

*“Providing hope and a better quality of life through educating and connecting members to medical resources and emerging technologies”*

Our next meeting will be **Saturday, February 24, at 1:00 pm** at St. Michael's in Bloomington.  
**Flyer will be sent in early February!**

Our program will be a Circle of Conversation. We have done this type of program in the past, and it has always been well received. This is your opportunity to share concerns, what works and what doesn't. We would like our members to speak to our group as to what has worked for you. Maybe you have a regimen of natural products that work for you, or you have found a treatment or device that has helped you. Please bring your ideas, and we will give you the microphone for a couple of minutes to share your story.

**Thank you for your support!**

The MNA thanks all of you who have so faithfully sent in your membership contribution each year. Without, we would not be able to offer the programs, activities, monthly mailings, and newsletters that we have done in the past, and will continue to do. Remember that our Board members are all volunteers; we have no paid staff.

Look at the mailing label on the envelope in which you received this newsletter. The **yellow highlighted area** indicates when the last year you made your contributions (not when it is due). You want to see a 2018 in that highlighted area by the end of this year. Mail your contribution, payable to MNA, in the enclosed envelope to Myron Martin, 8100 Russell Avenue South, #127, Minneapolis, MN 55431.

The suggested yearly contribution is \$25.00 (or more, if you can). Since we are a 501(c)(3) organization, your contribution is tax deductible. If you feel that your mailing label's date does not reflect your most recent membership contribution, please call Myron Martin, treasurer, 952-941-5372 to verify your information.



## Winter Weather Tips

We live in Minnesota. We know it's going to get cold, but it's easy to forget the dangers that come with cold weather. These apply to everyone, but can pose even more problems for those of us with mobility or balance issues.

Anybody can slip and fall on the ice, but it's more likely to happen if you don't always know exactly where your feet are.

Here are a few ideas to keep in mind when venturing out of doors:

- If you have a mobility device (a cane, or a walker), don't be afraid to use it. Many of us with neuropathy have a sensory deficit, and need the stability of a cane or walker.

- If you are in a wheelchair, be sure to have a blanket around your lap to keep something between your body and the cold chair frame. Also, take extra care when attempting to wheel through snow, as tires can easily become stuck. This also holds true for mobility scooters.
- If you are driving, remember to have some emergency supplies in your vehicle. A lot of people say, 'well, I only go from the garage to the store, so I don't need to wear a coat,' (or gloves, or boots, etc.). Comfort is important, but be sure you have warm clothes and footwear in your vehicle in case of a breakdown.
  - If you become stranded in your car, stay in your car and wait for help.
- If you have a cell phone, keep it charged, and BRING IT WITH YOU. Think of your cell phone as the life-saving tool it is!

In addition to the life-or-death problems that winter creates, some of us (with neuropathy) see an uptick in symptoms during extreme temperatures. If this applies to you, it is especially important to wrap up in warm clothing.



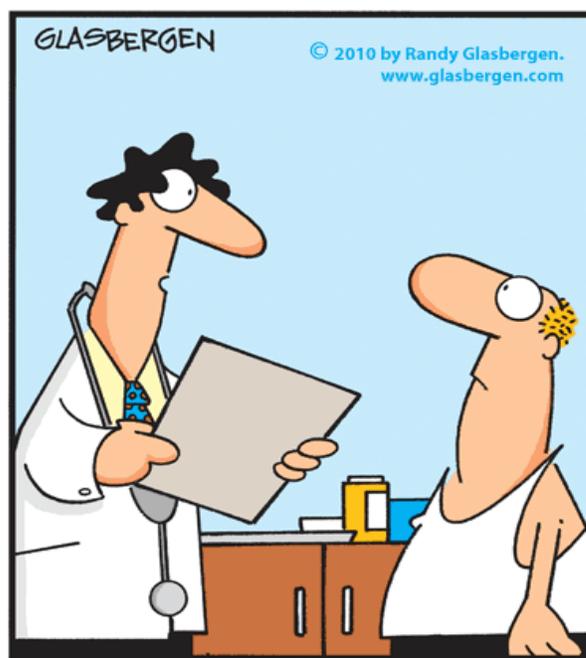
## Thank You

Our thanks to The Foundation for Peripheral Neuropathy (FPN) for permission to reprint the articles that are part of this issue of the MNA newsletter. Some are a bit technical, but still contain valuable information. There are many helpful articles from time to time on their website.

