CELEBRATING OUR 26TH YEAR!

Neuropathy Hope

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

A newsletter for members of Western Neuropathy Association (WNA)

WESTERN NEUROPATHY ASSOCIATION

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Gold Transparency 2024
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2024 Guidelines
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NON-INVASIVE MAGNETIC PERIPHERAL NERVE STIMULATION TREATMENT FOR PAINFUL DIABETIC NEUROPATHY

Press Release; January 11, 2024

Neuralace Medical, Inc., an innovator in pain management technology, today proudly announces the FDA clearance of its groundbreaking product, **Axon Therapy,** for the treatment of chronic **Painful Diabetic Neuropathy** (PDN). This landmark approval marks the first-ever FDA clearance of a non-invasive, magnetic peripheral nerve stimulation (mPNS) treatment for Painful Diabetic Neuropathy, offering new hope to millions suffering from this debilitating condition.

Axon Therapy utilizes a pioneering approach of magnetic peripheral nerve stimulation (mPNS) to deliver a quick, painless, and non-invasive treatment. Each session, painless and lasting just 13.5 minutes, harnesses the power of magnetic pulses to provide relief, representing a significant advancement in pain management.

In a recent double-blind Multi-Center Randomized Controlled Trial (RCT) involving 71 patients, **Axon Therapy** demonstrated remarkable efficacy. The study included 21 participants in a sham group and 50 in the mPNS active group. The primary endpoint, Day 30 Visual Analog Scale Pain Score (VAS), alongside secondary endpoints including Patient Reported Outcomes, highlighted significant improvements in subject outcomes.

Key findings at Day 30:

- 72.3% responder rate in the treatment group
- 57.6% average reduction in VAS Pain Score in the treatment group
- 35% average reduction in numbness in the treatment group
- 20% average reduction in QoL-DN total score

"These results not only demonstrate the effectiveness of **Axon Therapy** in reducing pain and numbness associated with PDN but also highlight its role in significantly enhancing the quality of life for patients," stated Lora Brown, MD, Principal investigator of the study.

UPDATE ON VERTEX'S VX-548 FOR ACUTE AND NEUROPATHIC PAIN

Business Wire; July 30, 2024

Vertex Pharmaceuticals Incorporated, a global biotechnical company, announced that the U.S. Food and Drug Administration (FDA) has accepted its New Drug Application (NDA) submission for suzetrigine (formerly VX-548), an investigational, oral, selective NaV1.8 pain signal inhibitor to treat moderate-to-severe acute pain. The New Drug Application has a priority review action date of January 30, 2025

Suzetrigine (formerly VX-548) is a selective NaV1.8 pain signal inhibitor that is highly selective for NaV1.8 relative to other NaV channels. NaV1.8 is a voltage-gated sodium channel that is selectively expressed in peripheral pain-sensing neurons (nociceptors), where its role is to transmit pain signals. NaV1.8 is a genetically validated target for the treatment of pain, and **suzetrigine** has demonstrated a favorable benefit/risk profile in three Phase 3 studies and two Phase 2 studies in patients with moderate-to-severe acute pain. **Suzetrigine** also demonstrated positive results and a well-tolerated profile in a Phase 2 study in patients with pain associated with diabetic peripheral neuropathy, a type of **chronic peripheral neuropathic pain.**

(Editor – the January/February 2023 issue previously reported on VX-548.)

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Katherine Stenzel
Editor

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Diane Blakley Designs

PERIPHERAL NEUROPATHY SUPPORT GROUPS
VIRTUAL AND IN-PERSON FOR SEPTEMBER 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.

