

# FPN News

the FOUNDATION for  
PERIPHERAL NEUROPATHY®

DEDICATED to REVERSING the IRREVERSIBLE

FALL/WINTER 2015

## A MESSAGE FROM THE EXECUTIVE DIRECTOR



The Foundation for Peripheral Neuropathy is proud to be starting its ninth year of providing support to patients, caregivers, physicians and researchers. We recognize the tremendous need PN sufferers have for understanding the disease and finding hope for new treatments and even a cure. I look back on the last 8 years with a sense of accomplishment for all the people the Foundation has helped and at the same time, we have so much more to achieve.

Today, great momentum is building in PN research; important breakthroughs are starting to emerge, one of these success stories you can read about on page two in this newsletter. FPN's scientific programs fuel that momentum. Our bi-annual international research symposiums and Peripheral Neuropathy Research Registry (PNRR) bring together physicians, scientists, FDA, NIH, pharma and patients working together to develop and provide the best treatments for people who have peripheral nerve diseases. But it doesn't stop there, it takes a "community", and by working collaboratively with thought leaders in the field, support groups leaders, other like-minded organizations, and you, we can create a meaningful and lasting impact, accomplishing far more leading together than we might alone.

We must look past ourselves to the purpose of our work and always keep in mind the people we are trying to support—YOU, the patient!

We will soon be launching our new website. Enhancements include blogs with monthly guest speakers, information about your local support groups, a physician portal and more. Don't forget about our "Premium Membership." In addition to receiving this newsletter, you have exclusive website access to FPN videos and webinars AND the independent databases and tools from "Natural Medicines," an authoritative resource on dietary supplements and natural medicines.

As we look forward into 2016, we are gearing up for our third bi-annual International Research Symposium and developing new and better ways to support you. While doing so, the Foundation is committed to providing you, caregivers and health care providers with credible scientific information and resources to help you live well.

As the year-end approaches, I want to thank everyone for their enduring support. It is always difficult to determine which worthy cause out of so many deserves the most attention at any given moment. We are particularly honored that you chose to support FPN in such a special way and we hope you will consider the Foundation as you make your year-end gift. As we continue to grow, please know that our relationships with you are vital to the success of our programs that serve you and the health care community.

Best wishes for a happy & healthy holiday season,

Pam Shlemon

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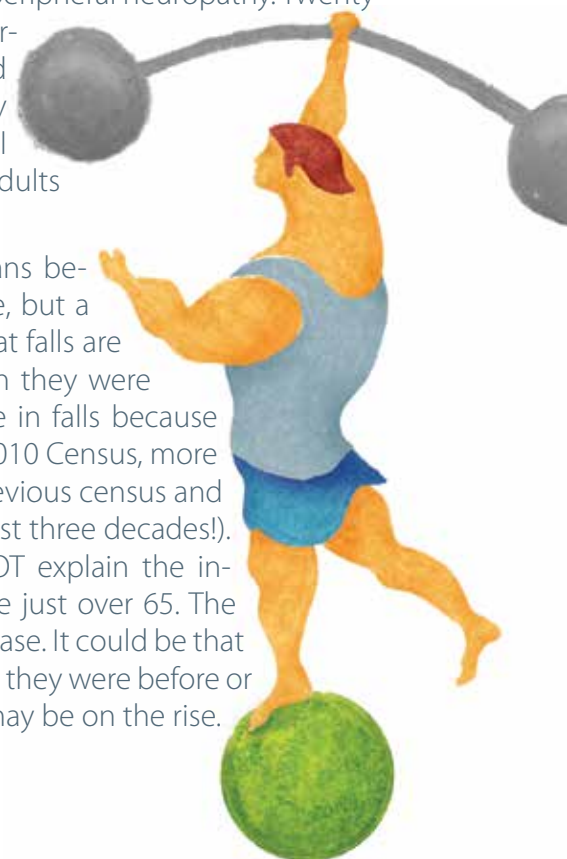
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## Maintaining Balance

**The Risk of Falling.** Falls are the most common cause of injury in elderly adults (age 65 and older). As many as one third of elderly adults fall each year and the risk of falling triples if you have a neurologic disorder like peripheral neuropathy. Twenty to thirty percent of older people who fall, suffer moderate to severe injuries, such as hip fractures and head traumas. These injuries can be life altering and even deadly. According to the Centers for Disease Control and Prevention, falls kill more than 18,000 older adults each year.

