

eNcouragement

The Newsletter for the Minnesota Neuropathy Association
Volume XIII – No 4 Fall 2016

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

Next MNA meeting will be in January.
<i>Watch for the meeting flyer in mid January.</i>
Website: www.neuropathy-mn.org

As your Board of Directors, we want to send a friendly message to the MNA membership:

WE NEED NEW BOARD MEMBERS

A rather small group of us have been keeping this organization going for twenty years, and some of us are "aging in place," others are running out of energy and/or ideas. We need some additional members to help carry the load. We would like to ease the new Board members into their jobs to keep it easy for them and have a smooth transition for all. No experience necessary. We are a group that meets in an atmosphere that is informal, relaxed and comfortable. People are involved and interested. There is usually a fair amount of discussion. Board members are committed. We try hard to really listen to each other. Differences of opinion are honored and thoroughly explored before decisions are made. People are encouraged to express their feelings as well as their thoughts.

There are rumors we're all retiring, and the organization will die if we're not replaced. Not true! We just want some help. We'll stay around for a while, meaning several months or years. But eventually, we deserve to retire, and to pass the baton to newcomers, one at a time.

Right now, we just need a few more souls to help with the work, and help generate new

ideas. Our meetings occur less often than once each month.

Here's where the help is needed:

President: Gather ideas for speakers, recruit speakers, facilitate Board meetings. Answer phone calls and give information to interested new members.

Secretary: Take minutes at Board meetings, type up minutes and send by email to the other Board members. Handle correspondence.

Treasurer: Keep the 'books', issue checks for expenses.

Newsletter editor: gather material for quarterly newsletter and format the material ready to go to the printer.

Refreshments: Brew coffee and serve cookies, etc., for meetings; buy the supplies and food we are serving for each meeting.

Other Board members: Attend Board meetings, generate ideas and decide on speakers for membership meetings, prepare newsletter mailings.

There are other miscellaneous duties, of course, but those are the primary ones. We are contemplating the idea of cutting back the number of membership meetings to 8 or 6 each year, which will also cut down on the work required. It will depend upon attendance, the enthusiasm of our members for the meetings, the number of good ideas we have for speakers, etc.

So, if you want to volunteer to join the Board, please do! If you have questions, please contact Lois Martin at 952-941-5372

P.S. We thank Ron Marien and Mary McLeod for volunteering to be Board members, but we need more MNA members to participate. We need YOU!!

MNA 20th Anniversary Celebration

A Big Crowd - Many thanks for the 92 registrations we received from MNA members to attend our September 17, 2016, 20th Anniversary Celebration. Your participation was most appreciated. MNA rolled back our registration fee to 1996 levels and we frequently heard the \$5 registration fee was a bit hit. You also voiced your appreciation for the presentations, breakfast snacks, beverages, box lunch, cake, door prizes and a game of Heads or Tails.

Outstanding Presenters - We are grateful for the excellent presentations made by Dr. David Walk: "The Basics of Neuropathy"; Pam Shlemon: "What's New & Living Well With PN"; and Dr. William Kennedy: "Simple Inventions That Quantify Touch On Fingers, Vibration On toes And Sweating in Neuropathy". Dr. Walk is an Associate Professor of Neurology at the University of Minnesota Medical Center Fairview. Pam Shlemon is Executive Director of the Foundation of Peripheral Neuropathy in Chicago. Dr. William Kennedy is a Professor of Neurology at the University of Minnesota.

MNA 20th Anniversary Committee - The committee met on a number of occasions, did a lot of leg work for a variety of things that needed to be accomplished, worked hard the day before setting up the space at St. Michael's; showed up at 8 am on September 17 and worked well into the afternoon restore everything back to order. There is no possible way to fully express my gratitude to committee members for their countless hours in making the 20th Anniversary Celebration so successful. Lois Martin was our MVP and these members are most appreciated for their efforts: John and Nancy Hackley, Marilyn and Bob Martinson, Vicky Rehman, Connie Schramm, John Bishop and Mary McLeod. To all these fabulous committee members, please accept my thanks for a job well done.