	Auburn CA Peripheral Neuropathy Support Group **(1st Monday of the month)** No meetings in July, August and September
Virtual 4 Wednesday	**1st Wednesday Strategies for Singles with Neuropathy Support Group** **Wednesday, 4pm – 5pm Pacific, 6pm – 7pm Central, 7pm – 8pm Eastern** Host – Erika McDannell, contact Erika for Zoom link
In-Person 7 Saturday	**Houston TX Quarterly Peripheral Neuropathy Support Group** **Saturday, 1pm – 2:30pm Central** Memorial Drive United Methodist Church, 12955 Memorial Drive Room DS100, enter at back (south) of building, follow signs Hosts – Katherine Stenzel and John Phillips
Virtual 11 Wednesday	**2nd Wednesday Chemo-Induced Peripheral Neuropathy (CIPN) Support Group** **Wednesday, 2pm - 3pm Pacific / 4pm - 5pm Central / 5pm - 6pm Eastern** Meeting ID: 830 5538 3243, Passcode: 396320 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual 14 Saturday	**2nd Saturday Peripheral Neuropathy Support Group** **Saturday, 11am - 1pm Pacific / 1pm - 3pm Central / 2pm - 4pm Eastern** Meeting ID: 856 7106 1474, Passcode: 114963 Host - Katherine Stenzel, contact Katherine for Zoom link
Virtual 18 Wednesday	**3rd Wednesday Peripheral Neuropathy Support Group** **Wednesday, 10am - Noon Pacific / Noon - 2pm Central / 1pm - 3pm Eastern** Meeting ID: 833 4473 0364 / Passcode: 341654 Host - Glenn Ribotsky, contact Katherine for Zoom link
In-Person 18 Wednesday	**Santa Cruz CA Peripheral Neuropathy Support Group** **(3rd Wednesday of the odd months)** Wednesday, 1pm – 2:30 pm Pacific Trinity Presbyterian Church, 420 Melrose Avenue, Santa Cruz, CA Host - Mary Ann Leer (831) 477-1239
Virtual 18 Wednesday	**3rd Wednesday CIDP and Autoimmune Support Group** **Wednesday, 3pm - 4pm Pacific / 5pm - 6pm Central / 6pm - 7pm Eastern** Host - John Phillips, contact John for Zoom link
Virtual 28 Saturday	**4th Saturday Peripheral Neuropathy Open Discussion** **Saturday, 11am -1pm Pacific / 1pm - 3pm Central / 2pm - 4pm Eastern** Meeting ID: 851 7949 9276 / Passcode: 159827 Host - John Phillips, contact Katherine for Zoom link

VIRTUAL SUPPORT GROUP CONTACTS

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

Have you had your Shingles vaccination? I wish my answer to that question was “yes”. I thought since I had had a very light bout with shingles about 10 years ago, that I was safe. Well, I now know that it can come back repeatedly…and with a vengeance. I now get to experience a full-blown attack of the herpes-varicella zoster virus. I don’t know how, but it forms scar tissue alongside nerves creating pressure and sending pain signals to the brain…burning, sharp pain.

Antiviral medications are given to calm the body’s response, but this is not a cure. If you are fortunate to self-diagnose right away and ask your doctor for these antivirals, your symptoms will be lessened. These meds don’t work on the pain, though. You will need something like gabapentin, Percoset, Vicodin or steroids for that. I am now trying a lidocaine spray on the erupting blisters. I wear one of two blouses that are of a soft cotton and cringe when trying to sleep and roll over on the affected side.

Many people know this same story – some of them have ongoing neuropathy from this nerve damage – postherpetic neuralgia (PHN). If you are one of these, please let me know. Have you tried capsaicin cream? Are you on an anti-depressant? Have you tried lidocaine patches? Who has heard of ozone autohemotherapy? How about Hypericum Perforatum from the health food store?

I look back to the days before I was attacked. What brought it on? What could I have done differently? No answers appear, so I guess it was just my time to be nice to my body and appreciate the fact that it is only on part of my body and this, too, will pass.
In health,
Pam
pamula1@hotmail.com

Rejoining The WNA Board of Directors

Shana Phelps, Director

I am pleased to announce my return as a director for the Western Neuropathy Association (WNA). Due to personal and medical challenges, I took a three-month hiatus from my role. As I resume my responsibilities, I look forward to continuing to lead virtual groups, providing support, and sharing valuable information with our members and attendees.

I look forward to seeing familiar and new faces alike in the coming weeks!

What Is Hope?

Katherine Stenzel, Editor

As an editor, I’m always looking for synonyms so that a sentence or paragraph does not include the same word twice. When I was doing the same with our website, and trying to find a synonym for ‘hope’, there just wasn’t one word that gave the same meaning. *(If you find one, you know where to find me!)*

There are many articles and websites describing ‘hope’. From the reference below, these sentences elaborate on ‘hope.’

- Hope strengthens our resolve and accompanies us even in our darkest hour; guiding us through seemingly desperate circumstances.
- Hope helps us remain committed to our goals and motivated to take action towards achieving them.
- Hope gives people a reason to continue fighting and believing that their current circumstances will improve, despite the unpredictable nature of human existence.