## MNA Handbooks Available

Our MNA Handbook is available for everyone who is a first-time member (i.e. makes a contribution for the first time). It has 70-80 pages of helpful information to help you in dealing with neuropathy. If you are a first-time member, and have not received your copy, please contact Lois Martin (952.941.5372), or loismemartin@gmail.com.

If you have an MNA Handbook from several years ago, and would like to have the updated pages, we have good news for you! If you bring your complete Handbook to one of our meetings, we will exchange it for a new one.



**"You have a heart of gold, a liver of gold,  
a stomach of gold and kidneys of gold.  
Stop eating so many Cheez Doodles."**

**If plan A doesn't work,  
don't worry – the alphabet  
has 25 more letters!**

# Treating Neuropathy: Why Medications Are a Pain, and Some Alternatives for Relief

*By Ronnie Gordon (Massachusetts-based freelance writer who developed neuropathy because of chemotherapy.)*

**There's the pain of neuropathy itself. Then there are the side effects from the medications to treat it. Finding balance is a battle.**



Patricia Braden liked hiking for hours in the woods and walking her Corgi-mix dog near her home in Greensboro, NC. The retired clinical psychologist also enjoyed long conversations with friends, family, and her clients.

But those days are over because of peripheral neuropathy and the side effects — such as problems with balance and concentration — of drugs used to treat it.

She is not alone. An estimated 20 million people in the US have some form of peripheral neuropathy, according to the National Institute of Neurological Disorders. The condition results from damage to the peripheral nervous system, the nerves running from the brain and spinal cord to the rest of the body.

Symptoms are numbness and a prickling or tingling sensation in your feet or hands, which can spread to the legs and arms. Other signs include sharp, throbbing, freezing or burning pain, extreme sensitivity to touch, and a lack of coordination that can lead to falls.

## Drugs Used to Treat Neuropathy

The drugs to treat neuropathy fall into 2 classifications: antidepressants and anti-seizure medications, though it is not totally clear why they work for nerve pain. Many patients also experience a host of sometimes debilitating side effects from the drugs. The good news is that

there are several alternative treatments and therapies that many patients have used to find relief that can minimize the use of medications.

David Cornblath, MD, professor of neurology at Johns Hopkins Hospital in Baltimore and a specialist in peripheral neuropathy, said the 3 main drugs approved for treating diabetic neuropathy — the most common type of neuropathy — “all have positives and negatives.”

He said the anti-seizure medication Neurontin (gabapentin) has the fewest side effects. Lyrica (pregabalin, another anti-seizure medication) comes next, and the antidepressant Cymbalta (duloxetine, a serotonin and norepinephrine reuptake inhibitor) has the most.

Doctors prescribe those same drugs for other kinds of neuropathy, such as the category of idiopathic neuropathy (meaning no known cause) into which Braden and many others fall. They are also used for fibromyalgia, another nervous system disorder with some of the same symptoms as neuropathy.

According to Cornblath, “Many start with gabapentin. It’s well-tolerated. But relief rarely occurs until people get to 1,800 milligrams a day,” he said. “Many are underdosed.”

However, “many patients find the side effects of increased dosages intolerable,” said Marlene Dodinval, executive director of The Foundation for Peripheral Neuropathy, a nonprofit in Buffalo Grove, IL.

Common side effects of the 3 drugs include fatigue, nausea, drowsiness and confusion, and weight gain or loss, in addition to side effects specific to each drug and the possibility of drug interactions. But they can be more extreme: The FDA requires manufacturers of antiepileptic drugs to carry warnings about increased risks of suicidal thoughts and behaviors.

Antidepressants may also increase suicidality, especially for children, young adults and teenagers. In trials, patients who took an antiepileptic drug had almost twice the risk of suicidality as those who did not.

## Falls, Forgetfulness and Other Side Effects

The 83-year-old Braden has not been immune from side effects. “I’ve fallen 3 dozen times in the last 10 years.” To help alleviate the sharp pain and the sensation that she likened to wearing iron shoes, her doctor put her on a high dose of Neurontin, which made her forget words in the middle of a thought, as did the Cymbalta that she takes.

“The thing I struggle with is, I don’t know if the benefit is worth the side effects,” she said.

Others have a similar dilemma. Valerie Lloyd, a retired government employee, could take more Neurontin for her painful chemotherapy-induced peripheral neuropathy, but is deterred by the side effects. “It’s in my feet, hands, and sometimes lips,” she said. “I feel OK in the morning, and that’s when I shop and garden. By about 6 in the evening, I get a burning, electrical feeling, the pins and needles.”