Ron Marien, MNA 20th Anniversary Celebration Chair

IDEAS FOR YOU TO TRY

So what do you do when you find yourself suffering from leg cramps? Many health forums suggest unwrapping a bar of soap and leaving it under the sheets. Some of our very own Foundation members tell us this has brought them relief!

One theory is that a bar of soap will give off the chemical magnesium, which will relieve you of leg cramps. While there is no scientific evidence supporting this home remedy, it certainly has positive anecdotal results and is a safe and easy possible treatment.

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From an MNA member:
My current best "relief" is
Vermont Country Store
Super Black Cherry Concentrate
800-564-4623

+++++

From another MNA member
Here is the name of this new specially compounded medication:

KETAMINE HCL 0.5% AND AMITRIPTYLINE HCL .2% IN LIPOVAN CREAM 120 G
Apply twice a day for pain.

Prescription from Dr. Flanagan, Neurologist at the Mayo Clinic in Rochester.

Also, I take over the counter meds, which work great and help me to sleep at night:
Mapap regular strength two tablets at night (325mg) each

Benadryl Allergy 1 tablet at night 100 tablets in a bottle

Note from another member: I use the Ketamine cream prescribed by the Mayo Clinic, but only as needed, when the pain in hands, forearms, and shins is very high. So far, I have to get it from a compounding pharmacy, specially formulated. It's not covered by Medicare, and not cheap, but a large jar lasts me a long time.

Thank you for your support!

The MNA thanks all of you who have so faithfully sent in your membership contribution each year. Without you, 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 contribution (not when it is due). You want to see a 2016 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 amount 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.

Do you agree?

A group of students were asked to list what they thought were the present "Seven Wonders of the World." There were some disagreements; the following received the most votes:

1. Egypt's Great Pyramids
2. Taj Mahal
3. Grand Canyon
4. Panama Canal
5. Empire State Building
6. St. Peter's Basilica
7. China's Great Wall

While gathering the votes, the teacher noted that one student had not yet finished her paper. So she asked the girl if she was having trouble with her list. The girl replied, "Yes a little. I couldn't quite make up my mind because there were so many".

The teacher said, "Well, tell us what you have, and maybe we can help"

The girl hesitated, then said: I think the Seven Wonders of the World are:

1. To see
2. To hear
3. To touch
4. To taste
5. To feel
6. To laugh
7. And to love.

The room was so quiet you could have heard a pin drop. The things we overlook as simple and ordinary, and that we take for granted, are truly wondrous. A reminder: that the most precious things in life cannot be built by hand or bought by man.

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.*

Another exciting opportunity

Information was sent to you about an opportunity to help Dr Kennedy at the University of Minnesota in his, and his colleagues, research project. This is phase 3 of the 'bumps' test and also a continuation of the 'sweat' test that some of our members were connected with a couple of years ago.

Test procedure:

The testing takes two hours.

There are three parts to the testing:

1. "Bumps" touch sensory testing on the finger pads. The subject locates tiny bumps on a flat surface. The smallest bump felt becomes the "threshold" value. People with neuropathy have a higher threshold than people without neuropathy.
2. Stimulated sweating is visualized, via a starch-iodine reaction, on small areas of skin with a custom-made video camera. From this video, we can determine the number of sweat pores and the rate of sweating from each pore. People with neuropathy have fewer active sweat glands that produce less sweat.
3. "Speed Bumps" sensory testing measures flutter sensation at the toes and foot and the finger pads. Like highway speed bumps, but much smaller, our "Speed Bumps" are used to determine the smallest ridge size that can be felt. When people develop neuropathy, their ability to feel the smallest ridges diminishes.

In addition, a neurologist will perform a neurological examination.

All tests are non-invasive. No blood is drawn.

Both individuals, with and without neuropathy, are needed for these tests. You go to the U of M Medical Center-East Bank Hospital, (500 Harvard St SE) where there is free valet parking and an escort will meet you to take you to the lab. Please call to make an appointment or for more information:

612-626-6148

PLEASE use this opportunity to further research!!

