | **1st Wednesday Strategies for Singles with Neuropathy Support Group**<br>**Wednesday, 4pm – 5pm Pacific / 6pm – 7pm Central / 7pm – 8pm Eastern**<br>Host – Erika McDannell, contact Erika for Zoom link |
| Virtual<br>9<br>Saturday | **2nd Saturday Peripheral Neuropathy Support Group**<br>**Saturday, 11am - 1pm Pacific / 1pm - 3pm Central / 2pm - 4pm Eastern**<br>Meeting ID: 856 7106 1474, Passcode: 114963<br>Host - Katherine Stenzel, contact Katherine for Zoom link |
| Virtual<br>13<br>Wednesday | **2nd Wednesday Chemo-Induced Peripheral Neuropathy (CIPN) Support Group**<br>**Wednesday, 2pm - 3pm Pacific / 4pm - 5pm Central / 5pm - 6pm Eastern**<br>Meeting ID: 830 5538 3243, Passcode: 396320<br>Host - Glenn Ribotsky, contact Katherine for Zoom link |
| Virtual<br>20<br>Wednesday | **Santa Cruz CA Peripheral Neuropathy Support Group**<br>**Wednesday, 1pm – 2:30 pm Pacific**<br>Trinity Presbyterian Church, 420 Melrose Avenue, Santa Cruz, CA<br>Host - Mary Ann Leer (831) 477-1239 |
| Virtual<br>20<br>Wednesday | **3rd Wednesday Peripheral Neuropathy Support Group**<br>**Wednesday, 10am - Noon Pacific / Noon - 2pm Central / 1pm - 3pm Eastern**<br>Meeting ID: 833 4473 0364 / Passcode: 341654<br>Host - Glenn Ribotsky, contact Katherine for Zoom link |
| Virtual<br>20<br>Wednesday | **3rd Wednesday CIDP and Autoimmune Support Group**<br>**Wednesday, 3pm - 4pm Pacific / 5pm - 6pm Central / 6pm - 7pm Eastern**<br>Host - John Phillips, contact John for Zoom link |
| Virtual<br>23<br>Saturday | **4th Saturday Peripheral Neuropathy Open Discussion**<br>**Saturday, 11am -1pm Pacific / 1pm - 3pm Central / 2pm - 4pm Eastern**<br>Meeting ID: 851 7949 9276 / Passcode: 159827<br>Host - John Phillips, contact Katherine for Zoom link |

## Virtual Support Group Contacts

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|---|---|---|---|
| Katherine Stenzel | *klstenzel@hotmail.com* | Erika McDannell | *ejmcdannell@pnhelp.org* |
| Glenn Ribotsky | *glenntaj@gmail.com* | Shana Phelps | *shanaphelps@pnhelp.org* |
| John Phillips | *johnphillips@pnhelp.org* | | |

Support Group information can also be found on ***www.pnhelp.org*** under the Support Group tab.

## From The President Pam Hart, WNA President

It is Fall. That means back to school and back to in-person support group meetings in Auburn, California. For October, the group was delighted to hear from Suzanne Zabrahsky from Auburn Community Acupuncture. It was very interesting to hear that she had just completed classes specifically directed to peripheral neuropathy. As she explained, this area of practice is getting more attention due to the numbers of people experiencing neuropathy. She discussed the benefits:

- **Pain Relief:** Acupuncture may help reduce pain by stimulating the release of endorphins and other neurochemicals.
- **Improved Blood Flow:** Acupuncture can enhance circulation, which may promote healing and reduce symptoms associated with neuropathy.
- **Reduced Inflammation:** Acupuncture may help decrease inflammation in affected areas, potentially alleviating discomfort.
- **Nerve Function Improvement:** Some studies suggest acupuncture may aid in restoring nerve function or improving nerve conduction.
- **Stress Reduction:** The relaxation response triggered by acupuncture can help manage stress, which may exacerbate neuropathy symptoms.
- **Enhanced Quality of Life:** By addressing pain and other symptoms, acupuncture can contribute to an overall improvement in well-being and daily functioning.
- **Minimal Side Effects:** Compared to some medications, acupuncture generally has fewer side effects, making it a safer alternative for symptom management.
- **Holistic Approach:** Acupuncture addresses the body as a whole, potentially targeting underlying issues contributing to peripheral neuropathy.