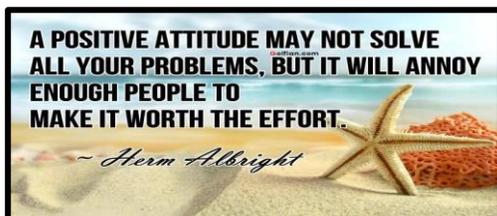
Lloyd started on three 300mg capsules of Neurontin a day, working up to 4 and 5 capsules daily.

“My doctor said I could take 6, but the thought of taking more turns me off. I didn’t like the way it made my feet feel swollen and fat,” she said. “I stopped taking it and it was a different kind of pain, so I went back” on Neurontin.

### Alternatives to Medication for Nerve Pain

However, medications aren’t the only way to treat nerve pain. Lloyd, a 65-year-old Alexandria, VA, resident, said she has found some relief in a foot cream whose main ingredient is capsaicin, a substance found in hot peppers, and thought to reduce chronic neuropathic pain by making nerves less sensitive to pain messages.

Water aerobics also help her “feel a little better about my strength and definitely helps my state of mind.”



This approach is consistent with a slew of mind and body therapies and other complementary and integrative therapies, according to The Foundation for Peripheral Neuropathy.

Carolyn Hicks, a psychologist and landscape painter in Northampton, MA, found relief in one such therapy — acupuncture — when the 70-year-old got peripheral neuropathy after chemotherapy for breast cancer. “I found that it was very helpful having more energy and balance and also in mitigating symptoms associated with neuropathy such as numbness and tingling, aches and sensitivity to the cold, and burning in fingers and toes,” she wrote in an email.

Elayne Goldstein, a 68-year-old retired teacher from Philadelphia, developed numbness and pain “like a knife was slicing my foot” after a knee replacement 2 years ago. She was on a high dose of Neurontin but weaned herself down to 300mg at night “because I didn’t want to be on medication.”

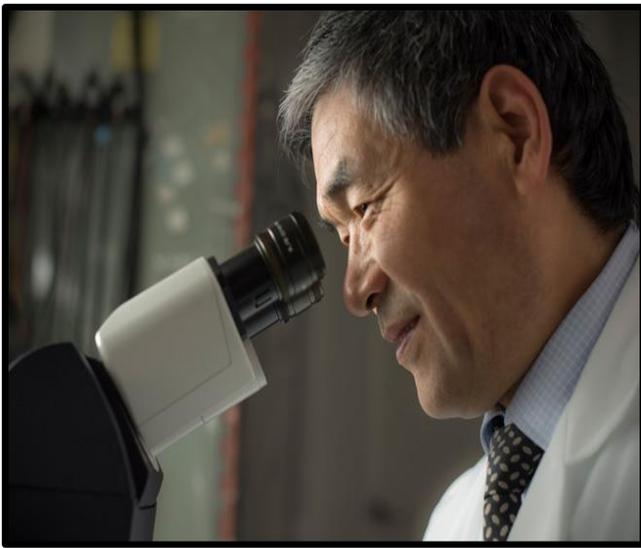
At night she wears a magnetic wrap “because something compressing it seems to help.” She also teaches yoga dance to seniors. “When I’m moving, I don’t feel any pain.”

Jennifer Buttaccio, an occupational therapist in Chicago, advises patients on better managing daily activities, strengthening exercises, and pain management strategies to find relief.

“I can recommend a patient talk to their doctor about having their vitamin B12 and magnesium levels checked,” she said. “I can also tell them to see if the doctor will provide them with a script for physical therapy to see if there are more specific modalities, strengthening, and pain management strategies that can be implemented.”

*(article courtesy of Foundation for Peripheral Neuropathy – originally from MedShadow Foundation Magazine, August 3, 2017.)*

---



## **Stem Cell Therapy for Neuropathic Pain: New Findings Show Promise**

*Animal studies demonstrate effectiveness*

Stem cell research at Cleveland Clinic could pave the way for an entirely new approach to chronic pain treatment that reduces medicine's current reliance on opioid therapy for intractable pain. The modality also shows promise as a tool to reverse opioid tolerance (OT) and opioid-induced hyperalgesia (OIH), particularly problematic side effects of opioid therapy. Jianguo, Cheng, MD, PhD, and his colleagues at Cleveland Clinic have developed patented methods of attenuating opioid tolerance.