Tired of Popping Pills for Pain?

Roberta Fernandez – our MNA June presenter

Pain. Just the word itself hurts - and causes major stress:

The sciatica pain shooting sharply down your leg.
The constant aching and throbbing of that migraine.
Drugs for that pain. Oxy, Vicodin, Percoset. For a few weeks, a few months, years.

What if you could feel pain differently?

What if you could turn down the volume - or not feel pain at all?

Hypnosis works!

I am a Board Certified Hypnotist and Certified Instructor at The FARE Hypnosis Center - and literally my own 'walking' testimonial for hypnosis. I used hypnosis, a natural state of mind, to successfully manage severe knee pain, before and after a total bilateral knee replacement (both knees at the same time). I took minimal pain medication during two days in the hospital, and *none* thereafter, even during rehab.

Over my 6 weeks of recovery, I estimate that without hypnosis I would have taken 84 oxycodone or other form of pain medication the first 2 weeks; 56 the next two weeks and 42 the following 2 weeks. That's a total of 182 pills! I slept better, ate better, and recovered faster. My surgeon was amazed at my progress.

Pain and Your Brain

There is no processing center in your brain for pain like there is for sight or hearing. Signals are sent from the injured area letting the brain know that something is wrong. The brain decides if it is a real danger. For example, let's say you were crossing the street and you fell and broke your ankle. You look up and see a bus coming at you and it can't stop. Your brain might perceive the bus as a bigger threat, so you would get up and run out of the way, feeling nothing of your broken ankle. After you got to safety, the brain may then perceive the danger in your ankle and it would start to hurt.

Pain is based on your environment, your emotions, perceptions, and previous experiences, and the experiences you've heard from others. Not only does your brain determine whether or not you feel pain, and it can also choose how you perceive it.

Many neuroscience experiments have proven that the brain cannot tell the difference between what is real, and what is vividly imagined or emotionally felt. Imaging equipment, like MRI's, has shown that very similar areas of your brain that process thoughts (I think I'm moving my finger), also process the actual doing (I'm really moving my finger).

Drs. Guang Yue and Kelly Cole conducted a study that looked at two groups over four weeks, one that exercised a finger, and one that *imagined* exercising the finger. In the end, the group that had actually

done the finger exercise had increased strength of 30%. The group that had only *imagined* exercising the finger had increased strength of 22%!

Putting Your Imagination to Work

In hypnosis, I use creative techniques for clients in pain. A current client has had headaches every day for 5 years, sometimes so bad that she could not function for days at a time. Her doctor said there was nothing to be done about fixing the arthritis and stenosis in her neck, and her pain served no purpose. The client told me that she had gotten relief from two very painful shots, but they were only meant to last 24 hours. In hypnosis, she re-experienced those shots in a pleasant way, and imagined the irritated nerves shrinking away to nothing. I taught the client self-hypnosis, she practices for a few minutes every day, and she has had virtually no headaches since.

Mind and Medicine Meet

Dr. Todd Ginkel with Physicians Diagnostics and Rehabilitation Clinics (PDR), recognizes, as do many doctors and surgeons, that there is a strong mind-body connection. "At PDR, we use multiple tools to improve a patient's ability to return to an active lifestyle. Cognitive behavioral therapy (CBT), which is used to address patients' fears and anxieties around returning to activity after an injury, is one of those tools. In some cases, however, the patient needs more than just CBT to break down potential barriers. This is when hypnosis can be an effective tool. In fact, according to the Journal of Consulting and Clinical Psychology's feature on *Hypnosis as an Adjunct to Cognitive-Behavioral Psychotherapy: A Meta Analysis*, hypnosis can significantly improve a patient's outcome when used in combination with CBT. Our goal, of course, is to get patients back to living a healthy, active life. If there are tools that can be used to help achieve that, we are open to using them," said Dr. Ginkel.