Often falls go unreported to caregivers and physicians because patients fear they will lose their independence, but a study in the journal *JAMA Internal Medicine* reports that falls are on the rise with more seniors experiencing falls than they were 12 years ago. The study expected to see an increase in falls because the American population is aging (according to the 2010 Census, more people were 65 years and over in 2010 than in any previous census and the nation's 90+ population nearly tripled over the past three decades!). Surprisingly the changing age demographic did NOT explain the increase in falls. In fact, the biggest spike was for those just over 65. The study was not able to determine the cause of the increase. It could be that older adults might be more likely to report it now than they were before or other risk factors like the side effects of medications may be on the rise.

(CONTINUED ON PAGE 3)



## IN SUPPORT OF OTHERS WITH PN

I became involved with helping others understand and take action toward their neuropathy symptoms as a result of my son's diagnosis of Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) in 2007 when he was 15 years old.

My son is an example of the benefit of early diagnosis and treatment. The story started on a Friday morning when he found he was unable to lift his arms. After three days, two hospitals and

advice from four doctors, the symptoms had spread throughout his body. Sunday evening a pediatric neurologist prescribed his first intravenous immunoglobulin (IVIG) treatment (a blood product administered intravenously. It contains the pooled, polyvalent, IgG antibodies extracted from the plasma of over one thousand blood donors.). He responded quickly to the treatment and in four days was released from the hospital. But he relapsed two weeks later and required additional treatments. Three months later, a visit to Mayo clinic confirmed the CIDP diagnosis.

After two years we were able to begin weaning him from the IVIG and gratefully today he is off completely and has stabilized. With help from a dairy and gluten-

(CONTINUED ON PAGE 4)

## INSIDE

- Breakthrough for chronic pain
- Donor Spotlight | Maggie Akers



## BREAKTHROUGH RESEARCH IN TREATMENTS FOR CHRONIC PAIN CAUSED BY NERVE DAMAGE

An international research team led by Boston Children's Hospital, released findings on June 17, 2015 in the journal *Neuron* that describes a breakthrough in treating chronic pain.



"Most pain medications that have been tested in the past decade have failed in phase

II human trials despite performing well in animal models," notes Clifford Woolf, MD, PhD, director of Boston Children's F.M. Kirby Neurobiology Center and a co-senior investigator on the study with Michael Costigan, PhD. "Here, we used human genetic findings to guide our search from the beginning."

Drawing from human pain genetics, their research demonstrates a way to break the cycle of pain hypersensitivity without the development of addiction, tolerance or side effects. In a "reverse engineering" approach the report states that "our data illustrate how one can utilize human genetics to discover a pathway involved in a disease and then through preclinical mechanistic studies identify and target the most suitable member of that pathway for drug development".

*The Foundation for Peripheral Neuropathy is proud to be among the financial supporters of this exciting research.*

Source: <http://www.news-medical.net/> June 18, 2015

## THE PAIN COURSE: A RANDOMIZED CONTROLLED TRIAL EXAMINING AN INTERNET-DELIVERED PAIN MANAGEMENT PROGRAM WHEN PROVIDED WITH DIFFERENT LEVELS OF CLINICIAN SUPPORT

There is now substantial support for pain management programs for chronic pain. There is also a growing recognition that many people are unable to access these programs when they are administered in their traditional face-to-face format. Barriers to accessing face-to-face programs include cost, mobility limitations, stigma, availability and long waiting lists. Consequently, many people fail to receive or experience considerable delays accessing this care. Internet-delivered programs employ the same principles, content and components as the face-to-face programs, but can be provided with varying levels of clinician support ranging from regular clinician contact via email or telephone to none at all.

In June, the International Association for the Study of Pain released results of a research study based out of Australian universities, led by Dr. Blake F. Dear, Macquarie University. The study evaluated an internet-delivered pain management program, the Pain Course, when provided with different levels of clinician Support. The treatment program was based on the principles of cognitive behavior therapy and comprised 5 internet-delivered lessons provided over 8 weeks. Participants were randomized into one of four groups: regular contact, optional contact, no contact and "treatment-as-usual Waitlist Control Group". High treatment completion rates and levels of satisfaction were reported and no marked or consistent

differences were observed between the groups.

These results highlight the very significant public health potential of carefully designed and administered internet-delivered pain management programs and indicate that these programs can be successfully administered with several levels of clinical support.