But the best description of hope comes from psychologist and renowned hope researcher Charles R. Snyder who stated so eloquently:

> ***A rainbow is a prism that sends shards of multicolored light in various directions. It lifts our spirits and makes us think of what is possible. Hope is the same – a personal rainbow of the mind.***

This one resonated the most with me as it talked about possibilities. I reduced/rewrote the sentence to its middle phrase:

Hope lets us think of what is possible.

As always, may the articles in the newsletter bring you hope – and think of possibilities.

Reference: Elaine Houston, B.Sc. (2019). What is Hope in Psychology + 7 Exercises & Worksheets. *Positive Psychology*, August 27, 2019.

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.

HOW TO FIGHT FATIGUE Brain & life; June/July 2019

Fatigue is a troubling symptom of many neurologic conditions. Here's why—and 11 tips on how to handle it.

Fatigue is a common symptom of neurologic disorders. It affects one-third of people with multiple sclerosis (MS); prevalence is estimated at 28 to 58 percent of those with Parkinson's disease, and 36 to 77 percent of people who've had strokes, according to research published in a 2013 issue of Neurology. Among those with small fiber polyneuropathy, 98 percent report tiredness and 96 percent report reduced endurance or strength for activities.

Mechanisms of fatigue are not fully understood but change in brain chemistry, particularly in levels of neurotransmitters such as serotonin, melatonin, and hypocretin (which regulates appetite and wakefulness), can affect mood and cognitive function and possibly contribute to fatigue. The interconnectedness of pathways between higher cortical areas and the thalamus, basal ganglia, and limbic system are thought to be altered in patients experiencing fatigue. These alterations are likely a combination of the underlying neurologic disorder and how fatigue affects the brain.

Physical, mental, and emotional fatigue can play off each other. After a stroke, for example, physical fatigue can stem from movement limitations, as well as vision and speech challenges. If you have weakness on one side, you'll need extra energy to do things like getting dressed. With mental fatigue, people may not have the energy to focus sufficiently on what they're reading or doing.

With small fiber neuropathy, fatigue occurs partly because blood supply isn't keeping up with demand from muscles. When we exercise, the blood vessels in muscles dilate to boost local oxygen and energy, and constrict in places that are idle to compensate, a process that is regulated by small fiber nerve endings. When the circulatory system loses neural control, as it does with neuropathy, the tissue—including possibly in the brain—fatigues prematurely.

Fatigue with neuromuscular disorders like myasthenia gravis and Guillain-Barre syndrome (GBS) may come from structural changes or altered metabolism in the muscle. Neuro-inflammatory disease (such as chronic inflammatory demyelinating polyneuropathy and GBS) may trigger a systemic inflammatory response that leads to fatigue. With both types of disease, the prevalence of fatigue ranges from 38 to 86 percent.

Complicating Factors

Two distinct concepts - fatigue and fatigability - are often confused with each other. Fatigue refers to a subjective feeling of weariness or exhaustion that's different from sleepiness and weakness. Fatigability reflects objective changes in performance over time, such as losing stamina while walking, losing strength with repeated muscle contractions, or losing cognitive efficiency or alertness with repeated cognitive effort.

Co-occurring conditions—such as thyroid dysfunction, low vitamin D or B12 levels, or anemia—also can contribute to fatigue. The same is true of depression, anxiety, and other mood disorders.

Sleep disorders like insomnia, sleep apnea, and restless legs syndrome also are factors that may lead to fatigue for people with neurologic diseases. Restless legs syndrome and rapid eye movement sleep disorder [in which people act out their dreams] often occur with Parkinson's disease, and sleep apnea is common among people with MS, stroke, and headaches. Meanwhile, insomnia, which is so prevalent in chronic disorders, can affect almost anyone with a neurologic condition.

Medications typically prescribed for neurologic disorders can affect sleep. Those known to cause fatigue include topiramate for migraine and seizures; beta interferons for MS; benzodiazepines for anxiety, seizures, and insomnia; and certain antidepressants. Many antiepileptic medications can cause either insomnia or hypersomnia [excessive sleepiness]. For a patient who experiences such a side effect, the doctor may be able to substitute a different medication, change the time of day it's taken, or reduce the dosage.

Because of the varied and large number of causes of fatigue, it cannot be erased with one easy fix. It may not decrease even if the contributing condition or neurologic disease itself is treated. It's very important for patients and their families to understand that fatigue is not a moral failing.

Essential Ways to Manage Fatigue

Assess your medications. Fatigue and drowsiness are side effects of many drugs used to treat neurologic disorders and can also be caused by taking multiple medications. Your doctor may alter your medication or even prescribe medications off-label to reduce fatigue. For example, modafinil (Provigil) and armodafinil (Nuvigil)—which are medications for narcolepsy—can help with MS-related fatigue. Doctors may also prescribe stimulants such as amphetamine (Adderall) but would do so cautiously because of the potential for developing a tolerance to them.

