

A critical eye for vetting (Neuropathy) medical claims



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Disclaimers

- Today's discussion is a reflection of my personal advice as a scientist, and how I vet medical information for myself to determine accuracy of claims versus the status of the medical research literature.
- I am not a medical doctor, and nothing today should be considered medical advice
- My opinions do not reflect those of my employer(s)

The History of Snake Oil Sales

- “quack remedy or panacea”
- The original form of snake oil in the 1800s came from China, was high in omega-3 fatty acids, and was effective
- Later in 19th century, “patent medicines” were advertised at the back of newspapers, tonics promising to cure a variety of ailments
- At the 1893 World’s Exposition in Chicago, Clark Stanley “the rattlesnake king” claimed he had healing rattlesnake oil learned from Hopi medicine men. Problem: Stanley’s snake oil contained NO snake oil at all...
- Led to the Pure Food and Drug Act of 1906 to regulate sale of patent medicines
- Snake oil then became a symbol of fraudulent cures



Made from the oil of the Chinese water snake, which is rich in the omega-3 acids that help reduce inflammation, snake oil in its original form was effective, especially when used to treat arthritis and bursitis.

Jagrap/Flickr

“Caveat Emptor” – *Buyer Beware* with medical claims

- The risks of poor, inaccurate, or simply wrong medical/scientific information regarding diseases:
 - Lost time in seeking an effective treatment or therapeutic
 - \$\$ spent on ineffective products
 - Potential health risks for products that make conditions worse instead of better; serious side effects/toxicity
 - Patients lacking a clear and accurate understanding of their physiology and pathophysiology

There is (A LOT of) money to be made selling products/services outside the mainstream medical establishment – and salespeople sometimes use fraudulent practices to dupe vulnerable patients, who may have an existing distrust of or lack of faith in medical professionals.



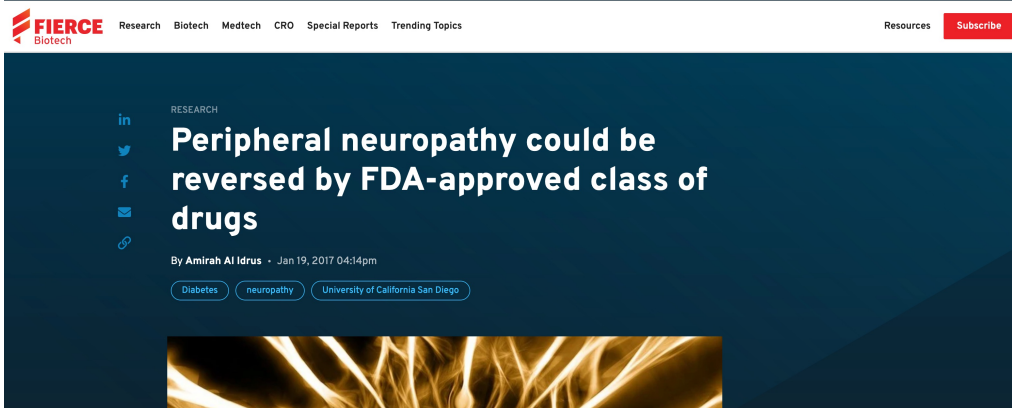
Article

Miracle Health Claims



People spend billions of dollars a year on health-related products and treatments that not only are unproven and often useless, but also sometimes are dangerous. The products promise quick cures and easy solutions for a variety of problems, from obesity and arthritis to cancer and AIDS. But the "cures" don't deliver, and people who buy them are cheated out of their money, their time, and even their health. That's why it's important to learn how to evaluate claims for products related to your health.

Comparing the Headlines



The screenshot shows the FIERCE Biotech website. The main headline reads: "Peripheral neuropathy could be reversed by FDA-approved class of drugs". The author is listed as "By Amirah Al Idrus" and the date is "Jan 19, 2017 04:14pm". There are tags for "Diabetes", "neuropathy", and "University of California San Diego". A large image of glowing yellow and orange neural fibers is visible at the bottom of the article preview.