Source: *PAIN: The Journal of the International Association for the Study of Pain*, June 02, 2015

## LOW VITAMIN D LEVELS IN PATIENTS WITH PAINFUL DIABETIC PERIPHERAL NEUROPATHY: A POTENTIAL ROLE IN PATHOGENESIS?

Presented at the 75th American Diabetes Association 2015 Scientific Sessions, this research examined the possible role of vitamin D in the pathogenesis, or production and development of painful diabetic peripheral neuropathy (DPN) and therefore a potential role of supplementation in its treatment. Recent studies have reported an association between low vitamin D levels and DPN. However, these studies had not assessed major confounding factors including seasonal sunlight exposure and daily activity.

After adjustment for age, BMI and sunlight exposure, vitamin D levels were significantly lower in the painful neuropathy group. While they may have demonstrated a significant reduction of vitamin D levels, measured under careful conditions in subjects with DPN, randomized clinical trials are required to evaluate the impact of vitamin D supplementation on painful neuropathic symptoms.

Source: *Abstractsonline.com*

## CLINICAL TRIALS

### Massage for Chemotherapy Induced Peripheral Neuropathy (CIPN)

NCT02221700

The goal of this research study is to test two forms of massage for neuropathy from your cancer treatment. Researchers also want to study how participants may respond to massage treatments, and how the treatments may affect quality of life and physical performance.

Sponsor M.D. Anderson Cancer Center Location TX

### Nutritional Supplementation With Agmatine Sulfate During Small Fiber Neuropathy

NCT01524666

This is a non-blinded, case-only study that evaluates the effects of Agmatine Sulfate on small fiber peripheral neuropathy. Patients will be started on Agmatine sulfate (a metabolite of Arginine) and monitored for two months. Improvement will be noted on their response to the Neuropathic Pain Questionnaire. Additionally the investigators will note improvement by performing autonomic function testing at the beginning and end of the study.

Sponsor JFK Medical Center Location NJ

### Patient Assisted Intervention for Neuropathy: Comparison of Treatment in Real Life Situations (PAIN-CONTROLS)

Measure the relative effectiveness of currently approved medications for the treatment of pain from sensory neuropathy. Qualified participants are over the age of 18 who suffering from NON-diabetes related painful sensory neuropathy without an obvious cause, including: Cryptogenic (Idiopathic) sensory neuropathy and small fiber painful peripheral neuropathy.

Sponsor University of Kansas Medical Center Location AZ, CA, CO, FL, IN, IA, KS, MN, NY, ND, OH, PA, TX, UT

## BOARD PROFILES



**Nancy Herlin, MHA** has a background in health care management and has been consulting with management teams and organizations for

over twenty years. She has led training programs and workshops for effective leadership, team building, quality improvement and meeting management primarily in the health care field. In addition, Nancy has devoted countless hours volunteering for several different organizations.

Her interest in neuropathy began in 2007 when her 15 year old son was diagnosed with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP). Since then, her personal journey of inquiry about neuropathy and its impact has grown into a desire to find ways to support people affected by this disease and increase public awareness and education. She is the co-founder and Executive Director of Neuropathy Alliance of Texas.



**Patti Davis** grew up in Southern California where she still resides in Huntington Beach, California with her husband, two sons

and 5 grandsons. Over the last 10 years she has enjoyed being a Commercial Property Manager for family-owned properties. Prior to her real estate career, Patti gained extensive experience in marketing, having held a number of senior positions in marketing with Disneyland, Starbucks, Taco Bell and on the agency side for clients Burger King, Carl's Jr. and Hardees.

Her passion and drive to help The Foundation grew out of witnessing the painful journeys of several close family members and friends over the last three years. In seeing this disease up close, she wanted to find a way to help and contribute towards finding a cure for Peripheral Neuropathy.

**Why We Fall.** Balance is the ability to maintain the body's center of mass over its base of support. A properly functioning balance system allows humans to see clearly while moving, identify orientation with respect to gravity, determine direction and speed of movement, and make automatic postural adjustments to maintain posture and stability in various conditions and activities. Our balance depends on the coordination of input from multiple sensory systems:

**VISUAL SYSTEM**

Sight provides information on the verticality of the body and spatial location relative to objects

**PROPRIOCEPTION SYSTEM**

Information provided from skin (touch) and joints (pressure and vibratory senses)

**VESTIBULAR SYSTEM**

Sense organs that provide information on direction, motion, equilibrium and spatial orientation

Our bodies need to integrate this sensory input and translate that into motor output to the eye and body muscles. Maintaining balance depends on information received by the brain from three peripheral sources: eyes, muscles and joints and vestibular organs. All three of these sources send information to the brain in the form of nerve impulses from special nerve endings called sensory receptors. Peripheral neuropathy (PN) is a disorder of the motor, sensory, and autonomic nerves. So in addition to aging, PN patients are at a greater risk of falling because numbness, decreased sensitivity to touch and muscle weakness can have significant adverse effects on their balance.

