Is Small-Fiber Neuropathy Killing You?

**Presented By:**
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Maybe Its Small Fiber Sensory NEUROPATHY!

- Do you have chronic widespread pain, numbness or tingling in your extremities
- How about: G.I. issues such as constipation, bladder problems, ED
- Exams and lab tests come up nothing
- Beginning to wonder if you’re going crazy!
Maybe Its Small Fiber Sensory NEUROPATHY!

- Even seen a neurologist and had normal EMG and nerve conduction studies?
- These tests only detect large nerve fiber neuropathy
- This usually develops years after suffering with small fiber sensory neuropathy
Maybe It's Small Fiber Sensory Neuropathy!

- Possibly diagnosed with depression, anxiety, fibromyalgia and/or peripheral neuropathy
- Treated with drugs such as Cymbalta, gabapentin or Lyrica?
- New research has now explained this baffling disorder and its causes!

**Small fiber sensory neuropathy or SFSN.**
Maybe It's Small Fiber Sensory Neuropathy!
Over 40 million Americans over the age of 40 now suffer with some form of peripheral neuropathy.
Small fiber neuropathy affects sensory nerves

Small fiber neuropathy is a major cause of pain in the hands and feet, especially in the elderly. Diabetes mellitus is the most common identifiable cause, but there are many others. The affected nerve fibers are the small-diameter myelinated A-delta fibers and unmyelinated C fibers, which mediate pain, thermal sensation, and autonomic function. Large fibers that innervate muscles are not affected. Skin biopsy may show a paucity of nerve fibers. Quantitative sudomotor axon reflex testing may show a lack of sweating in response to acetylcholine.

Medical Illustrator: Joseph Kasacz

Normal skin biopsy

Normal innervation with small nerve fibers seen in the epidermis (arrows). Skin biopsy specimens with protein gene product 9.5 immunostaining.

Small fiber neuropathy biopsy

A specimen from a patient with small fiber neuropathy shows denervation with no small nerve fibers seen in the epidermis.
Maybe It's Small Fiber Sensory Neuropathy!

- It can be reversed, if the underlying cause is discovered and treated with a holistic approach.
- It begins in the small nerve fibers (SFSN) causing pain, burning, tingling and numbness in the hands and feet.
- But EMG and nerve conduction studies are normal.
- Symptoms can occur anywhere including the arms, legs, torso, face or even the mouth.
Why Does This Develop? Too Much or Not Enough!

- Comes from a physical and/or metabolic injury to the nervous system which leads to the inability to properly conduct nerve impulses.
- The nervous system is in a sense *short-circuited* and nerve impulses become out of control.
Autonomic Nervous System Neuropathy

- It can create even more bizarre symptoms, when it affects your autonomic nervous system.
- This part of the nervous system controls your heart rate, blood pressure, mucous membranes & sexual function. Causing symptoms such as:
  - dry eyes, dry mouth, dizziness when standing up (POTS), constipation, bladder problems, sexual dysfunction (ED), trouble sweating and red or white skin discoloration.
About 70% of people with diabetes have mild to severe forms of nervous system damage that can affect sensory, motor, and autonomic nerves and present with varied symptoms.
Neuropathy Can Effect Autonomic Nerves

Controls multiple functions causing many symptoms:

- blood pressure falls when you stand up
- too much or too little sweating
- poor temperature control, flushing
- inability to become sexually aroused
- heart rate too fast or too slow
- constipation or diarrhea
- dry mouth and dry eyes
Gastrointestinal Autonomic Neuropathy

- Abdominal discomfort commonly is present.
- The pathogenesis of Gastrointestinal Autonomic Neuropathy includes:
  - reduced gastrointestinal motility, reduced fluid absorption, bacterial overgrowth (SIBO), pancreatic insufficiency, co-existent celiac disease, and abnormalities in bile.
Cardiovascular Autonomic Neuropathy

- Many people with cardiovascular autonomic neuropathy have a fast and fixed heart rate.
- The inability to maintain blood pressure on standing, results in drop in blood pressure and rapid heart rate on standing.
- For patients, autonomic neuropathy often can cause distress in the form of dizziness when they stand up.
- It is often unrecognized because doctors do not check for orthostatic changes in blood pressure.
Maybe It's Small Fiber Sensory NEUROPATHY!