– Continued on page 5

HOW TO FIGHT FATIGUE - Continued from page 4

Ease into exercise. People with fatigue may not feel like exercising, but lack of physical activity can worsen fatigue. Regular exercise improves cardiovascular function, circulation and oxygenation in different organs, and muscle strength. It also enhances mobility and cognition and triggers the release of natural endorphins that improve mood. Try different kinds of exercise—walking, swimming, cycling, or yoga or tai chi classes—to find the type, intensity, and duration that help improve your fatigue rather than further drain your energy.

Practice mindfulness. In a review of three studies on mindfulness-based interventions, such as meditation, for multiple sclerosis (MS), published in a 2014 issue of BMC Neurology, researchers found that such techniques improved fatigue levels, as well as anxiety and depression. People with fatigue after stroke or traumatic brain injury may experience similar benefits from mindfulness training, according to a 2016 study in Frontiers in Psychology. Mindfulness appears to enhance quality of life and lowers the experience of fatigue.

Treat sleep disorders. If you know or suspect you have a sleep disorder, get it properly evaluated and treated. For example, if you have sleep apnea, consider wearing a CPAP machine, which delivers continuous pressure to prevent the airway from collapsing during sleep. If you want to nap but worry that daytime dozing will disrupt your sleep-wake cycle, stick with a short snooze. A 10- to 20-minute catnap can ease fatigue without leaving you feeling groggy.

Use your time wisely. Organize your day to take advantage of your most energetic windows and conserve your resources at other times. Sometimes people with MS say they do pretty well in the morning and experience greater fatigue as the day goes on. It makes sense, then, to do the most important things when you have the most energy. Drop less crucial activities and rest frequently to recharge your batteries.

Be positive. The way you think about your health and your ability to deal with challenges can affect fatigue, for better or worse. In a study in a 2016 issue of the Journal of Behavioral Medicine, researchers examined how people with MS who were severely fatigued assessed social situations and their ability to manage them and found that those who had a positive view were better able to participate in activities and responsibilities at home, work, school, and socially.

Consider cognitive behavioral therapy. A course of cognitive behavioral therapy (CBT) can do wonders for fatigue and even rewire the brain in a good way. The therapy, which helps people change negative thoughts and feelings about their condition or symptoms, can improve patients' sense of control and ability to conserve energy. CBT can help you find your boundaries and learn how much you can push them. In a meta-analysis of 20 studies published in Frontiers in Neurology in 2018, researchers found that CBT decreased levels of fatigue among people with MS more than relaxation did.

Eat well. A poor diet may contribute to fatigue. If it contains lots of foods that are high on the glycemic index, it can cause blood sugar to soar and crash. To find out which eating patterns or particular foods could be fueling your fatigue, keep a food diary and note what you eat and when and how you feel a short while later. In MS-specific studies, following a very low-fat, plant-based diet had a significant positive impact on fatigue, according to research published in Multiple Sclerosis and Related Disorders in 2016. The participants also lost 20 pounds on average which alone improved fatigue significantly.

Stay cool. To maintain proper body temperature, keep well hydrated; apply cold cloths to your face or try wearing cooling garments such as cold vests; don't go in hot tubs, saunas, or hot showers; and stay in air-conditioned places when it's hot outside.

Tend to your mood. Fatigue can sometimes mask mood issues. People who are depressed often complain of fatigue. If you're experiencing depression or anxiety, talk to your doctor about whether antidepressants or counseling could help.

Work with an occupational therapist. An occupational therapist (OT) will guide you in establishing routines at home, work, or school that simplify your life and conserve your energy. In addition, an OT can help you create systems to prevent you from misplacing or losing items if you also have cognitive fatigue or impairment.

"If you share a passion for helping others with neuropathy, we invite you to consider volunteering your time. You can find more information about opportunities to get involved with WNA on our website, pnhelp.org, in the "Support Us" section."

– Shana Phelps, Director

Western Neuropathy Association - Contact Information

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WHAT TO KNOW ABOUT PROPRIOCEPTION EXERCISES

Lawren Martin; MedicalNewsToday.com; May 1, 2024

Proprioception, or kinesthesia, is the sensation of body position and movement. Examples of when people are relying on proprioception include standing on one leg or throwing a ball without looking at the throwing arm. Proprioception exercises aim to prevent injuries in athletes and maintain mobility in older individuals. Without proprioceptive training, older adults, in particular, may have a higher risk of falling.