A Perfect Complement

Hypnosis is complementary to your doctor's pain management protocol, with no negative side effects. You can easily learn to utilize the natural power of your mind to take back control of your comfort level.

Roberta Fernandez, BCH, CI
Board Certified Hypnotist, Certified Instructor
The FARE Hypnosis Center
Eden Prairie, MN
952-934-1315

Dr. Todd Ginkel
Founder and CEO Physicians Diagnostics and
Rehabilitation Clinics (PDR) Edina, MN

Small Nerve Fibers Defy Neuropathy Conventions

Study suggests even prediabetes may cause nerve damage.

Results of a small study of people with tingling pain in their hands and feet have added to evidence that so-called prediabetes is more damaging to motor nerves than once believed, in a report on the study published online in *JAMA Neurology* on April 11.

Johns Hopkins neurologists say the study of patients with small fiber neuropathy showed unexpected deterioration over the entire length of sensory nerve fibers, rather than just at the longest ends first, which the investigators say defies the conventional wisdom of how nerves were thought to deteriorate.

Over the three-year course of the study of the 62 participants, 13 of them with prediabetes, the investigators found that generalized damage occurs in those with prediabetes, and that the precursor condition may be less benign than most clinicians appreciate.

"I liken small fiber neuropathy to the canary in the coal mine," says senior author Michael Polydefkis, M.D., professor of neurology at the Johns Hopkins University School of Medicine and director of the Cutaneous Nerve Lab. "It signals the beginning of nerve deterioration that with time involves other types of nerve fibers and becomes more apparent and dramatically affects people's quality of life. The results of this new study add urgency to the need for more screening of those with the condition and faster intervention."

Small diameter nerve fibers reach out to the surface of the skin, and their damage is often marked by development of burning pain in the feet. But routine nerve tests, like nerve conduction, and routine examinations often fail to identify nerve damage because those measurements mostly assess injury to large diameter nerve fibers. The most common cause of small fiber neuropathy is diabetes, Polydefkis notes, but it can also be caused by lupus, HIV, Lyme disease, celiac disease or alcoholism.

In an effort to measure damage more accurately in small nerve fibers in people with small fiber neuropathy symptoms, Polydefkis and his team took small samples of skin — the size of a large freckle — from 52 patients diagnosed with small fiber neuropathy and from 10 healthy controls. Of the 52 patients enrolled in the study with small fiber neuropathy, 13 were considered to have prediabetes, 14 had type 2 diabetes, and 25 had normal blood sugar and an unknown cause of neuropathy. The participants ranged in age from their mid-40s to late 60s, and just less than half were female. Skin samples were taken from the ankle, the lower thigh near the knee and the upper

thigh. Three years later, samples from the same area in the same group were taken for comparison. Microscopic analysis of the skin samples was done to determine the density of small nerve fibers over time. According to the lead author of the study, Mohammad Khoshnoodi, M.D. assistant professor of neurology at Johns Hopkins, a lower density of fibers indicates more nerve damage.

Initially, he says, all patients with small fiber neuropathy had fewer nerve fibers at the test site on the ankle compared to the upper thigh, demonstrating more nerve damage the further down the leg measured. After three years, all three groups of those with small fiber neuropathy lost nerve fibers at the site tested in the ankle. But what surprised the researchers was that nerve fibers were lost at similar rates from the lower and upper thigh sites as well, a phenomenon that would not have been expected if the longest nerve fibers were the most vulnerable.

"We are all taught in medical school that the longest nerves degrade first, and we show that this isn't always the case," says Khoshnoodi.

Patients with prediabetes or diabetes had at least 50 percent fewer small nerve fibers in their ankles initially than those participants with an unknown cause for their small fiber neuropathy, indicating these patients started the study with more damage to their small nerve fibers.

The patients with prediabetes continued to have worsening damage to their small nerve fibers over the course of the study; they lost about 10 percent of their nerve fiber density each year at all sites tested along the leg. Patients with diabetes also lost similar rates of nerve fibers along the three sites of the leg.