- These changes in nerve sensations & body function can lead you, or even your doctor, to think it's all in your head.

- Once diagnosed, your doctor must be a medical detective to find the underlying causes.

- A primary cause is abnormally high blood glucose and insulin spikes after eating.
Drugs Used To Attempt To Block the Symptoms

THEY DO NOT HEAL THE PROBLEM!

- Tricyclic Antidepressants
- Anticonvulsants-sodium channel blockade
- Antiarrhythmics/Anesthetics-sodium channel blockade
- Clonidine-decrease sympathetic tone
- Capsaicin-substance P depletion
- Ketamine/Amantadine-NMDA receptor blockade
- Baclofen-enhance inhibitory blockade
Most of the Time it Starts With Insulin Resistance

The Cause of Prediabetes and Metaboloc Syndrome!

- Central obesity
- High blood pressure
- High triglycerides
- Low HDL-cholesterol
- Insulin resistance
The Role of Insulin is to Let Calories Into the Cell
Insulin Resistance Diagnostic Blood Tests

- **Fasting blood sugar** test over 100 mg/dL=
- Insulin Resistance (Cleveland Clinic over 90 ml/dL) Optimal glucose levels between 75 & 95 mg/dL
- Levels over 110 mg/dL= Pre-diabetes and risk of death by heart attack > 500% - death by stroke by fifteen fold
- **Insulin (fasting) “Normal”** 6–27 µIU/mL-
- Should be under 10uU/L - Optimal Insulin (fasting) levels Under 5 µIU/mL
Many individuals with small fiber sensory neuropathy

- Have normal fasting blood glucose on testing, but their blood glucose and insulin spikes high after meals.
- When this happens repetitively over time the small fiber peripheral nerves become damaged.
- These spikes happen in individuals with diabetes and those with prediabetes, this is more than 1 out 2 Americans
The Growing Problem of Peripheral Neuropathy in Prediabetes

- Their doctor missed the cause because they did not do sufficient laboratory testing beyond the fasting blood glucose.
- I utilize serum HemoglobinA-1C, a glucose tolerance test and fasting insulin.
Currently, 86 million adults — more than 1 in 3 U.S. adults — have prediabetes, according to CDC estimates.

Up to 30% of these people will develop full-blown type 2 diabetes within 5 years.

“Neuropathy affects patients with prediabetes,” J. Rob Singleton, MD, professor of neurology at the University of Utah.
How Glucose and Insulin Spikes Cause Nerve Damage
NEW ADA HbA1c Guidelines

- Hemoglobin A1c (HbA1c) measures glycemic control and rate of protein glycation over last 90 days
- 5.0 to 5.5% are within "normal" range
- 5.7 to 6.0% the appropriate level to initiate preventive measures—Pre-Diabetic!
- 6.0 to 6.4% "at very high risk" to develop Diabetes over next 5 years

- New England Journal of Medicine March 4, 2010
Diabetes frequently leads to impaired blood flow to nerves

- Various forms of vasculitis (blood vessel inflammation) cause vessel walls to harden, thicken, and develop scar tissue, decreasing their diameter and impeding blood flow.