**How to Stay on Your Feet**

The keys to staying safe lie in taking care of yourself and being mindful of the spaces in which you live and work.

Start by talking to your doctor. Make sure to rule out other potential

causes for balance issues including other medical conditions besides your neuropathy and any potential side effects from medications. Make sure ALL your doctors and your pharmacist are aware of every medication you are taking including over the counter medications. If you notice yourself feeling more drowsy or dizzy, speak to your doctor about changing medications or doses. And don't forget to get your vision checked regularly!

Exercise is a must! Strengthening exercises for the back, legs and core improve balance. A 2012 study of balance disorders in diabetic peripheral neuropathy patients (*Journal of Rehabilitation Research and Development 2012*) showed that they could achieve better balance and stability through progressive balance training. They recommended that training be gradual and persistent so as to have long-term effects on the patient. Clinical studies have also shown that Tai Chi helps stabilize gait, improve balance and reduce falls among people with peripheral neuropathy.

Protect yourself in your home. Clear the clutter on your floor and stairs and be sure rugs are secured. Bath mats without non-skid backing are dangerous. Illuminate the path through your home. Check the height of your bed and chairs. You should be able to sit up while also having your feet securely and comfortably flat on the floor and be sure to wear appropriate footwear—slip-on shoes can come off easily and catch on stairs, rugs etc.

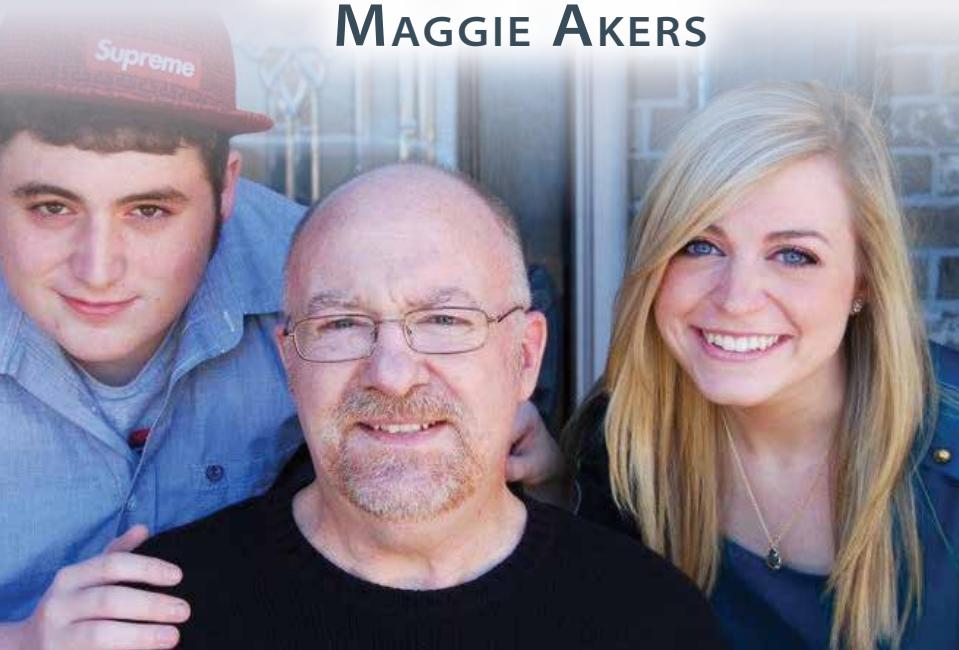
Move wisely. Think about how to move in the safest way possible before actually moving. Make sure your path is clear and you can see your feet. Don't reach for things in an awkward position.

Get strong, be safe, and maintain balance.



