Peripheral Neuropathy

The Neuro-Metabolic Approach to Managing Peripheral Neuropathy

By: Dr. Ed Beyer

This free report contains life changing information. This information will give you the tools to take charge of your health.

I am going to address:

• Description of Peripheral Neuropathy, types of neuropathy and current failed treatments
• Why so many Chiropractors, Medical Doctors, and Physical Therapist don’t get Neuropathy patients better
• Learn why medications will never cure you
• What exactly we do differently to get our Peripheral Neuropathy patients better
• What you need to do to get your life back from this debilitating disease

3/22/2014
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Symptoms

Peripheral neuropathy is the term for damage to nerves of the system, which may be caused either by diseases of the nerve, or from the side-effects of systemic illness. We have about 20 million peripheral Neuropathy cases in this country alone. The four cardinal patterns of peripheral neuropathy are polyneuropathy, mononeuropathy, mononeuritis multiplex and autonomic neuropathy. The most common form is (symmetrical) peripheral polyneuropathy, which mainly affects the feet and legs. Frequently, I am told the cause of their neuropathy cannot be identified and it is designated “idiopathic”. As a Functional Medicine Practitioner- a “Medical Detective”- I believe there is always a cause and finding it is what keeps problems away. We leave no stone unturned to get to the root cause of your symptoms. The good news is you can start getting relief right away. When we find the cause you can help keep it away!
“I haven’t slept well at all and the burning and tingling is just miserable. Nothing seems to help for long. It really hurts, plus I feel tired and groggy all the time from the medication…”

These are the some of the most common things patients say when afflicted with peripheral neuropathy. Neuropathy is really just your doctor’s word for nerve “damage.” It can be caused by many things, most commonly we hear from “unknown” causes. It could be diabetes, chemotherapy, and smoking, cholesterol-lowering medication, and perhaps even over-the-counter self-medication and dietary supplements. The one common trait in all of peripheral neuropathy cases is INFLAMMATION. If you don’t get inflammation under control your nerves can never be healed.

Neuropathy may be associated with varying combinations of weakness, autonomic changes and sensory changes. Loss of muscle bulk or “twitching of muscle” may be seen. Sensory symptoms (which are usually always the first thing to go wrong) include loss of sensation or extra sensation including pain, tingling or burning. Symptoms depend on the type of nerves affected; motor, sensory, autonomic, which I will mention shortly and where the nerves are located in the body. One or more types of nerves may be affected. Common symptoms associated with damage to the motor nerve are muscle weakness, cramps, and spasms. Loss of balance and coordination may also occur. Damage to the sensory nerve can produce tingling, numbness, and pain. Pain associated with this nerve is described in various ways such as the following: sensation of wearing an invisible "glove" or "sock", burning, freezing, or electric-like and extreme sensitivity to touch. The autonomic nerve damage causes problems with involuntary (you’re not in control of) functions leading to symptoms such as abnormal blood pressure and heart rate, reduced ability to perspire, constipation, bladder dysfunction (e.g., incontinence), and sexual dysfunction.

We are also seeing patients developing compression neuropathy, such as carpal tunnel, chronic sciatica and back pain and nerve damage associated with conditions like degenerative spinal disc disease and spinal stenosis.

Another common but often overlooked cause of peripheral neuropathy is the use of cholesterol lowering statin medications, which have expanded
exponentially. It’s not too long ago that the statins were heralded to be the cure-all for many of mankind’s greatest diseases and illnesses. This is not the report to debate the appropriate use of statins but if you or a family member is taking them, you do need to be aware that peripheral neuropathy is a potential complication. Guess what? The biggest component of the myelin sheath (nerve sheath) is cholesterol. Once it starts taking all the cholesterol off the inside of your veins and arteries, then it takes it off the nerve sheath. That irritates it, so the nerve shrinks and goes to sleep. Cholesterol can also be an antioxidant (these are very protective in the body) in certain environments. As we age we need more antioxidants. I believe that’s why cholesterol rises as we age. It is protecting us.

Types of Neuropathy

* Diabetic Peripheral Neuropathy
* Post Chemotherapy Neuropathy
* Diabetic Lumbo-pelvic Plexopathy and incontinence
* Failed Lumbar Back Surgery
* Carpal Tunnel Syndrome
* Multiple Herniated Discs with Bilateral Radiculopathies
* Idiopathic Polyneuropathy
* Chronic, intractable Myofascial Pain
* Multiple Sclerosis Pain and Paresthesia/Sensory loss

Medical Treatment

Because analgesics (e.g., aspirin, ibuprofen) are usually ineffective against pain caused by neuropathy, treatment often involves medications that target nerve cells.