This is a treatment that has multiple benefits and minimal risks. I can see that it would be beneficial as another tool in your toolbox. As discussed, there is really no "one" treatment that is helpful for all types of neuropathy, so finding the right combination is the trick. And, as with all types of treatments, consultation with your doctor is suggested. To find out more, check out the website for Acupuncture Now Foundation *(www.acunow.org)*.

Wishing you all a peaceful Fall filled with hope,
Pam
*pamula1@hotmail.com*

## Electrical Stimulation For Nerve Pain – Review

Jennifer Robinson, MD.; *WebMD.com*; June 14, 2024

When you feel nerve pain, an electrical signal is being sent from a damaged nerve to your brain. Some treatments for nerve pain work by sending out their own electrical impulses. These charges seem to interrupt or block the pain signals, reducing the pain you feel.

- **TENS** (transcutaneous electrical nerve stimulation) is one example of this approach. A small device sends a mild electric current through your skin. While TENS is simple and painless, the evidence that it helps with nerve pain is mixed. However, recent studies do seem to show that it can help with diabetic nerve pain, so the American Academy of Neurology does recommend it.
- **PENS** (percutaneous electrical nerve stimulation ) -- also called electroacupuncture -- delivers electrical stimulation to the nerves through acupuncture needles. The American Academy of Neurology deems this probably effective in treating diabetic nerve pain, but the treatment is not widely available.
- **rTMS** (repetitive transcranial magnetic stimulation) uses magnets to send electrical impulses into the brain. While evidence is limited, studies suggest that PENS and rTMS may help with nerve pain.

Other methods of electrical stimulation are more complex and require surgery. For instance, spinal cord stimulation involves implanting a device in the body that sends out electrical impulses to the spinal cord. For deep brain stimulation (DBS), a surgeon would implant electrodes in the brain. Generally, doctors only use these invasive approaches when everything else has failed.

### 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.

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**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.

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

Get started with Medicare, options, news.

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**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.

# Tips For "Balancing" The Holidays When You Have A Disability

Holiday Survival; *Trend-able.com*; retrieved December 4, 2023

*(Editor – Check out Laine's website at www.trend-able.com. She writes openly and with humor about her invisible disability that requires her to wear leg braces.)*

The holiday season isn't all jingle bells and sleigh rides when you have an invisible disability. As temps begin falling and your calendar starts filling, the stress and worry about how the hell you'll make it through it all begins to rear its Scrooge-like head.

Of course, this time of year can be stressful for everyone! There's a ton of pressure to look merry and create picture-perfect, Norman Rockwell-like moments, which are then of course, posted on Facebook. There are gifts to buy without going broke, relatives to please without creating drama, and parties to attend without gaining weight. Basically, there's a whole crapload of stuff to balance during the holidays, whether you have a disability or not.

But, add to this the various physical and emotional stressors like chronic pain, foot drop, neuropathy, and extreme sensitivity to the cold, and the challenge of finding balance during the holidays becomes both a literal and a figurative one. Of course, you can stay home from now until after New Year's and avoid all uncomfortable and potentially dangerous situations. There would be no risk of slipping on a friend's driveway or spilling eggnog on the hostess if you RSVP "no" to everything! But, that would be really boring and depressing, don't ya think?

What follows are some common challenges among people with disabilities during the holiday season, along with tips for tackling these challenges and finding balance:

**BALANCING EXPECTATIONS**

You do not need to be a Pinterest queen to make the holidays special and memorable for your loved ones. There are no extra mom points for turning one's house into a winter wonderland or for spending hours creatively gift-wrapping. The truth is, while some people do appreciate the little details, most don't notice or care. It's really about you and deciding which parts of the holiday rigmarole bring you more joy than stress.

Let's use the whole real vs. artificial Christmas tree decision as an example. If you love having a real Christmas tree, then by all means, get a real tree. However, if picking up fallen needles and other aspects of having a live tree in your home take a toll on your body and stress level, then get an artificial tree and call it a day. If mobility issues make shopping in malls and stores difficult, then embrace the convenience of online shopping. Make reservations or have someone cater in if you don't enjoy cooking. Believe me, your loved ones would much rather have you at the holiday table, present and relaxed, than in the kitchen, all stressed out about an overcooked brisket. You have choices.

**BALANCING YOUR CHECKBOOK**

People with disabilities may overspend on their loved ones' gifts in an attempt to compensate for not being able to physically do everything for and with them during the year. Obviously, this is not good, especially for your bank account. Double check your purchases with your intentions to ensure you are not adding to your emotional stress.