Animal studies by Dr. Cheng and his colleagues have demonstrated the effectiveness of mesenchymal stem cell (MSC) transplantation in reducing hyperalgesia due to nerve injury. The group's work has shown MSC transplantation's effectiveness in reducing pain induced by sciatic nerve injury in rats and mice. MSC transplantation significantly reduced pain sensitivity evaluated by foot withdrawal thresholds in animals in response to thermal or mechanical stimulation. These cells produced immune modulatory and anti-inflammatory effects, promoted sensory nerve repair, and showed strong analgesic properties that could provide a safer and more effective alternative to current treatment modalities, in the management of neuropathic pain, says Dr. Cheng, Professor of Anesthesiology and Director of the Cleveland Clinic Multidisciplinary Pain Medicine Fellowship Program.

Pain medicine researchers are searching for an alternative to opioid therapy because neuropathic pain often does not respond to morphine and other opioids. Opioid analgesics can also lead to a variety of complications, ranging from itching and constipation to dependence, addiction, respiratory depression and death.

About 30 percent of neuropathy cases are caused by nerve damage associated with diabetes. However, hundreds of diseases are linked to neuropathic pain. Sources of neuropathic pain include alcoholism, amputation (which can result in phantom pain), some chemotherapy drugs (for example, Cisplatin®, Paclitaxel®, Vincristine®), radiation therapy, complex regional pain syndrome type II, trigeminal neuralgia, shingles, spinal stenosis, and central nervous system disorders, such as Parkinson disease and multiple sclerosis.

Recent research by Dr. Cheng and his group has yielded new discoveries that bode well for MSC transplantation as a potential future treatment modality. One investigation compared the analgesic effects of MSC derived from bone marrow with MSC derived from adipose tissue. Adipose-derived cells were found to be as efficacious as bone marrow-derived cells in reducing neuropathic pain in rats. The finding suggests that stem cell therapy could offer a practical option because stem cells from adipose tissue are relatively easy to obtain.

Recent investigations by Dr. Cheng and his colleagues comparing the analgesic effectiveness of intrathecal versus intravenous methods of MSC transplantation show both methods to be equally effective. The finding has important implications because intravenous transplantation of MSC could offer a safer and more expeditious route of delivery than intrathecal transplantation.

“We originally thought that stem cells would have to be introduced intrathecally in order to reduce pain, and that stem cells introduced intravenously would pass through the lungs and fail to produce analgesia,” says Dr. Cheng. “The finding that intravenous transplantation is as

effective as intrathecal transplantation is encouraging.”

Dr. Cheng’s group has also discovered that MSCs can be found in the area surrounding the injured nerve following MSC transplantation. “For reasons we do not yet fully understand, these cells have the ability to migrate to the injury site to promote repair of the injured nerve fibers,” Dr. Cheng says. “The cells can sense the injury’s location and travel to it.”

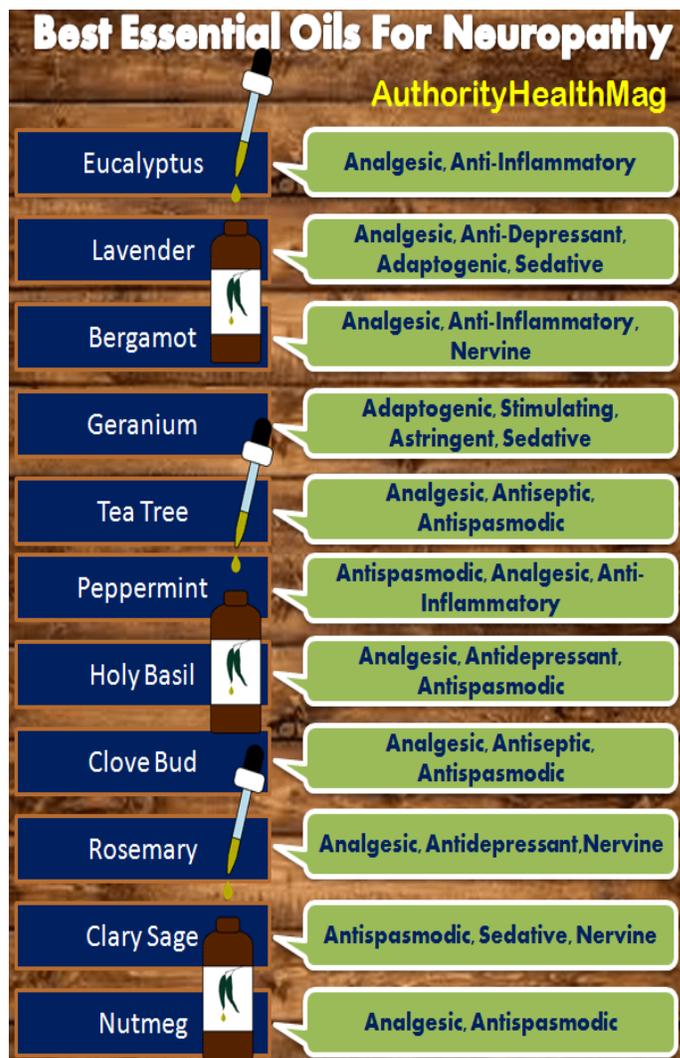
Although many questions must be answered before it can be known whether stem cell therapy is safe and effective for humans, some small patient studies show potential, Dr. Cheng says. According to one observational study in Australia, MSC transplantation reduced pain in patients suffering from trigeminal neuralgia, a particularly difficult condition to treat. “Though the findings are preliminary, the study provides some evidence that what we have learned in the laboratory can be translated to clinical use,” Dr. Cheng says.