Duloxetine hydrochloride (Cymbalta®) has been approved by the Food and Drug Administration (FDA) to treat diabetic peripheral neuropathy. Common side effects include constipation, diarrhea, dry mouth, and nausea. In some cases, Cymbalta® causes dizziness and hot flashes.
Although anticonvulsants such as gabapentin (Neurontin®) and Topiramate (Topamax®) and antidepressants such as amitriptyline (Elavil®) are not approved by the FDA to treat neuropathy, they are often prescribed to treat this condition. Side effects of these drugs include drowsiness, dizziness, low blood pressure, and fatigue.

Other medications include anticonvulsants (e.g., carbamazepine [Tegretol®], lamotrigine [Lamictal®]), local anesthetics (e.g., lidocaine [Xylocaine®]), and antiarrhythmics (e.g., mexiletine [Mexitil®]). Anticonvulsants may cause low white blood cell counts, nausea, vomiting, and dizziness. Side effects of lidocaine and mexiletine include nervousness, lightheadedness, drowsiness, and double vision.

Topical treatment with capsaicin cream (Zostrix®) may be prescribed for patients with focal neuropathy. Capsaicin causes stinging upon application and is often combined with a local anesthetic to reduce this side effect. Axsain® (.25% capsaicin in Lidocare® vehicle) contains a higher dose of capsaicin in a cream that reduces stinging and burning. Lidoderm® (lidocaine patch 5%) has been shown to be helpful for localized areas of tingling or burning.

Pregabalin (Lyrica®) has been approved by the Food and Drug Administration (FDA) to treat post-herpetic neuralgia (shingles pain). Common side effects include drowsiness, dizziness, nausea, weight gain, and swelling (edema).

*These medications are not meant to cure!*

*The problem is they do not fix your condition- they only cover symptoms!*

Traditional Chiropractic and Physical Therapy address the musculoskeletal aspect which may help with temporary symptoms but not long term unless it is solely a pinched nerve. I know I used to do this myself and often frustrated with the long term outcome until I learned about what I am going
to tell you later. The reason most doctors and therapists don’t have a lot of success is…The Musculoskeletal must be addressed with the Neurological and Metabolic portions for the greatest chance of success.

What makes my Program unique?

We use specific metabolic and neurological testing and treatments!

SO WHAT MAKES US DIFFERENT FROM EVERY OTHER DOCTOR THAT YOU HAVE SEEN?

I CAN ALMOST GUARANTEE YOU THAT NO ONE HAS TOLD YOU WHAT I AM ABOUT TO TELL YOU…

This is how we really start digging in!

We order specific and extremely comprehensive lab tests to determine any underlying metabolic causes to your neuropathy. We will look at the results from a much different perspective than you Doctor. More importantly we will go about correcting these metabolic problems so that your nerves can finally heal for once and for all!

On these labs we will be looking for the most common causes of neuropathy such as:

Blood sugar abnormalities or insulin resistance

*If you suffer from Type 2 Diabetes or have been told your blood sugar is too high this has to be controlled in order to allow your nerves to heal! There are many factors that contribute to high blood sugar BESIDES diet and lack of exercise- liver, pancreatic and thyroid function to name a few.*
Anemia
If you suffer from any form of anemia this means you are not getting enough oxygen. Your nerves will NEVER heal without proper oxygen levels. This is why oxygen therapy, in addition to correcting any underlying anemia, is one of the many things we do in our clinic for neuropathies.

Inflammation
Inflammation in Latin means “to ignite”. You cannot rebuild a house if it is on fire! There are many markers in the blood for inflammation. High uric acid, c-reactive protein, homocystiene and fibrinogen. If these are high it means you are inflamed. We will never be able to restore your nerves if underlying inflammation is not addressed. The most common causes of inflammation are insulin resistance, poor diet and food sensitivities, hidden infections; poor gut function, hormone imbalances, an acidic pH in the body, poor kidney and liver function. We identify and address these through diet and proper supplementation and medical intervention if necessary.

Low cholesterol (as we have already explained above.)