**BALANCING TO AND FRO**

It is sooooo cold here in Michigan, and winter hasn't even officially started. If your winter weather is similar to mine, a good pair of warm, non-slip, waterproof boots is an essential! If you wear AFOS or orthotics, check out my website on how to find fashionable wide-width boots to fit your orthotics or AFOS. If you already have boots but find them slippery, you can always add anti-slip pads or spray a non-skid coating to the bottoms.

It's smart to be proactive and to talk with the party host or the venue ahead of time about your disability and needs. Ask questions like:

- What is the parking situation?
- Are there stairs to get inside or to get to the bathroom?
- Will guests be expected to remove their shoes?

I know it isn't easy, but having a conversation beforehand will not only help to alleviate any pre-party angst, but it also helps others plan for the accommodations you may need ahead of time.

**BALANCING AT PARTIES**

The ability to navigate a party or event with an invisible disability (or multiple ones) is an art, not a science. I look forward to holiday parties

– Continued on page 5

# Tidbits From The September Autoimmune/CIDP Support Group Session

John Phillips and Shana Phelps, WNA Directors and Autoimmune/CIDP Group Leads

The September group session was our largest group to date with 17 people over almost 3 hours! We had several good discussions about fatigue, referencing the article in the September newsletter, and approaches to pain scales. The group discussed the US Pain Foundation's "Chronic Pain Patients Pinpoint the Need for Improved Methods to Assess Pain" and Shana introduced the Mankowski 1995 Pain Scale, an alternative pain scale.

**Mankowski 1995 Pain Scale**

0 Pain Free
1 Very minor annoyance-occasional minor twinges
2 Minor annoyance-occasional strong twinges
3 Annoying enough to be distracting
4 Can be ignored if you are really involved in your work, but still distracting
5 Can not be ignored for more than 30 minutes
6 Can not be ignored for any length of time, but you can still go to work and participate in social activities
7 Makes it difficult to concentrate, interferes with sleep, you can still function with effort
8 Physical activity severely limited, you can read and converse with effort, nausea and dizziness may occur as factors of pain
9 Unable to speak, crying out or moaning uncontrollably- near delirium
10 Unconscious, pain makes you pass out

## Tips For "Balancing" The Holidays When You Have A Disability - Continued from page 4

even though I am a social butterfly trapped in the body of an unstable and uncoordinated caterpillar. Here are a few key tips for attending holiday parties:

- Upon arrival, quickly scan the room or house and assess it for potential fall hazards such as slippery flooring, loose rugs, and extra-long tablecloths on the ground.
- Opt for a lightweight multi-way crossbody handbag to be hands-free and easily access your phone, lip gloss, and any essentials.
- Position yourself against a counter or wall, preferably near the drinks. Avoid planting yourself in a busy corner where people are constantly zipping by.
- Eat a bowl of cereal or something small and filling beforehand so that you're not starving and don't have to balance an appetizer plate along with a drink.

### BALANCING CALORIES

I used to effortlessly shed a couple of pounds gained during the holidays by mid-January. Now, at age 53, it isn't so easy! A week of indulging in spinach dip and crackers can take months to rectify. For me, it's all about planning and balance. If I know I'll be going out at night, I'm careful about my food choices during the day.

Of course, I follow the basics like reducing carbs, staying hydrated, and exercising. I enjoy a drink or two (sometimes three) at parties, opting for low-calorie combinations like vodka and club soda. When I get the "Lainie, you've reached your limit" look from my hubby, I switch to the 'fake-tini' (club soda with lime) to feel festive without appearing more intoxicated than I am without even a sip of alcohol.

### BALANCING SELF-CARE

Self-Care during the Holiday season isn't just about bubble baths and scented candles. For people with disabilities, self-care is about prioritizing yourself, paying attention to your body, and being able to communicate your needs with others. For both your physical and mental well-being and everyone else's enjoyment, it's important to hit pause when you need to.

Doing the holidays differently when you live with a disability is okay! Saying no is okay! Using dollar store gift bags instead of wrapping paper is ok! Not going to midnight mass when you're exhausted at 8 p.m. is perfectly okay! And, it's totally fine to say screw it and book a last-minute trip to Turks and Caicos. When we remove all of the "shoulds" and put our needs first, the tightrope of the holiday season widens and becomes easier to balance and to ultimately cross.