Sources: Vestibular Disorders Association (vestibular.org) and Neurology News, January 2015

**DONOR SPOTLIGHT**  
**MAGGIE AKERS**



Maggie Akers, 23, is a very special young woman living in San Francisco and working for Google. Maggie plays tennis, loves to travel and spend time outdoors. But she says "anyone who knows me, knows that I am not a runner!" So when a friend asked her to run the San Francisco marathon it seemed crazy. Yet, when Maggie learned she could run and also raise money for charity she had an idea. Maggie decided she would run to honor her father's memory and the struggle Ben Akers went through living with peripheral Neuropathy. Maggie chose the Foundation for Peripheral

Neuropathy as her designated charity for the marathon.

"I wanted my dad to look down and be proud of such an ambitious challenge. I was also motivated to run because he couldn't. Unfortunately, peripheral neuropathy robbed my dad of many things that most take for granted—the ability to run, walk, feed himself, hug people, etc. I wanted to do something that he would have loved to do had he the opportunity"

Maggie was very, very close to her dad and describes him as fun-loving and committed to his family and work as a county judge. Maggie says,

"He was my person, and I think the biggest struggle of his passing was losing the person I loved the most and felt the closest to and most comfortable with."

Ben Akers was 39 when his symptoms first appeared and though Maggie was just six when her Dad first showed symptoms she remembers him going to "a lot of doctors."

"He met with many doctors in the Dallas-Fort Worth area, including neurology specialists at UT Southwestern in Dallas and in New York City. He also met with doctors at The Mayo

Clinic in Rochester, MN. It was extremely frustrating for us as a family to see so many brilliant specialists, but still walk away without answers. Doctors were never able to find a treatment to stop the neuropathy from spreading or something to help with the pain and symptoms. It seemed like we tried every treatment, medication, and therapy available to us, and it was defeating for dad to never get better. It was torture to watch him deteriorate in front of us, but we felt like we had exhausted every option." Like so many PN patients it took years of tests and doctors' visits before Ben was diagnosed with monoclonal gammopathy peripheral neuropathy. He was just 57 years old when he passed away.

When asked what stands out for Maggie in her experience of running in her dad's memory and for FPN her response was simple, "Strength is the greatest takeaway from all of this. Not only do you have to possess a great deal of physical strength to run a race, but you have to be emotionally and mentally strong as well. I know my dad would want me to rise from the experience of his illness and passing a better, stronger woman."

Maggie's support of FPN has a double impact as her employer, Google, has agreed to match the donation! FPN is so grateful to Maggie for her generosity and we are looking forward to finding future ways we can work together to raise awareness and support for peripheral neuropathy.

free diet, meditation and his faith, he is living a healthy, fulfilling life.

At the time of my son's diagnosis there was little information available and few people to talk with about all the aspects of caring for and living with neuropathy. Our neurologist provided the clinical knowledge, but we found a vacuum when looking for how to handle the daily challenges of neuropathy. When I met another woman on a similar journey with her daughter in 2009, we instantly connected and the idea for a support organization to provide education and hope for this chronic condition was born. In 2011, we founded Neuropathy Alliance of Texas a non-profit that supports those with neuropathy.

A large part of the services we provide includes three support groups that serve the greater Austin area. I have volunteers that help with the three groups although I attend most meetings because I have become so connected with our members.

It continually amazes me how important it is for people to get together to share their stories, learn ways to handle their symptoms from experts and each other

and receive hope. Just when I think that the effort at running meetings and keeping an organization going is just too much for me, I hear about how our work helped to change someone's life. We consistently hear from new people some form of "I thought I was all alone. I didn't know others had the same burning, pain and numbness that I experience each day." Once people attend our meetings or speak with someone else with neuropathy, the information they receive empowers them to make changes that often lead to improvements in their health and symptoms. One man, Norman, came to his first meeting in April of last year with numbness all over his body, including his face. His treatments weren't working, he'd had to give up his favorite lifelong hobby of ballroom dancing and he was very depressed. This meeting happened to feature a guest speaker on acupuncture. As a result, he tried acupuncture as treatment for his neuropathy and the last time I spoke with him, he was dancing again with his wife!

Typical evaluation comments include:

"Very informative and educational. Really enjoyed it."

"So good to have this group to share information with."

"Thank you. The story shared by the speaker greatly affected me."

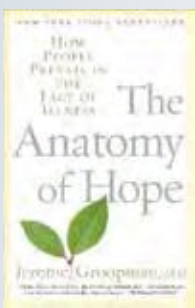
Since I've been involved in supporting neuropathy patients, I've seen more interest in alternative treatments besides just medication. People want to know what they should eat, what supplements to take, what kind of exercise helps and how to deal with the emotional aspect of this chronic illness. We have adopted Patricia Fennel's Four Phases of Chronic Illness as our framework when planning for meetings or events. This model assumes that we as patients move along the phases of: crisis, stabilization, resolution and integration. I think it's our role as support group facilitators to provide hope and help our clients find ways to move through these phases and live their best lives with their neuropathy.