Here are some exercises that can help improve proprioception.

One-leg standing balance test

1. Begin with feet hip-width apart. Then, place hands on hips.
2. Shift weight onto the left foot and gently lift the right foot off the ground a few inches.
3. Hold the position for 30 seconds and switch sides. Repeat this movement 2–3 times.

One-leg three-way kick

1. Begin with feet hip-width apart. Then, place the hands on the hips.
2. Raise the right foot a few inches in front of the body. Hold the position for 2–3 seconds and bring the right foot back to center without placing it on the floor.
3. Lift the right foot to the side of the body a few inches off the ground, hold for 2–3 seconds, and bring back to center without placing it on the floor.
4. Kick the right foot back a few inches off the ground, hold for 2–3 seconds, and bring back to center.
5. Place the right foot on the floor.
6. Switch to the left foot and repeat on each side for 2–3 times.

Tightrope walk

1. Using a rope or some tape, create a straight line 3–6 feet (1–2 meters) on the floor.
2. Stand with feet hip-width apart. Then, place hands on hips.
3. Walk beside the rope, carefully placing one foot in front of the other like walking on a tightrope.
4. Try to walk to the end of the line without losing balance. At the end of the line turn around and walk back.
5. Repeat 3–4 times.

Tree pose

1. Begin with feet hip-width apart and palms pressed together in front of the chest.
2. Steady the left foot and shift weight onto it.
3. Gently lift the right leg off the ground. For extra balance, place one hand on a wall for support.
4. Place the right foot on the left inner thigh, or inner calf if this is difficult. The knee should be pointing away from the body.
5. Hold for 10–20 seconds or however long is comfortable, then switch sides.

Flamingo stand

1. Begin with feet hip-width apart. Then, place hands on hips.
2. Shift weight onto the left foot and bring the right leg up, so the knee is at a 90-degree angle. For extra balance place one hand on a wall for support.
3. Hold for 10–20 seconds, or however long is comfortable, then repeat on the other side.

How does proprioception affect balance?

Proprioception highly influences a person’s ability to balance. Mechanoreceptors that are in the muscles, joints, and skin send information to the nervous system so that it can control movement. Collectively, mechanoreceptors and other parts of the nervous system contribute to proprioception. As people age, the nervous system and mechanoreceptors undergo changes, resulting in a loss of proprioception and, consequently, balance.

Moreover, if an infection destroys neurons, or brain cells, responsible for transmitting particular senses, such as position, movement, and touch, some people lose the ability to balance and even move. In these cases, intense and lengthy proprioceptive training over many years may help a person recover.

argenx Highlights Autoimmune Pipeline at 2024 Peripheral Nerve Society Annual Meeting

argenx Press Release; June 25, 2024

argenx SE, a global immunology company committed to improving the lives of people suffering from severe autoimmune diseases, announced that new data from across the company's autoimmune pipeline were presented at the 2024 Peripheral Nerve Society (PNS) Annual Meeting in Montréal, Quebec.

argenx presented Phase 2 clinical trial data which support proof of concept for **empasiprubart** as a potential new treatment option for MMN, a chronic, progressive autoimmune disease with only one approved treatment option.

Compared with placebo, treatment with **empasiprubart** reduced the risk of IVIg retreatment by 91%, with improvement of grip and muscle strength, and improved patients' ability to perform daily activities. **Empasiprubart** was well-tolerated and most adverse events were mild or moderate.

argenx also presented new data from studies evaluating **VYVGART Hytrulo** in patients with CIDP. The data supported the recent (June 21, 2024) FDA approval of **VYVGART Hytrulo** as a safe and effective new treatment option for CIDP, demonstrating sustained functional benefit across all disease scores regardless of disease stage or treatment history and demonstrated a 61% reduction in the risk of relapse versus placebo.