The screenshot shows the JCI (The Journal of Clinical Investigation) article page. The article title is "Selective antagonism of muscarinic receptors is neuroprotective in peripheral neuropathy". The authors listed are "Nigel A. Calcutt,¹ Darrell R. Smith,² Katie Frizzi,¹ Mohammad Golam Sabbir,² Subir K. Roy Chowdhury,² Teresa Mixcoatl-Zecuati,¹ Ali Saleh,² Nabeel Muttalib,¹ Randy Van der Ploeg,² Joseline Ochoa,¹ Allison Gopaul,¹ Lori Tessler,² Jürgen Wess,³ Corinne G. Jolivald,¹ and Paul Fernyhough^{2,4}". The article was published on January 17, 2017. There is a "View PDF" button and an "Abstract" link.

Actual Study:

- Mouse model (not human)
- Treatments improved depletion of sensory nerve terminals, thermal hypoalgesia, and nerve conduction slowing in model of diabetes
- “ a variety of antimuscarinic drugs are approved for clinical use against other conditions, prompt translation of this therapeutic approach to clinical trials is *feasible*”

Comparing the Headlines

NEWS RUSSIA-UKRAINE FULL COVERAGE LIVE UPDATES PLAN YOUR VOTE POLITICS COVID U.S. NEWS OPINION WATCH NOW

CORONAVIRUS

Long Covid symptoms may be linked to nerve damage, a small study suggests

A new study offers clues about a potential cause of long Covid symptoms – and perhaps avenues for treatment – but experts warn against drawing major conclusions yet.

Actual Study:

- N=17 humans with Long COVID, 69% female, 94% Caucasian, 19% Latino
- 59% had more than one test confirming neuropathy

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SHARE May 2022; 9 (3) CLINICAL/SCIENTIFIC NOTE

OPEN ACCESS

Peripheral Neuropathy Evaluations of Patients With Prolonged Long COVID

Anne Louise Oaklander, Alexander J. Mills, Mary Kelley, Lisa S. Toran, Bryan Smith, Marinos C. Dalakas, Avindra Nath

First published March 1, 2022, DOI: <https://doi.org/10.1212/NXI.0000000000001146>

FULL PDF

CITATION

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Know your source: Caveat Emptor (buyer beware)

<https://pubmed.ncbi.nlm.nih.gov/>

Scientific
Organizations
(ie: AAAS, NIH)

Scientific
Publications
(research articles,
science news outlets,
etc.)

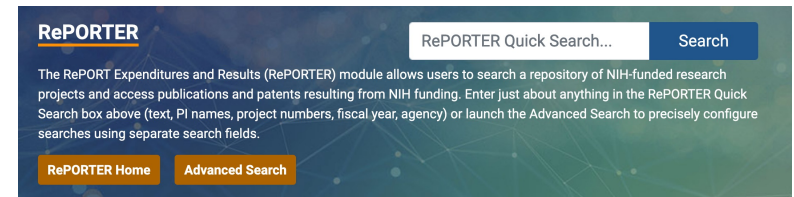
Respected
Professional Bodies
(major research hospitals,
scientific societies, research
universities)

Trained and
Practicing
Experts

The image shows two screenshots of search results for 'peripheral neuropathy'. The top screenshot is from PubMed, displaying 179,377 results. It features a 'RESULTS BY YEAR' bar chart showing an upward trend from 1934 to 2022. Two results are highlighted: 1. 'Peripheral Neuropathy.' by Barrell K, Smith AG, published in Med Clin North Am. (2019 Mar);103(2):383-397. 2. 'A Clinician's Approach to Peripheral Neuropathy.' by Siao P, Kaku M, published in Semin Neurol. (2019 Oct);39(5):519-530. The bottom screenshot is from Google Scholar, showing about 1,060,000 results. It lists several articles, including 'Epidemiology of peripheral neuropathy' by CN Martyn, RA Hughes, 'Management of diabetic peripheral neuropathy' by AJM Boulton, 'Chemotherapy-induced peripheral neuropathy' by S Quasthoff, HP Hartung, and 'Advances in the epidemiology, pathogenesis and management of diabetic peripheral neuropathy' by S Teasdale, D Sivarajah. Each article entry includes a brief abstract and citation information.