- Small vessel disease can decrease oxygen supply to the peripheral nerves and lead to serious nerve tissue damage.
Vasculitis

- Nervous system:
  - stroke

- Heart:
  - myocardial infarction
  - hypertension

- Digestive system:
  - bloody stool
  - abdominal pain

- Joints:
  - pain
  - arthritis

- Eye:
  - reduced visual acuity

- Nose:
  - bleeds

- Lungs:
  - bloody cough
  - lung infiltrates

- Kidneys:
  - glomerular nephritis

- Muscle:
  - pain
The Second Most Common Cause Is

- Undetected nutritional deficiencies e.g. folates, B12, B6, B1, Copper, Vitamin E & D3.
- Do not rely on regular testing e.g., serum B12 or folic acid to diagnosis problem.
- With folate and B12 deficiency I utilize serum homocysteine & methylmalonate.
Management of diabetic small-fiber neuropathy with combination L-methylfolate, methylcobalamin, and pyridoxal 5'-phosphate.


- 11 patients with symptomatic DPN assessed for epidermal nerve fiber density ENFD at the calf by means of skin punch biopsy

- Given 2X daily oral-combination L-methylfolate calcium 3 mg, methylcobalamin 2 mg, and pyridoxal-5'-phosphate 35 mg for 6 months of treatment, then underwent follow-up biopsy.

- At the end of their treatment, 73% of patients showed an increase in calf ENFD, and 82% of patients experienced both reduced frequency and intensity of paresthesias and/or dysesthesias.
The Third Most Common Cause Is

- Autoimmune disorders that attack the peripheral nerves
- Once diagnosed you need a doctor schooled in a natural holistic approach in the reversal of autoimmune disorders
- Central to this treatment is addressing “leaky gut”, food allergies and specific nutritional needs of the immune system
Neuropathy Care Program

Proper Diet Without Food Allergens

Specific Nutritional Supplements Based on Lab Tests

ReBuilder for Nerve Regeneration

Proven Acupuncture Techniques

Brain Based therapy to Retrain the Brain
Diet and Nutritional Therapy for Neuropathy Based on Lab Tests
Acupuncture for Improved Neuropathy
Brainwave Entrainment to Nervous System Function
“My name is Roger and I have spent the last six years and many thousands of dollars trying to find a doctor like Dr. Fors.”
Roger B. Story

- Six years ago I was diagnosed with severe uncontrolled diabetes.
- When I came to Dr. Fors I was on 7 different drugs, 3 of them for my diabetes. My fasting blood glucose levels, even on these drugs, were still running over 180.
Worse yet I had developed severe polyneuropathy in both my legs from the diabetes. I had started having problems with falling and difficulty walking any distance.”

“I’d been to some of the best specialist trying to find some help including Mayo Clinic and Cleveland clinic, but I was still rapidly going downhill”

“Then I had a free consultation with Dr. Fors and it changed my life! After I talked to Dr. Fors for 10 minutes I knew this was something I needed to do.”
Dr. Fors did unique and extensive laboratory testing and educated me on what was going on in my body and what I need to do to heal it. This approach is like nothing else I’ve ever tried. Just after 10 days on Dr. Fors program my fasting glucose went down with little as 84 fasting and 138 after eating a meal. If I stick to the program Dr. Fors has designed for me, my blood glucose stays normal.”
Roger B. Story

“I’ve also seen many side benefits with Dr. Fors program instead of dangerous side effects I can now use my left shoulder without pain which had been painfully frozen since my surgery two years ago.

My polyneuropathy is healing and I’m now off most of my drugs! Also I am no longer falling, my legs have stopped hurting and tingling and I can walk 12 blocks without having to rest.”
Roger’s Story

“I wish I would’ve started Dr. Fors program for diabetes years ago. You do not have to live with your diabetes and all its side effects.

I’m a real person and this is my true story of reversing diabetes.”

You can start your journey to reversing your diabetes and neuropathy today just call for your free consultation.
TIRED OF SUFFERING With Neuropathy?

READY FOR REAL HEALING!

For those who watch this webinar I will:

- Review your health history, medical records, previous lab work, imaging studies and do a Comprehensive Neurological/Nutritional Exam and a 2nd Visit Report of Findings

- Normal Neurological Exam charge is $250.00 and a 2nd visit Report of Findings is $160.00 a **$410.00 Value**

- If you call 763-862-7100 you can receive both visits for $95.00 WHY?