"I expected that people with diabetes would do worse, but I didn't really expect people with prediabetes to experience a similar rate of degradation of their small nerve fibers," says Polydefkis.

Khoshnoodi cautions that the study was small, and that other factors in addition to high blood sugar, such as smoking, high blood pressure and high cholesterol, may also have contributed to the decline. Future studies that address these risk factors will need to be performed to determine if prediabetes is as debilitating to nerves as full-blown diabetes.

According to the National Institute of Neurological Disorders and Stroke, an estimated 20 million people in the U.S. have some form of peripheral neuropathy. About 50 percent of people with diabetes have neuropathy.

July 2016 – FPN E-News

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.
3. Remember, if you get too close to a drowning victim, he may take you down with him. Pick a positive person instead.
4. 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.
5. 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.
 - 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.
6. Consciously resist negative thinking. Be cognizant of and mentally avoid negative thinking. This will help you modify your behavior.
7. 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.
8. 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.
9. 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.
10. 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.)
11. 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.

FPN E-tips – July 2016

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.

Program for Minnesota Neuropathy Association's 20th Anniversary Event

(notes taken by John and Lavon Bishop)

Dr. David Walk: "The Basics of Neuropathy"

Dr. Walk gave us the high level view of what neuropathy is along with the basic anatomy of the nerves and how the small and large fiber nerves work with the brain to tell us what we feel, etc. He told us his work is primarily research but that he does see some patients.

Some, but not all of the topics he discussed:

- Effect of VM202 injection for patients with diabetes induced PN
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3677315/>
- PCORI – Patient Centered Outcome Research Institute Trial
<http://www.pcori.org/news-release/pcori-board-approves-21-million-fund-research-managing-and-reducing-opioid-use-chronic>
<https://trialbulletin.com/lib/entry/ct-02260388>
- CMT – Charcot-Marie-Tooth
Dr. Walk discussed the genetic component and that the hands and feet are affected.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4392824/>
- PXT-3003 Study for CMT1A
https://clinicaltrials.gov/ct2/show/study/NCT02579759?show_locs=Y#locn
- CIDP – The Gripper Study: IVIG Treatment Related Fluctuations in CIDP
<https://trialbulletin.com/lib/entry/ct-02414490>

Pam Shlemon – Director of Foundation for Peripheral Neuropathy (FPN):

What's new, & living well with PN

Pam shared how The Foundation for Peripheral Neuropathy got started and presented a slide show of the Foundation's current projects.

Some of the topics she discussed:

- Clinical Trials - <https://clinicaltrials.gov/>
- Peripheral Neuropathy Research Registry
<https://www.foundationforpn.org/research/research-registry/>
- Exercises & Physical Therapy for PN
<https://www.foundationforpn.org/living-well/lifestyle/exercise-and-physical-therapy/>

(Editor's note: Pam flew from and to Chicago on Saturday, September 17th for our 20th anniversary celebration – Thank you, Pam)

Dr. William Kennedy – "Simple inventions that quantify touch on finger, vibration on toes and sweating in neuropathy"

My favorite speaker of the day. All of the speakers had a Q & A after their talk and one of the burning questions of the day was how many people are affected by neuropathy in the U.S. and around the world. Pam and Dr. Walk had both said they thought the numbers were around 20 million in the U.S. and up to 128 million in China. Dr. Kennedy said he would take exception with his younger counterparts and said it's more like 100% if you live long enough.

Since there was some discussion of idiopathic PN, Dr. Kennedy asked if we knew how the diagnosis is made for idiopathic. Got my best laugh of the day when he told us it got the name from the idiot neurologist who diagnosed it.

Dr. Kennedy went on to talk about his research work on developing a tool he would like to make available in every GPs office to easily test for neuropathy.

More information can be found on his website:
<http://kennedylab.med.umn.edu/>

The Foundation for Peripheral Neuropathy (FPN)

Mission:

Dedicated to Reversing the Irreversible

Get Involved.... Donate today!

The mission of the Foundation can only be sustained through the generosity of people who share our vision to advance research and provide and improve quality of life to those living with neuropathy. All gifts, large or small, are important.