Caveat Emptor – how to find and vet research

- Look at the source and the intent behind sharing the information – is a product being sold, or is the goal to disseminate reputable & current evidence-based information?
 - Even on PubMed, not all journals are peer-reviewed and/or reputable (“predatory journals”)
 - Even in peer-reviewed and reputable journals, not all studies are well-designed and well-executed (& not all peer reviewers are created equal!)
 - Not all studies are reproduced and hold up with time and further study
 - Caveats: low sample size, model system doesn’t apply to humans, etc.
- Reliable sources:
 - Twitter – follow the researchers and clinicians themselves!
 - Science communicators/journalists
 - University press, hospital newsletters
- Finding what is current/ongoing:
 - Scientific/Medical Conferences – often online news coverage, posted talks (not yet peer-reviewed!)
 - Funded Grants
 - Clinical Trials

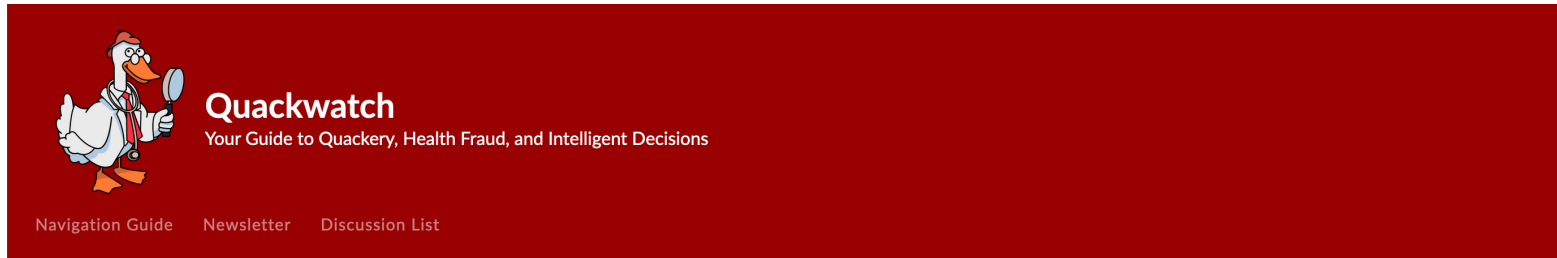


Even with rigorous research...research can be wrong

- Science is self-correcting
- Meta-analyses assess numerous studies across time, different labs
- Replication → increases likelihood a finding is real

The screenshot shows the PLOS MEDICINE website interface. At the top, there are navigation links for 'BROWSE', 'PUBLISH', and 'ABOUT', along with a search bar and user options like 'plos.org', 'create account', and 'sign in'. The article title is 'Why Most Published Research Findings Are False' by John P. A. Ioannidis, published on August 30, 2005. The article is categorized as an 'ESSAY' and is 'OPEN ACCESS'. On the right side, there are statistics: 74,175 Saves, 6,334 Citations, 2,814,530 Views, and 8,325 Shares. Below these are buttons for 'Download PDF', 'Print', and 'Share', along with a 'Check for updates' button. The article content is partially visible, showing the 'Abstract' and 'Summary' sections. The 'Abstract' section is titled 'Modeling the Framework for False Positive Findings' and includes the sub-section 'Bias Testing by Several'. The 'Summary' section begins with the text: 'There is increasing concern that most current published research findings are false. The probability that a research claim is true may depend on study power and bias, the number of other studies on the same question, and, importantly, the ratio of true to no relationships among the relationships probed in each scientific field. In this framework, a research finding is less...'. At the bottom right, there is a section for 'Related PLOS Articles' with one article listed: 'has COMPANIONS Why Current Publication Practices May Distort'.