I joined the Board of the Foundation for Peripheral Neuropathy because I believe that it's through this national organization I can reach more people, provide more help and ultimately direct resources to finding a cure.

1<sup>ST</sup> IN A SERIES

## Books on Peripheral Neuropathy and Coping

This is the first in a series of installments on books recommended by the Foundation for Peripheral Neuropathy (some have been FPN book club selections!), patients and support group leaders as helpful resources. We share them with you for educational purposes only and should not substitute for informed medical advice. We always encourage you to consult with your own medical providers for the best treatment advice.



**The Anatomy of Hope: How People Prevail in the Face of Illness**

RANDOM HOUSE, 2005

Why do some people find and sustain hope during difficult circumstances, while others do not? What can we learn from those who do, and

how is their example applicable to our own lives? The Anatomy of Hope is a journey of inspiring discovery, spanning some thirty years of Dr. Jerome Groopman's practice, during which he encountered many extraordinary people and sought to answer these questions. *Jerome Groopman, MD*



**Coping with Peripheral Neuropathy: How to Handle Stress, Disability, Anxiety, Fatigue, Depression, Pain and Relationships.**

NEW YORK: IUNIVERSE, 2007

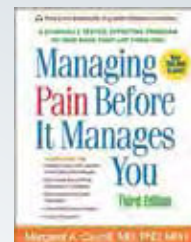
Dr. Berman tackles the psychological and social issues in *Coping with Peripheral Neuropathy* from the viewpoint both of an experienced psychiatrist and of a fellow-sufferer with neuropathy. He details strategies to deal with changing roles at work and at home. He explores relationships and sexuality. Dr. Berman lays the groundwork for learning to cope and improve your quality of life in the face of these chronic diseases. *Scott Berman, MD*



**IG Living Magazines**

(SUBSCRIBE AT WWW.IGLIVING.COM)

Each issue of IG Living contains the most up-to-date news about clinical research and treatments; articles on immune globulin therapy, insurance and lifestyle strategies; perspective and humorous columns written by patients; profiles of patients; and resources for healthy living.



**Medi Focus Guidebook: Peripheral Neuropathy (2010) Managing Pain Before It Manages You**

(NOTE: 4TH EDITION SCHEDULED FOR RELEASE 12/15/15)

Imagine finding a way to spend less time in doctors' offices, and to decrease the discomfort, depression, and anxiety associated with chronic pain. This program is to help you reduce your pain and learn coping skills to get your life back. Straightforward and compassionate, this hands-on guide provides detailed information plus step-by-step techniques, activities, and worksheets. *Margaret A. Caudill*



**You Don't Look Sick! Living Well with Invisible Chronic Illness**

(LIMITED AVAILABILITY IN HARDCOVER; AVAILABLE AS KINDLE DOWNLOAD)

Chronicles a patient's true-life accounts and her physician's compassionate commentary as they take a journey through the three stages of chronic illness—Getting Sick, Being Sick, and Living Well. This resource helps you focus on building a meaningful life that contains illness as opposed to a life of frustration and fear. Designed for patients in all stages of the chronic illness journey, this book will also be illuminating for caregivers and loved ones. *Joy Selak PhD and Steven Overman, MD, MPH*

*The Foundation for Peripheral Neuropathy does not endorse any treatments, medications, advice or products discussed in these publications. Special thanks to support group leaders Nancy Herlin of the Neuropathy Alliance of Texas and Bev Anderson of the Western Neuropathy Association for their input in compiling this list.*



The National Health Interview Survey (NHIS) is the main source of information on Americans' health. It is conducted by the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention. The survey found that pain—a condition for which people often use complementary health approaches—is common in U.S. adults. More than half of those surveyed had some pain during the 3 months before the survey. In 2012, as in 2007, natural products (non-vitamin, non-mineral dietary supplements) were the most frequently used complementary health approach among adults and children. Almost 18 percent of adults and about 5 percent of children used natural products in 2012.