Dr. Cheng’s team has achieved analgesia with MSC transplantation from rats to mice, providing early evidence that stem cells’ anti-inflammatory and immuno-modulatory properties can be transferred between species. An important pre-clinical study will be to see whether the transplantation of human stem cells to animals also can produce analgesic and anti-tolerance effects, Dr. Cheng says.

Dr. Cheng’s team presented research at the 2016 annual meeting of the American Academy of Pain Medicine showing MSC’s potential to reverse opioid tolerance and opioid-induced hyperalgesia, problems that can compromise the safety and efficacy of opioid therapy. Intravenous transplantation of bone marrow-derived MSC significantly attenuated OT and OIH in animals whether the transplantation was performed seven days before or 14 days after the initiation of daily morphine injections. These data demonstrate that MSC transplantation can not only prevent the development of OT and OIH but can also reverse it.

*(article courtesy of Foundation for Peripheral Neuropathy, August 10, 2016 – originally from The Cleveland Clinic)*

## Some people find relief from Essential Oils



*(Chart provided by Authority Health Magazine, March, 2016)*



Remember to save the date:  
**February 24, 2018** – the next MNA Meeting!

## Power of Attitude

**Attitude is a little thing that makes a big difference. – Winston Churchill**

There's a direct correlation between a positive attitude and better relationships, superior health, and greater success.

Some studies show that personality traits like optimism and pessimism can affect many areas of your health and well-being. The positive thinking that typically comes with optimism is a key part of effective stress management. A positive attitude can boost your energy, heighten your inner strength, inspire others, and garner the fortitude to meet difficult challenges. According to research from the Mayo Clinic, positive thinking can increase your life span, decrease depression, reduce levels of distress, offer better psychological and physical well-being, and enable you to cope better during hardships and times of stress. And effective stress management is associated with many health benefits.

### **Here are several ways to adopt a positive mental attitude:**

1. Positive thinking often starts with self-talk. Self-talk is the endless stream of unspoken thoughts that run through your head every day. These automatic thoughts can be positive or negative. Some of your self-talk comes from logic and reason. Other self-talk may arise from misconceptions that you create because of lack of information
2. Surround yourself with positive people. Spend time with people who are positive, supportive, and who energize you. Remember, if you get too close to a drowning victim, he may take you down with him. Pick a positive person instead.
3. Be positive yourself. If you don't want to be surrounded by negative people, what makes you think others do? Learn to master your own thoughts.
4. Control your negative thinking. This can be accomplished in the following ways:
  - See the glass as half full rather than half empty.
  - Anticipate the best outcome.
5. Stay the middle ground. Don't view everything in extremes — as either fantastic or a catastrophe. This will help you reduce your highs and lows.
5. Consciously resist negative thinking. Be cognizant of and mentally avoid negative thinking. This will help you modify your behavior.
6. Be nice to yourself. Unfortunately, some people say the meanest things to themselves. If you criticize yourself long enough, you'll start to believe it. This negativity can drag you down over time. It may be time to fire the critic and hire the advocate
7. Set realistic, achievable goals. There's nothing wrong with setting a high bar — unless you beat yourself up for not achieving your goals. The key is to build confidence by setting realistic goals and by hitting a lot of singles rather than swinging for the fences.
8. Keep it in perspective. Life is all about prioritizing the things that matter most in your life and focusing your efforts in these areas. This means that trivial things that go wrong every day shouldn't get you down. Learn to address or ignore small issues and move on. It's time to sweat the big stuff.
9. Turn challenges into opportunities. Instead of letting challenges overwhelm you, turn them into opportunities. (Rather than hitting the wall, climb over it or go around.
10. Count your blessings. Be grateful and give thanks for the special things in your life rather than taking them for granted. Some people do this by giving thanks around the dinner table, keeping a written journal, or posting one special item each day on Facebook. Remember, some of the greatest possessions in life aren't material. Take every opportunity to make a wonderful new memory.