How to ID Fraudulent Claims: <https://quackwatch.org/>



Quackwatch, which is operated by Stephen Barrett, M.D., is a network of Web sites and mailing lists maintained by the [Center for Inquiry \(CFI\)](#). The sites focus on health frauds, myths, fads, fallacies, and misconduct. Their main goal is to provide quackery-related information that is difficult or impossible to get elsewhere. To help visitors with special areas of interest, there are sites that cover autism, chiropractic, dentistry, multilevel marketing, and many other problematic areas. The Internet Health Pilot site provides links to hundreds of reliable health sites. Casewatch contains a large library of legal cases, licensing board actions, government sanctions, and regulatory actions against questionable medical products. All of these can be accessed through the "Visit Our Affiliated Sites" drop-down menu above. Their contents can be searched all at once through our search page. We also offer a [Health Fraud Discussion List](#) with more than 550 members and [Consumer Health Digest](#), a free weekly e-mail newsletter that summarizes scientific reports, legislative developments, enforcement actions, and other information relevant to consumer protection and consumer decision-making. Its primary focus is on health, but occasionally it includes non-health scams.

About Quackwatch

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Home > Search Results

[Modify Search](#) [Start Over](#)



2556 Studies found for: **Neuropathy**

Map

Search Details

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Show/Hide Columns

Showing: 1-10 of 2,556 studies 10 studies per page

Row	Saved	Status	Study Title	Conditions	Interventions	Locations
1	<input type="checkbox"/>	Completed	Pain Diabetic Peripheral Neuropathy (DPN) in China	<ul style="list-style-type: none"> Diabetic Neuropathies 	<ul style="list-style-type: none"> Other: Pain diabetic peripheral neuropathy 	<ul style="list-style-type: none"> Peking University Third Hospital Beijing, China
2	<input type="checkbox"/>	Not yet recruiting	Efficacy of Moxibustion in Diabetes Peripheral Neuropathy	<ul style="list-style-type: none"> Peripheral Neuropathy Diabetic Neuropathies 	<ul style="list-style-type: none"> Device: Moxibustion 	
3	<input type="checkbox"/>	Recruiting	Role of Synchronized Lifestyle Modification Program in Insulin Dependent Diabetic Peripheral Neuropathy Patients	<ul style="list-style-type: none"> Diabetic Neuropathies 	<ul style="list-style-type: none"> Other: Synchronized Lifestyle Modification Program Other: Synchronized Lifestyle Modification Program and Physiotherapy Other: Physiotherapy 	<ul style="list-style-type: none"> Pakistan Railway Hospital, Islamabad Islamabad, Federal, Pakistan
4	<input type="checkbox"/>	Completed	A Nutritional Intervention for Diabetic Neuropathy (WCCR-DN2)	<ul style="list-style-type: none"> Diabetic Neuropathy 	<ul style="list-style-type: none"> Other: Vegan diet and vitamin B12 supplement Dietary Supplement: Vitamin B12 supplement 	<ul style="list-style-type: none"> Physicians Committee for Responsible Medicine Washington, District of Columbia, United States
5	<input type="checkbox"/>	Recruiting	Role of Synchronized Lifestyle Modification Program on Diabetic Neuropathy Taking Oral Hypoglycemics	<ul style="list-style-type: none"> Diabetic Neuropathies 	<ul style="list-style-type: none"> Other: SLP Other: SLP along with Physiotherapy Other: Physiotherapy 	<ul style="list-style-type: none"> Pakistan Railway Hospital Islamabad, Federal, Pakistan

Clinical Trials

- Informed Consent
- Institutional Review Board (IRB); Human Subjects Protection
- Four phases to establish safety and efficacy of medical treatments using rigorously designed, executed, and analyzed studies
- Data is disseminated and peer-reviewed

WHY DO RESEARCHERS DO DIFFERENT KINDS OF CLINICAL STUDIES?



Clinical research is the study of health and illness in people.

Scientists may have many reasons for doing a clinical study, such as:

- To explore the cause of a disease or a set of symptoms
- To test if a treatment will help with a symptom or condition
- To learn how a certain behavior affects people's health

How good are these kinds of studies at showing cause and effect?