A few of the natural products tried by peripheral neuropathy patients include Alpha-Lipoic acid, Primrose oil, Biotin and Capsicum. A review of the "Natural Medicines" databases\* provides some insights on the effectiveness of these products. **Caution: there are drug interaction, side effect and safety issues with all natural products. None of these products should be used without first consulting your doctor!**

Alpha Lipoic acid is rated as "possibly effective" meaning it has some clinical evidence

# TREATING PN

## Naturally



supporting its use however the evidence is limited by, quantity, quality or contradictory findings. Alpha lipoic acid taken orally or intravenously daily seems to reduce symptoms of peripheral neuropathy in diabetes patients. Taken alone or with other supplements, alpha-lipoic acid seems to improve neuropathic sensory symptoms such as burning, pain, numbness and prickling of the feet and legs.

Evening primrose oil has been used orally to treat diabetic neuropathy. Two clinical trials showed it to be possibly effective when taken daily for six to twelve months.

Biotin is an essential water-soluble B vitamin, also known as vitamin B7. There is

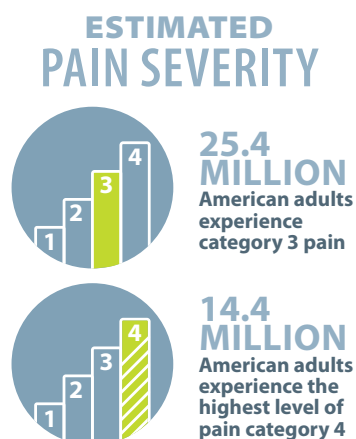
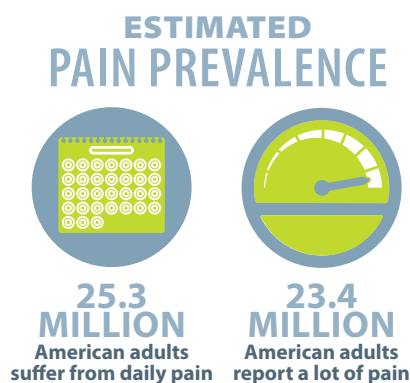


preliminary evidence that intramuscular or oral biotin might help decrease symptoms of peripheral neuropathy in diabetic patients but there is insufficient evidence to confidently rate its effectiveness.

Capsicum, or cayenne is a spice derived mainly from two cultivated species and is applied topi-

cally for neuropathy symptoms. In treatment of diabetic neuropathy there have been several clinical studies with evidence supporting its effectiveness but there is not enough high-quality evidence to recommend it for most patients. Applying capsaicin topically does not seem to relieve symptoms of HIV associated peripheral neuropathy.

Although research is still inconclusive, some scientists have found that acetyl-L-carnitine (ALCAR), a natural antioxidant, has the potential to alleviate some of the effects of antiretroviral toxic neuropathy (ATN)—the most common form of HIV-associated sensory neuropathy (HIV-SN). ALCAR has also seemed to improve symptoms for some patients with diabetic neuropathy.

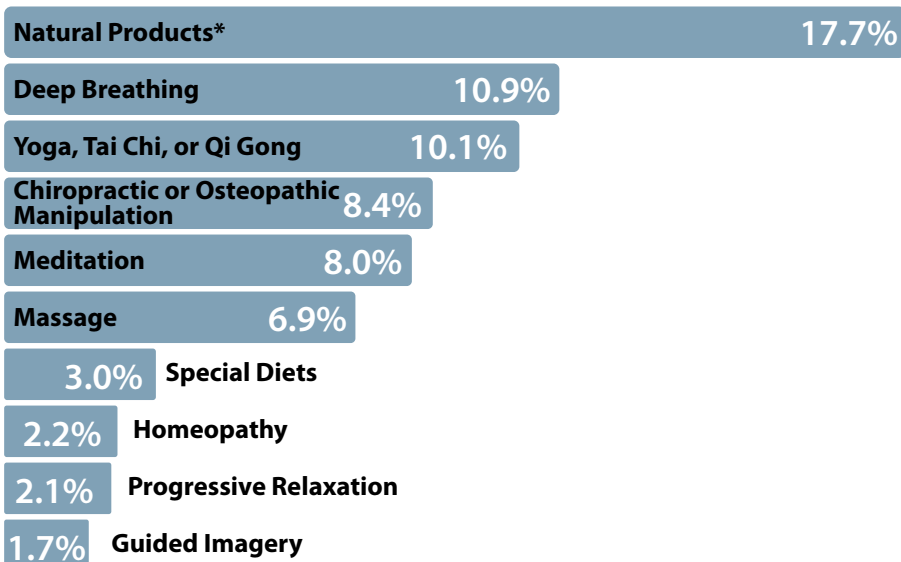


### ADULTS WITH CATEGORY 3 OR 4 PAIN WERE LIKELY TO:

- have worse health status
- use more healthcare
- suffer from more disability

### THAN THOSE WITH LESS SEVERE PAIN

### 10 MOST COMMON COMPLEMENTARY HEALTH APPROACHES AMONG ADULTS IN 2012



\*FPN has connected with **Natural Medicines**, the authority on integrative medicine, to provide our Premium members access to a comprehensive resource about complementary and alternative medicines. Log on to our website to see:

