9/8/2015 Neuropathy

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Neuropathy



You're Not Alone...

If you have something your doctor calls *Diabetic Peripheral Neuropathy* (DPN), you are not alone.

Of the estimated 20 million people in the United States with diabetes, 3 million struggle with DPN—and even patients with prediabetes and impaired glucose (blood sugar) tolerance may have symptoms. The older the person is, the longer he or she has had diabetes, and the less-controlled the disease, the greater chance of feeling pain because of damaged nerves.

Fifty percent of patients with long-standing diabetes have numbness, burning, electrical sensations, stabbing, or shooting pain in their feet or legs—and it's usually worse at night. While the

pain is uncomfortable, the lack of sensation can have even worse consequences. If a person's shoes fit improperly, are too tight, have rough spots inside, or rub when the person walks, the blisters, abrasions or cuts may not be felt. Because circulation is not as good as it is for people without diabetes, these wounds can become infected and very difficult to heal.

Diagnosing Neuropathy

When your doctor is trying to diagnose the cause of your neuropathy, what should you expect?

- 1. A detailed medical history, including family history, current symptoms, and previous health status.
- 2. Review of toxin or chemotherapy exposure.
- 3. Diagnostic workup to exclude the presence of cancer, chemical toxicities, the side effects of medicines, and infectious disease.
- 4. Routine lab tests:
 - Fasting Blood Glucose (blood sugar when you haven't eaten for 8 hours)
 - Glucose Tolerance Test (a test of how your body processes a sugar "challenge"
- HgA1c (a test of how well diabetes was being managed over the past 3-month period based on the presence of alucose coating the hemoglobin).
 - B12 /Folate level (essential nutrients—inadequate amounts may cause neuropathy)
 - Blood Urea Nitrogen and Serum Creatinine (tests to determine how well your kidneys are working)
- Blood Sedimentary Level (a test of how quickly red blood cells "settle." A faster "sed rate" can be caused by inflammation, infection, or several other diseases)
 - Thyroid Profile (a test of how well the thyroid gland is functioning)
 - VDRL (a test for syphilis, which may cause neuropathy symptoms)
 - Heavy Metal Screening (exposure to heavy metals or toxins can affect the nervous system)
- 5. Nerve Conduction Velocity studies (testing how well signals are sent along nerve fibers can help the physician determine if the damage is within the nerves or if it originates within the brain)
- 6. An assessment of your arm and leg blood circulation

These comprehensive tests can help rule out other potential causes for symptoms, and help your physician determine the most effective way of treating your neuropathy.

Treating Diabetic Neuropathy

If your physician determines that your neuropathy is the result of diabetes, a highly-individualized plan can be developed. Overall diabetes treatment is essential. Goals include keeping blood sugar, blood fats, and blood pressure in normal ranges; reducing oxidative stress (which can cause cell death); and controlling insulin. Patients can manage necessary changes in diet, exercise habits, and weight. Optimal disease management does not always prevent the development of neuropathy.

Medications may be used to reduce the pain and include:

- 1. Antidepressants Cymbalta, Elavil
- 2. Capsaicin
- 3. Antiepileptic drugs- Dilantin, Tegretol, Neurontin, Lamictal, Topamax, Lyrica

Therapy to reduce pain may include:

- 1. Physical therapy to improve balance
- 2. TENS units (Transcutaneous Electical Nerve Stimulation)
- 3. Electrical muscle stimulators
- 4. Vitamin B12 injections
- 5. Various topical preparations
 - Lidoderm patches

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- Topical analgesic creams and lotions
- 6. Hyperbaric Oxygen Therapy

Hyperbaric Oxygen Therapy is a very effective treatment for diabetic neuropathy. By driving oxygen deep into tissues, it reduces cell death and pain symptoms. It also stimulates the growth of new blood vessels, enabling the body to increase effective oxygen and nutrient delivery. If there is tissue damage and a wound that resists healing, many insurance companies will cover Hyperbaric Oxygen Therapy.

Over the past 10 years, Allan M. Spiegel, M.D., has successfully treated many patients suffering diabetic neuropathy and non-healing wounds. To schedule a hyperbaric oxygen therapy consultation to discuss how this treatment can help you, give our office a call.

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Allan M. Spiegel, M.D., completed his undergraduate studies at the University of Vermont in Burlington, and received his Medical Degree from the University of the East in Quezon City, Philippines, where he studied conventional and tropical medicine.

About Dr. Spiegel

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