The strength of a study depends on its size and design. New results may confirm earlier findings, contradict them, or add new aspects to scientists' understanding. In the end, cause and effect are usually hard to establish without a well-designed clinical trial.



Different types of clinical studies are used in different circumstances. Depending on what is known and what isn't, scientists may even study the same research question using different kinds of studies and in different groups of people. Here are different types of clinical studies and why they might be used.

Observational Studies

In many studies, researchers do not do experiments or test new treatments; they *observe*. Observational studies help researchers understand a situation and come up with hypotheses that can be put to the test in clinical trials. Observational studies can find associations between things but can't prove that one thing causes another. Types include:



Case Study/Case Series
A detailed description of one or more patients. By documenting new and unusual cases, researchers start to generate hypotheses about causes or risk factors.



Ecological Study
Compares the rate of a disease or condition for groups of people, such as towns in different climates or with different average incomes.



Cross-Sectional Study
A snapshot of many people at one moment in time. These studies can show how common a condition is and help identify factors associated with it.



Case-Control Study
A group of people who have a condition is compared to a control group of people who don't. Possible causes or risk factors can emerge.



Cohort Study
A large group of people is observed over time. Some eventually develop a disease or condition. Researchers can learn how often the condition occurs and find possible causes or risk factors.

Clinical Trials

In these studies, researchers test new ways to prevent, detect, or treat disease. Treatments might be new drugs or combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. Clinical trials can also test other aspects of care, such as ways to improve the quality of life for people with chronic illnesses.



A well-designed clinical trial is the gold standard for proving that a treatment or medical approach works, but clinical trials can't always be used. For example, scientists can't randomly assign people to live in different places, or ask people to start smoking or eating an unhealthy diet. Clinical trials are conducted in phases:

Phase I

- Purpose: Find out whether a medical approach (e.g., drug, diagnostic test, device) is safe, identify side effects, and figure out appropriate doses.
- Number of people: Typically fewer than 100

Phase II

- Purpose: Start testing whether a medical approach works. Continue monitoring for side effects; get information that goes into designing a large, phase III trial.
- Number of people: Typically 100-300

Phase III

- Purpose: Prove whether a medical approach works; continue monitoring side effects.
- Number of people: As many as needed or able to enroll—can be 1,000 or more

Phase IV

- Purpose: When a medical approach is being marketed, continue gathering information on its effects.
- Number of people: Thousands

Critical Assessment of Claims: who were the enrolled patients?

- Statistics, power of the sample size (how many? was it enough?)
- Sex differences (male/female biological differences)
- Regional differences, relevance across race/ethnicity
- Genetics

FDA Approval

FDA Approval: What it means

FDA approval of a drug means that data on the drug's effects have been reviewed by CDER, and **the drug is determined to provide benefits that outweigh its known and potential risks for the intended population.** The drug approval process takes place within a structured framework that includes:

- ***Analysis of the target condition and available treatments***—FDA reviewers analyze the condition or illness for which the drug is intended and evaluate the current treatment landscape, which provide the context for weighing the drug's risks and benefits. For example, a drug intended to treat patients with a life-threatening disease for which no other therapy exists may be considered to have benefits that outweigh the risks even if those risks would be considered unacceptable for a condition that is not life threatening.
- ***Assessment of benefits and risks from clinical data***—FDA reviewers evaluate clinical benefit and risk information submitted by the drug maker, taking into account any uncertainties that may result from imperfect or incomplete data. Generally, the agency expects that the drug maker will submit results from two well-designed clinical trials, to be sure that the findings from the first trial are not the result of chance or bias. In certain cases, especially if the disease is rare and multiple trials may not be feasible, convincing evidence from one clinical trial may be enough. Evidence that the drug will benefit the target population should outweigh any risks and uncertainties.
- ***Strategies for managing risks***—All drugs have risks. Risk management strategies include an FDA-approved drug label, which clearly describes the drug's benefits and risks, and how the risks can be detected and managed. Sometimes, more effort is needed to manage risks. In these cases, a drug maker may need to implement a Risk Management and Mitigation Strategy (REMS).