- Clinically relevant, bottom-line-focused information and ratings in their evidence-based natural ingredient monographs
- Drug-supplement interaction data including evidence-based interaction ratings
- Effectiveness Checker: quick comparison of the effectiveness of different natural medicines for a specific condition
- Enhanced Interaction Checker and Nutrient Depletion Checker

Nahin RL. Estimates of Pain Prevalence and Severity in Adults: United States, 2012. *Journal of Pain* (2015), doi: 10.1016/j.jpain.2015.05.002 \*Dietary supplements other than vitamins and minerals. Source: Clarke TC, Black LI, Stussman BJ, Barnes PM, Nahin RL. Trends in the use of complementary health approaches among adults: United States, 2002-2012. *National health statistics reports*; no 79. Hyattsville, MD: National Center for Health Statistics. 2015. U.S. Department of Health & Human Services • National Institutes of Health National Center for Complementary and Integrative Health nccih.nih.gov

# ASK THE EXPERTS...

This month we are answering questions that have come to us through our FPN Inbox. Please contact us at [info@tffpn.org](mailto:info@tffpn.org), if you have any questions you would like to have answered!

**Q** Do you know of anyone with peripheral neuropathy who has had Chelation therapy and if so what benefit if any did they receive?

**A** We are only familiar with this therapy's use in treating people who have been exposed to heavy metals—sometimes a cause of peripheral neuropathy. If the source of the peripheral neuropathy can be determined, then the exposure must be stopped. Some metal poisoning can be treated with chelation therapy but it has been shown to not help peripheral neuropathy side effects. In some cases, when exposure has been stopped, the neuropathy gets better, but usually patients will experience symptoms years after exposure has stopped.

<http://faculty.virginia.edu/metals/cases/moyer2.html>

**Q** Do you know anything about the use of laser treatments to greatly reduce neuropathic pain. Neither my endocrinologist nor my neurologist know anything about it?

**A** Under certain conditions, some patients have found some degree of relief from the treatment. However, scientists don't really know how laser therapy helps, there are theories, but nothing conclusive. From what we understand its results among patients is very inconsistent. More studies need to be done.

<http://www.ncbi.nlm.nih.gov/pubmed/24026991>

For more information please visit our website: [www.foundationforpn.org/research](http://www.foundationforpn.org/research)



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The Foundation for Peripheral Neuropathy newsletter, FPN News is published two times a year, Spring and Fall.

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## the FOUNDATION for PERIPHERAL NEUROPATHY®

485 Half Day Rd., Suite 350  
Buffalo Grove, IL 60089

*Our mission is to dramatically improve the lives of people living with Peripheral Neuropathy.*

*The Foundation for Peripheral Neuropathy will be the catalyst for advancing innovative therapeutic developments and accelerating a cure for painful neuropathies by funding collaborative efforts of leading scientists and physicians. We will strive to raise awareness of peripheral neuropathy through outreach programs to patients, their families and healthcare professionals.*

MAKE A DIFFERENCE  
**TODAY**

Please use the enclosed donation envelope (or donate online at [www.foundationforpn.org](http://www.foundationforpn.org)) to support the on-going work of the Foundation.

Contact  
Pam Shlemon  
at 847-883-9951  
or at  
[pam@tffpn.org](mailto:pam@tffpn.org)

For more information about giving, including bequests and sponsorship opportunities

MAKE A DIFFERENCE  
**TOMORROW**

Charitable bequests are a wonderful philanthropic expression. It is a magnificent legacy for the donor and can benefit your family by reducing taxes when a bequest is made through your will or living trust.

Please consider a bequest to the Foundation for Peripheral Neuropathy when you plan your estate.

Your gift to the Foundation means you are sharing in our commitment to dramatically improve the lives of those living with peripheral neuropathy.

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