# Thistle Extract Accelerates Nerve Regeneration By Up To 29%

Paul McClure, *newatlas.com*; April 22, 2024 (submitted by Frank Ramos, support group attendee)

Nature has again proven effective in treating health conditions, this time nerve injury. According to a new study (published in the journal Phytomedicine), a compound found in the blessed thistle plant accelerates the regeneration of damaged nerves, restoring motor function and touch sensation.

Damaged nerve fibers (axons) in the peripheral nervous system can regenerate themselves, but complete functional recovery often doesn't occur. That's because the Schwann cells responsible for regeneration stop providing support after about three months. If the restoration of nerve function, called reinnervation, hasn't happened in that time, the axonal injury often results in lifelong incomplete recovery and can lead to nerve or neuropathic pain.

Researchers from the University of Cologne in Germany used **cnicin from the blessed thistle plant** on cultured cells, including human cells, and live animals to see whether it sped up nerve regeneration and reduced pain. Like many plants that have been used medicinally for centuries, cnicin has been the subject of much recent research. Traditionally used to treat stomach aches, studies from the last 10 years have found that it's effective in treating lung inflammation in chronic obstruction pulmonary disease (COPD), impedes the viral replication of SARS-CoV-2, and can block the detection of painful stimuli by sensory nerves.

In the current study, the researchers crushed the sciatic nerve of mice, rats, and rabbits. They then gave the animals doses of either cnicin or parthenolide, a chemically similar compound from the same plant family (Asteraceae). Parthenolide, extracted from feverfew, has traditionally been used to treat a wide range of ailments. However, previous studies have found that parthenolide is poorly absorbed when taken orally, so it needs to be given as an intravenous injection.

Separately, sensory neurons from the animals were cultured and treated with cnicin. Eye (retinal) cells from mice and humans were cultured and treated to test whether cnicin promoted the regeneration of central nervous system (CNS) neurons as well.

The researchers found that cnicin significantly promoted axon growth in sensory neurons in different species. The effect was dependent on the dose given. As was seen in the sensory neurons, cnicin also increased the average length of outgrowths called neurites from the CNS neurons of mice and humans. Neurites ultimately grow into axons.

In animals with a crushed sciatic nerve, substantial axon regeneration was seen with doses of intravenous cnicin compared to the control groups. The researchers assessed muscle reinnervation following sciatic injury. Motor recovery was determined by calculating the static sciatic index (SSI), a way of assessing the recovery of function after sciatic nerve injury in animal models. Allodynia – pain due to a stimulus that wouldn't usually cause pain, such as a light feather touch, common in neuropathy – was also measured to assess sensory recovery.

Daily repeated doses of cnicin significantly improved the SSI score and touch sensitivity compared to controls, with the first measurable improvements in motor function seen as early as four days post-injury. Improvements in sensory function were detectable seven days post-injury. Cnicin significantly enhanced skin and muscle innervation 10 days after the crush injury. Oral administration of cnicin also accelerated functional recovery with the same efficacy as intravenous injection, while oral parthenolide had no effect due to its poor bioavailability.

Cnicin-treated rats reached pre-injury SSI scores after 35 days, while the control group needed another seven days to achieve the same scores. Also, at 35 days, touch sensation in the treatment group had returned to pre-surgery levels, whereas the control group needed 49 days. Cnicin was well-tolerated and the animals showed no signs of toxicity.

The researchers tested whether delaying treatment with cnicin still promoted axon regeneration. They found that delaying treatment by five days meant that motor and sensory recovery was slower, but the effect was only slightly weaker than in rats that'd received cnicin for the first five days post-injury and placebo after that. The researchers concluded that while continuous treatment with cnicin showed the best results, delayed treatment was still effective.

"In conclusion, the current study underscores the potential of cnicin as a readily administered oral compound for augmenting axonal regeneration," said the researchers. "It demonstrates a substantial in vivo and in vitro impact across multiple species, including an effect on cultured primary human nerve cells, even at remarkably low dosages. Consequently, cnicin is a promising candidate for further drug development to treat nerve damage and promote regeneration."

## How Diabetes Damages Nerves - The Science Behind Diabetic Peripheral Neuropathy

Jill Waldbieser; *Invisibleproject.org*; retrieved August 20, 2024

There has been a recent push to better understand Diabetic Peripheral Neuropathy (DPN) and develop more treatments for the condition, says A. Gordon Smith, MD, FAAN, professor and chair of neurology at the Virginia Commonwealth University Department of Neurology.