“My blood test were normal but I feel awful”

We look at functional ranges not lab values since these are measured by sick people averages and have a very large range. Let me explain…. The way a lab determines what is a range for a particular marker in the blood is it takes the average low and the average high for that marker of whomever has been in that lab for the last year. This is ridiculous because what kind of people typically go to labs? Sick or healthy? Sick! So when your doctor is comparing your blood work results to lab ranges he or she is comparing you to the average sick American. And let me tell you that Americans are only getting sicker by the year. We don’t do that. We use “functional ranges” determined by the Endocrine Society. These are ranges that healthy people fall into to.

After we identify your metabolic problems and go about correcting them there is another major fuel component that nerves need a lot of and that is
oxygen. As we age our ability to deliver oxygen diminishes. This is why oxygen therapy and glutathione therapy is so vital and sets us apart from so many other neuropathy treatments.

1: Oxygen therapy:

Oxygen is fuel for your brain and nervous system. Your brain and nervous system need two things to survive…..fuel and activation. Fuel comes in the form of OXYGEN AND GLUCOSE. By using oxygen, we will help you heal faster. By using exercise with oxygen therapy (EWOT), we can increase firing to brain. By increasing firing of brain, we help MANY chronic conditions. One of the most common causes of neuropathy is hypoxia, the lack of oxygen at the nerve-cell body itself. If you have too much sugar in your blood, it displaces the oxygen. If you have an impingement syndrome- that is going to cause a problem; If the patient has peripheral artery disease, peripheral vascular disease, those are all plumbing-related issues. When you have chemotherapy, Cisplatin and all the other chemotherapies produce a lot of free radicals. They like to attach themselves to oxygen. If you put a pulse-oximeter on the finger, which we do, you’ll find that you may have 98% to 99% oxygen saturation. However, it’s like trying to get a date at a couple’s conference. When these free radicals attach themselves to the oxygen, the oxygen is now unavailable to the nerve cell. This is the reason why Glutathione is so important during our treatment. The nerve cell consumes a lot of oxygen because it acts very quickly. When it can’t get oxygen either to low blood supply, supplying less volume of oxygen even though it might be saturated, it suffers from hypoxia and has to hibernate. In our clinic we use oxygen concentrators which takes the oxygen from the air we breathe (which is about 20% oxygen) and concentrates it down to 95%.

2: Glutathione:

We use Glutathione in our treatment of chronic conditions (along with other nutritional protocols). Glutathione is the “mother-load” of anti-oxidants. Anti-oxidants neutralize free radicals. These free radicals age your body and destroy cells. Glutathione cannot be taken orally in pill form as the body will not absorb it. We have seen miraculous changes in patient’s nationwide as a result of these specific Glutathione protocols.
Knowing exactly what your body needs will not only greatly improve your health but also save precious money on the things you don’t have to buy. How many "New Amazing Discovery Supplements" do you have in your cabinets that don’t work for you? *Find out what you need exactly!*

**BESIDES PROPER FUEL IN THE FORM OF GLUCOSE AND OXYGEN AND NO INFLAMMATION THE NERVES NEED TO BE ACTIVATED TO BRING THEM BACK TO HEALTH.**

**PERIPHERAL NEUROPATHY: NERVE ACTIVATION**

1. **Hakomed Horizontal Micro-Current Therapy** *(exclusive to my Tinley Park Clinic in the Midwest Region)*
   This is the most advanced and state of the art micro-current therapy available in the world and *we are the only clinic in the Chicagoland area to have it!* The Hakomed Horizontal Micro-current has an alternating current between 4400 Hz and 12300 Hz with constant intensity which allows for greater penetration and nerve healing.
   It stimulates the nerve in two ways:
   - **I. Electrically**- which blocks pain and allows for greater blood flow and thus healing
   - **II. Biochemically**- which allows for improved metabolism and thus healing
   This alone with the metabolic improvements is enough to greatly improve many peripheral neuropathy patients *but we don’t stop here.*

2. **Class IV low level laser therapy (AKA cold laser)**
   A specific wavelength of light (longer than 800NM) has been proven to go into the nerve cells and stimulate energy production and thus allow for healing.
   This light also stimulates micro-circulation and thus decreases inflammation.
   This light is “coherent” meaning that it doesn’t scatter when it hits the tissue like some inferior other light therapy known as anodyne therapy.

3. **Vibration therapy**
   These we will do with oxygen therapy. The vibration will stimulate the large sensory nerves bringing them back to life. This will also retrain
the part of the brain that receives the large sensory nerve information and thus help you with balance.