It's unclear why people who engage in positive thinking experience these health benefits. One theory is that having a positive outlook enables you to cope better with stressful situations, which reduces the harmful health effects of stress on your body. It's also thought that positive and optimistic people tend to live healthier lifestyles — they get more physical activity, follow a healthier diet, and don't smoke or drink alcohol in excess.

*(article courtesy of Foundation for Peripheral Neuropathy Web article, January, 2016)*

## Introduction to Kitty Welter

Hello everyone. My name is Kitty Welter, and I will be working on compiling the quarterly newsletters. Like all of you, I have neuropathy.

I worked full-time as an administrative Assistant until last January. Since that time I have been working from home. One of the things I do is sell vintage clothing on Ebay. I also do pet sitting for a few people, as well as product testing for market research firms.

In addition to this newsletter, I do freelance editing, and I write a blog for a book I do promotion for (the book – the Kaiser’s Butterfly is about New York city in 1915). The blog has lots of historical references – if you find that interesting, please take a look at: [www.thekaisersbutterfly.wordpress.com](http://www.thekaisersbutterfly.wordpress.com).

If there is a topic you’d like to see covered in an upcoming MNA Quarterly Newsletter, contact me with your ideas at: [kittywelter@yahoo.com](mailto:kittywelter@yahoo.com)).



## A Note from MNA

Our newsletters contain a variety of information, and in each article we have identified the source, **but the views and opinions of the articles do not necessarily represent the views of MNA, nor do they infer an endorsement of any product or service.** They are not intended to replace medical or other professional advice and counsel.

## The Foundation for Peripheral Neuropathy (FPN)

**Mission:  
Dedicated to Reversing the Irreversible**

Visit their website: <[foundationforpn.org](http://foundationforpn.org)>

**MNA Website:  
[www.neuropathy-mn.org](http://www.neuropathy-mn.org)**

### Board Members

Questions? Comments? Let your MNA Board know your thoughts and ideas! Contact information:

Marty and Marilyn Beer	612-869-0295
<a href="mailto:mmbeer@q.com">mmbeer@q.com</a>	
Michael Boland	612-751-5800
<a href="mailto:obeollain@aol.com">obeollain@aol.com</a>	
Ron Marien	952-835-7886
<a href="mailto:rmarien1@aol.com">rmarien1@aol.com</a>	
Lois Martin	952-941-5372
<a href="mailto:loismemartin@gmail.com">loismemartin@gmail.com</a>	
Marilynn Martinson	952-933-5225
<a href="mailto:mj.martinson@comcast.net">mj.martinson@comcast.net</a>	
Mary McLeod	651-653-6980
<a href="mailto:marymcl@msn.com">marymcl@msn.com</a>	
Connie Schramm	952-831-4880
<a href="mailto:retiredbabe@yahoo.com">retiredbabe@yahoo.com</a>	
Christina Gilfillan	952-884-5537
<a href="mailto:whoopie47@me.com">whoopie47@me.com</a>	
Webmaster: John Bishop	<a href="mailto:a2g2@mtel.com">a2g2@mtel.com</a>
Treasurer: Myron Martin	952-941-5372
<a href="mailto:myronmartinmn@gmail.com">myronmartinmn@gmail.com</a>	

*We are always looking for additional Board members. PLEASE consider volunteering to help. MNA may need to change some of its priorities unless we get additional help. Contact any of the Board members listed above for more information.*

Copyright 2002 by Randy Glasbergen. [www.glasbergen.com](http://www.glasbergen.com)



**“The healthiest part of a donut is the hole. Unfortunately, you have to eat through the rest of the donut to get there!”**

[Pintast.com](http://Pintast.com)