This is a welcome development after decades of what he calls "an inadequate level of investment from the pharmaceutical industry," though "understandable because it is such an intractable disease." DPN research is ongoing, and Smith sees these clinical trials as important for more than just those living with DPN. What is gleaned from these trials may be applicable to other forms of neuropathy, Smith explains: "So lessons from painful diabetic neuropathy are useful for more than twice the population."

**How diabetes can break down nerves**

"Neuropathy" is a broad term that refers to nerve damage, but when speaking about DPN, the specific form it takes is known as "peripheral polyneuropathy," Smith says. In these cases, pain starts in the feet. As the disease progresses, the pain may move up the nerves to the knees, and more rarely, the hands.

"The underlying problem in diabetic neuropathy is damage to the tips of the longest nerves," Smith says. Diabetes involves the body's inability to regulate blood sugar. Over time, persistently high blood sugar levels can damage the small blood vessels that supply nutrients to nerve cells. Elevated blood sugar levels also cause direct metabolic injury to nerve cells. As a result, the nerve cells become damaged or die off.

Scientists have identified two ways that this can cause pain. The first is that the damaged nerves fire abnormally, sending pain signals to the brain. The second is that the abnormal signals from damaged peripheral nerve cells induce the brain to perceive pain in the affected area. "It's a mix of abnormalities in how the peripheral nerves are firing and how the brain and spinal cord are interpreting and processing those signals," Smith explains.

**Variances in DPN pain**

It's still a mystery why some people with DPN experience pain and some don't, or why their pain levels can vary so widely. The pain has been described as tingling, burning, and shooting, or likened to electric shocks or pins-and-needles sensations. Many people also report loss of sensation that may make it more difficult to notice injuries; the inability to sense temperature; or the feeling that they are wearing tight socks or are walking on stumps, Smith says. Frequently, these symptoms are worse at night, which can interfere with sleep.

Some of the research that's being done now is looking at phenotypes and sub-populations to determine markers for who may be at risk for DPN and why. Pain is complex and there are so many factors that contribute at a metabolic level. Efforts are being made to understand entirely metabolic pathways of pain.

**Identifying risk and promoting understanding**

Several factors appear to increase the risk of pain associated with DPN, including lifestyle factors, the severity of the nerve damage, and genetic predisposition (one analysis published in 2023 identified five genes that were expressed differently in individuals with neuropathic pain compared to control subjects). In some instances, effectively managing diabetes has been shown to slow the progression of DPN.

However, Smith says, "Once neuropathy is established, it's very difficult to reverse." Treatment options are also limited. "Trials are ongoing," Smith says. "The bottom line is we're starting to see an investment [in this research], and that brings hope to patients."


## Merchandise from Western Neuropathy Association

Erika McDannell, Director

Available soon! We're rolling out some new designs and cozy zip-up jackets for the Western Neuropathy Association, just in time for the holiday season! Buy a present for yourself or show a friend or family member your appreciation for supporting you as you suffer through this terrible disease. You can find the merchandise on our website, *www.pnhelp.org*, then click on the top tab labeled STORE.

**WESTERN NEUROPATHY ASSOCIATION**
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With Hope from the Western Neuropathy Association

## In This Issue

Dear Readers,

**Why is Neuropathy Worse at Night**? Let me clue you in on the answer – no one knows specifically. Dr. Farhard explains in the **front-page article different theories** on why our pain and symptoms are increased at night. He also suggests ways to minimize evening pain – a warmer bedroom, good sleep hygiene, soft socks, pain medication timing and topical pain relievers.

**With the holidays coming up, there are many tips on Page 5 and 6 on how to BALANCE when you have a disability.** For example, Balancing Expections suggests embracing the parts of the holidays that bring you joy (and don't stress about the rest!) The author, Laine Ishbia, has a chronic neuromuscular condition for which she must wear leg braces. Her website, *www.trend-able.com*, is all about 'fashion, inspiration & support' with a sometimes-irreverent humor.

**Page 7 has a good read on current research in neuropathy - specifically diabetic peripheral neuropathy.** One research topic is why some people with diabetic neuropathy get pain and others do not. A recent paper described five genes that were present in those experiencing pain compared to those without. The last sentence in the article is the most important: **"The bottom line is we're starting to see an investment in this research, and that brings hope to patients."**

May these give you Hope.
***..Katherine***
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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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