For a donation of \$30.00 (or more) per year, you are eligible for a complimentary premium membership. Our membership options offer flexible ways to get the latest peripheral neuropathy information while supporting the cause.

You may send your donation via their website: <foundationforpn.org>, or by mail to:

The Foundation for Peripheral Neuropathy,
485 Half Day Road, Suite 350
Buffalo Grove, IL 60089

Presenters' notes

Periodically we receive requests for information that a speaker presents when members are unable to attend a meeting.

If a presenter uses a handout or power point that is informative, we share that with our members when we send our monthly flyer.

We also encourage our speakers to write an article for our newsletter. See Roberta Fernandez's article, our June presenter, on page 4, and Dr Gustafson's article, our July and August presenter, on page 9, in this newsletter. We do not have any way of doing a video or audio recording of our speakers.

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*FYI -- Our meetings this year have been in Bloomington. The reason for that is because the Board has changed a bit when planning speakers. We are now giving our presenters the option of an afternoon meeting (1:00 pm) or evening meeting (7:00 pm). We are also giving the presenters the option of having the meeting in Bloomington or Roseville, whatever fits their schedule. Our next meeting will be in January.*

If you already have neuropathy, avoid prolonged pressure. Don't keep your knees crossed or lean on your elbows for long periods of time. Doing so may cause new nerve damage.



### 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.

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Deep, uninterrupted slumber is important for everyone, but it's especially critical for people with neurological disorders.

Something to consider is that your surroundings may be disrupting your sleep. In order for our body clocks to work properly, we need constant environmental clues to tell us when it's morning and when

it is night, and those clues often get blurred when we are indoors for days on end because of the lack of natural light. Being outdoors has a powerful effect on synchronizing your body clock. It is crucial to get good natural light. Indoor light doesn't serve the same purpose.





## Synopsis of July/August meetings

My name is Dr. Mark C. Gustafson. I have been in private practice for over 28 years, and I am the owner of Allied Health & Wellness Center. I had the privilege to speak at the monthly MN Neuropathy Association meeting in July, and in August.

My July presentation focused on our **“Breakthrough Neuropathy Program,”** which combines cutting-edge science and nutritional advancements, creating a natural, yet monumental breakthrough for people who suffer from neuropathy.

Since there are different causes of neuropathy, every patient needs an individualized approach. Some people may need our detoxification program that’s proven to quickly rid the body of the toxins associated with neuropathy. In other cases, certain foods may be causing inflammation, creating a choking effect on the nerves of the feet and toes. With some key adjustments to dietary or lifestyle habits or the addition of a few vital supplements, we can balance the body and stop the inflammation. Some patients may also have underlying metabolic conditions, or candida, or are carrying excess weight. For this reason, we provide a thorough health assessment to determine just what’s contributing to your neuropathy pain.

In addition to nutritional support, NeuroCare Muscle Stimulation, Niacin Leg Wraps, and Whole Body Vibration are added to offer pain relief, detoxification and increased circulation.

The August presentation, **“Ideal Nutrition,”** focused on the problems with the Standard American Diet (S.A.D), and how it affects our overall health. Some United States health statistics include:

- 29% die of heart attack or stroke  
#1 cause of death
- 29 million have diabetes, 25% of seniors have diabetes, 50% have prediabetes  
#7 cause of death
- 30% have high blood pressure
- 35% are obese, 70% are overweight
- 42% will develop cancer, 22.62% will die.  
#2 cause of death

The main cause of all the above..... the Standard American diet.

But there is good news..... 80% of heart disease, 80% of type II diabetes, 40% of cancer and up to 80% of fatigue, digestive difficulties, food allergies, Alzheimer’s disease, and other chronic diseases can be prevented through healthy lifestyle changes

The neuropathy program we provide is amazing, because it addresses the nutritional and circulatory deficiency issues the person has. It gets the body to start digesting and assimilating food better. It also allows the body to start healing from the inside and decreases the degenerative process of the nerves.