4. **Rebuilder Therapy**
   This is a different type of electrical therapy that is done at home. Part of our program is that you will be given the rebuilder unit to keep permanently. This current is very comfortable and is done daily at your convenience at home while watching TV or relaxing. This current helps to reestablish the millions of connections between the healing peripheral nerves. One of the questions I get is once the nerves are better what keeps them that way? Doing the rebuilder therapy a few times per week after the program for maintenance is the answer.

5. **Spinal decompression Therapy**
   If you suffer from lumbar stenosis, degenerative discs or arthritis lumbar decompression will be another part of the solution. This helps to gently separate the discs and allow for more room for the nerves that travel from your spine to your feet.

6. **Essential fatty acid cream (EFAC)**
   To be used at the clinic and at home- EFAC strongly reduces inflammation.

**KEY POINTS:**
- It takes many different things to correct peripheral neuropathy
- Not just one thing will do it
- You must address BOTH the underlying metabolic and neurological problems to have success
- This condition is progressive. Unless you do something it will continue to get worse.
- Our peripheral neuropathy program is the most comprehensive and state of the art that exists in the Chicagoland area!

**HOW BAD ARE YOU?**

Your initial exam will include a standardized test known as THE PERIPHERAL NEUROPATHY TORONTO SCORING TEST. This test compares several sensations between that of the feet compared to a part of the body that has normal sensation. A normal score is 74. What would your score be? There are a thousand shades of numbness and it has been my experience that most people with nerve damage are worse off than they think because they have gradually and un perceptively lost their feeling. Having the
peripheral neuropathy Toronto scoring test allows us to see exactly how much damage has been done AND to see how much progress you have made when we redo the test 4 weeks into therapy.

**Decision Time!**

*The way I see it right now you have a few choices:*

1. You can do nothing or continue to do whatever you have been doing. My guess is that what you have been doing has not been working. Why else would you be reading this report? Remember the definition of insanity? Keep doing the same thing over and over and expect different results! Remember peripheral neuropathy is a **progressive disease**!
2. You can find out more information and see patient’s testimonials at our website: [www.neuropathytx.com](http://www.neuropathytx.com) or you can call our office at **708-318-0388** and ask for us to send you our full length DVD on Peripheral neuropathy. In this DVD I give a 40 minute presentation that goes into further length on exactly what our state of the art peripheral neuropathy program includes.
3. You can call our office right now at **708-318-0388** and **schedule your appointment**. Upon scheduling your appointment our staff will send you either via mail or email all the important paperwork that is required to fill out before the exam.

**Visit #1:**

- I will review your history with you.
- I will do a very comprehensive neurological exam which will include the Peripheral Neuropathy Toronto scoring test.
- Review any existing blood work that you may have had recently so bring it in if you have it.
- If after doing the exam I feel as if I cannot help you I will tell you and refund the cost of the exam.
- Please bring your spouse or significant other with you.
Visit #2: *(This visit is a case review if I decide to accept your case)*

- I will go over the results of the exam and let you know your score on the peripheral neuropathy Toronto scoring test.
- I will review what lab tests need to be run and the exact treatment plan. This includes what therapies, exercises, length of care and treatment frequency of the visits. Typically I see neuropathy patients anywhere from 12-24 weeks depending on the severity.
- I will review your financial obligation down to the dollar. A few select insurances cover this very well. Medicare only covers chiropractic care for acute subluxations of the spine; so much of this care is NOT covered by Medicare. However, our Medicare patients after doing our program say it is the best money they have ever spent.
- We offer interest free monthly payments up to eighteen months for those who have to pay out of pocket.
- I will review the exact cost of our program on the second visit; what insurance covers/does not cover—**you are under no obligation.**

**Really ask yourself the following questions:**

1. How has your condition affected your relationships, finances, family, or other activities?
2. What has it cost you in time, money, happiness, and sleep?
3. Where do you picture yourself in the next one to five years if this problem is not taken care of soon?
4. What is it worth to you if we could improve your condition? Are you willing to make some simple changes that will dramatically change your life?

Nothing would please me more than to help you get your life back from this debilitating disease. But I can’t help you unless you take the first step. Please call now **708-318-0388**. Schedule your exam and let’s meet and discuss what can be done.

Yours in good health,

Dr. Edward J. Beyer, D.C.