Innovative Drug BP4L-18:1:1 Offers New Hope For Chronic Nerve Pain Relief

Knowridge Science Report; June 6, 2024

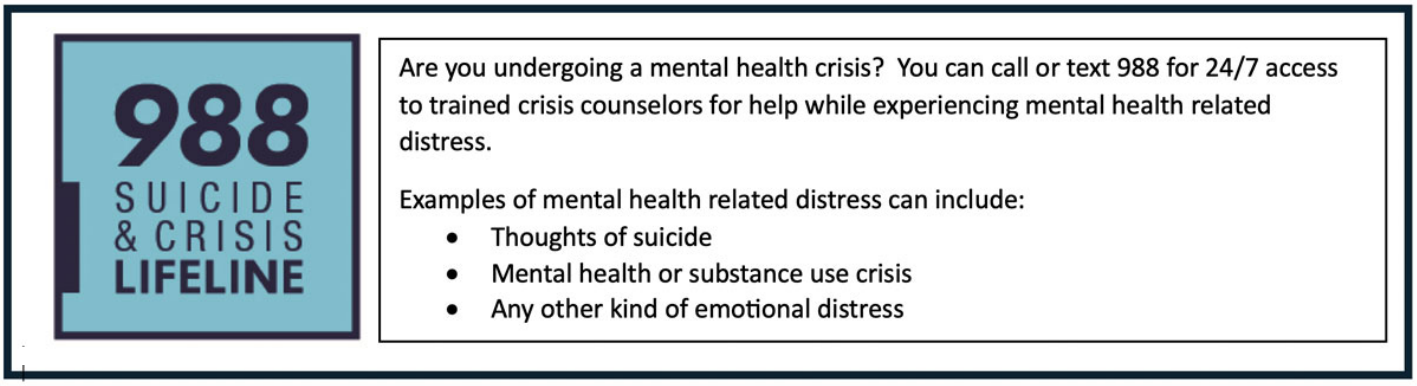
Researchers from Weill Cornell Medicine and the Burke Neurological Institute have announced a breakthrough in pain management with the development of a novel drug, potentially bringing significant relief to millions suffering from chronic nerve pain. The new drug, dubbed **BP4L-18:1:1**, represents a revolutionary approach by specifically targeting overactive nerve cells, a key factor in nerve pain. Dr. Gareth Tibbs, the lead author of the study, designed the drug by modifying the anesthetic propofol with a chemical "anchor" that helps it target only the affected nerve cells. This precise targeting avoids the brain, minimizing potential side effects. This mechanism is akin to using a boat anchor to stabilize a boat in water; similarly, the chemical anchor in **BP4L-18:1:1** helps focus the drug's effects on the problem areas, allowing the active components to calm the nerve cells effectively. Preliminary tests on rats have demonstrated that **BP4L-18:1:1** not only effectively reduces pain but also can be administered orally, offering convenience for patients.

Dr. Steven Fox, founder of Akelos, a company specializing in pain management innovations, has expressed enthusiasm about the drug's potential to tackle the root causes of chronic nerve pain without harmful side effects. This could signify a major shift in the way medical treatments for pain are approached.

Support Group Communities And Individual Crisis Care

The WNA offers group support to those who suffer from peripheral neuropathy. Our communities of neuropathy patients share their experiences with diagnosis and treatments, problems and successes.

For those seeking individual crisis assistance due to the anxiety and depression that develop from the uncertainty of a peripheral neuropathy diagnosis, call or text 988 for 24/7 response from a trained counselor.



988
SUICIDE
& CRISIS
LIFELINE

Are you undergoing a mental health crisis? You can call or text 988 for 24/7 access to trained crisis counselors for help while experiencing mental health related distress.

Examples of mental health related distress can include:

- Thoughts of suicide
- Mental health or substance use crisis
- Any other kind of emotional distress

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IN THIS ISSUE

Dear Readers,

Magnetic Peripheral Nerve Stimulation (mPNS), different from Spinal Cord Stimulation, is detailed on the front page of this issue. The mPNS device is named **Axon Therapy**, which has cleared the FDA approval process as a Class II medical device. The article details a controlled trial involving 71 patients with a sham group and a mPNS group. At the end of 30 days of use, there was a **57.6% reduction in pain** score in the mPNS group and a **35% reduction in numbness!** Like most new treatments, this was used on diabetic neuropathy patients with chronic neuropathic pain. Hopefully other types of neuropathy can benefit from its use too!

A common complaint about peripheral neuropathy is the accompanying fatigue it brings. Page 4 starts a two-page article that begins with explaining **contributing factors to fatigue** and the second half of the article specifies **ways to manage fatigue**. Most support group attendees know that I am a big proponent of exercise which might seem counterintuitive to managing fatigue. But the article states that lack of physical activity can actually worsen fatigue. It continues by saying to try different kinds of exercise to find one that helps improve your fatigue and includes suggestions of swimming, cycling, yoga, and tai chi.

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.

Dues - $30 a year
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