Whether you already have nerve damage, have suffered with nerve pain for years, or are just starting to have symptoms, there is no better time to bring your body back into balance. Here are just a couple of comments from our patients:

“I have suffered mainly with numbness, with slight pain for three years. It started after receiving chemotherapy. After being on the 12-Week Neuropathy Program, I feel much better; a complete turnaround! I love the people at the clinic, and I even lost weight, too!” Diane L.

“I came in with leg pain. Now, I don’t have any pain. I’m feeling good, and I’ve lost about 50 lbs., and I feel good about that! I’m happy with the progress I’ve made.” Ned H.

By combining supplements, lotions, a good eating program, the NeuroCare machine, and whole body vibration, we are accelerating healing and reversing the degeneration process that have already set in. We are essentially giving you your life, well being, health and happiness back!

I offer anyone who suffers from neuropathy pain and symptoms to come to my office for a complimentary consultation and evaluation with me. Then, I will give you up to three complimentary treatments, along with a sampling of our nutritional supplements, to better determine if our "Breakthrough Neuropathy Program" will be a benefit to you. With this breakthrough program, you have every reason to expect excellent results!

Allied Health & Wellness Center is located at 3410 Federal Drive, in Eagan, MN. The clinic phone number is 651-905-8272.

## On going research

This past August 2016, The National Institutes of Health (NIH) provided two separate grants supporting peripheral neuropathy research last month. This is excellent news as it demonstrates recognition of the need for funding in this area.

### **MDI Biological Laboratory Conducting Peripheral Neuropathy Research**

The MDI Biological Laboratory has announced that it has received a grant of \$456,500 over two years from the National Institute of Neurological Disorders and Stroke to support research conducted by assistant professor Sandra Rieger, Ph.D., on chemotherapy-induced peripheral neuropathy. The grant will allow Rieger to focus her research on the molecular mechanisms underlying peripheral neuropathy induced by paclitaxel, a common chemotherapy agent. She believes the mechanisms leading to paclitaxel-induced peripheral neuropathy may also underlie other types of sensory neuropathies, such as those caused by diabetes or treatment with antibiotics. Her lab has identified two drug candidates with the potential to prevent or reverse the effects of sensory nerve degeneration in zebrafish. The grant funding will be used in part to assess the efficacy of the drug candidates in mammalian models.

Dr. Rieger recently attended the Foundation for Peripheral Neuropathy's 2016 International Research Symposium in Chicago.

### **JAX Resource for Research of Peripheral Neuropathy**

The second grant will provide four years of funding, totaling \$1,219,140, to The Jackson Laboratory to develop mouse models for inherited peripheral neuropathies and neurodegenerative diseases including Charcot-Marie-Tooth disease (CMT). The new grant establishes the JAX Resource for Research of Peripheral Neuropathy to accelerate the creation, distribution and use of high-priority mouse models for CMT research. Burgess, JAX Mouse Repository Director Cathleen Lutz, Ph.D., and Research Scientist Kevin Seburn, Ph.D., are the principal investigators of the grant.

From FPN web site

## Visiting your Doctor

Write down questions to ask your doctor. You may not have time to ask all of the questions listed below. Choose a few that are the most important for you to get answers to, so you won't be disappointed.

- What is causing my symptoms?
- Are there certain types of tests that can determine what I have and the cause?
- Are the tests done in the hospital or doctor's office and how long will they take?
- Do the tests require any special preparation?
- Will my insurance cover these tests?
- Ask them to explain what the test will do and show
- Is the condition temporary or permanent?
- What treatments are available and which are best for my condition?
- What if any are the side effects of any of the treatments
- What if the medication/treatment does not work?
- Is there a generic alternative to the medicine and if so will it work the same?
- How long will it take before the medication becomes effective?
- Are there better times during the day I should take the medicine you are prescribing?
- Are there any alternative medicines or procedures that I can do or take along with the other prescribed medications?
- Would physical or occupational therapy help?
- What type of exercise do you recommend?
- Do I need to restrict any activities?

## Board Members

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

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