<https://www.fda.gov/drugs/development-approval-process-drugs>



What is a drug as defined by the FDA?

A drug is any product that is intended for use in the diagnosis, cure mitigation, treatment, or prevention of disease; and that is intended to affect the structure or any function of the body.



PRE-CLINICAL

CLINICAL

Drug Sponsor's Discovery and Screening Phase

Drug Sponsor's Clinical Studies/Trials



Drug Developed

Drug sponsor develops a new drug compound and seeks to have it approved by FDA for sale in the United States.



Animals Tested

Sponsor must test new drug on animals for toxicity. Multiple species are used to gather basic information on the safety and efficacy of the compound being investigated/researched.

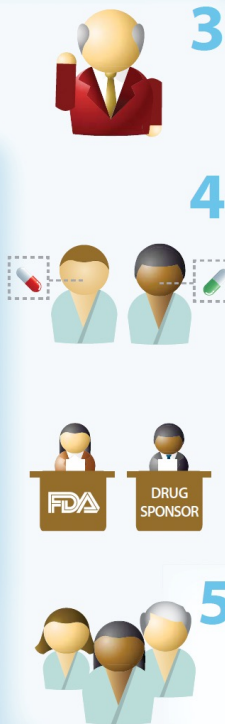


IND Application

The sponsor submits an Investigational New Drug (IND) application to FDA based on the results from initial testing that include, the drug's composition and manufacturing, and develops a plan for testing the drug on humans.

IND REVIEW

FDA reviews the IND to assure that the proposed studies, generally referred to as clinical trials, do not place human subjects at unreasonable risk of harm. FDA also verifies that there are adequate informed consent and human subject protection.



PHASE 1

20-80

The typical number of healthy volunteers used in Phase 1; this phase emphasizes safety. The goal here in this phase is to determine what the drug's most frequent side effects are and, often, how the drug is metabolized and excreted.

PHASE 2

100's

The typical number of patients used in Phase 2; this phase emphasizes effectiveness. This goal is to obtain preliminary data on whether the drug works in people who have a certain disease or condition. For controlled trials, patients receiving the drug are compared with similar patients receiving a different treatment—usually a placebo, or a different drug. Safety continues to be evaluated, and short-term side effects are studied.

At the end of Phase 2, FDA and sponsors discuss how large-scale studies in Phase 3 will be done.

PHASE 3

1000's

The typical number of patients used in Phase 3. These studies gather more information about safety and effectiveness, study different populations and different dosages, and uses the drug in combination with other drugs.



FDA's Center for Drug Evaluation and Research (CDER) evaluates new drugs before they can be sold.

The center's evaluation not only prevents quackery, but also provides doctors and patients the information they need to use medicines wisely. CDER ensures that drugs, both brand-name and generic, are effective and their health benefits outweigh their known risks.

Why aren't all health claims regulated?

- FTC/FDA cracking down on food and supplement health claims
 - Seeking ***Significant Scientific Agreement (SSA)***
- Many treatments and therapies outside the insurance system, or considered alternative/complementary can slip through the cracks

Report Scams

If you believe you've responded to a scam, file a complaint with:

- the [FTC](#)
- your [state Attorney General](#) 

Characteristics of Pseudoscience



1. Is **UNFALSIFIABLE** (can't be proven wrong): Makes vague or unobservable claims
2. Relies heavily on **ANECDOTES**, personal experiences, and testimonials
3. **CHERRY PICKS** confirming evidence while ignoring/minimizing disconfirming evidence
4. Uses **TECHNOBABBLE**: Words that sound scientific but don't make sense
5. Lacks **PLAUSIBLE MECHANISM**: No way to explain it based on existing knowledge
6. Is **UNCHANGING**: Doesn't self-correct or progress
7. Makes **EXTRAORDINARY/EXAGGERATED CLAIMS** with insufficient evidence
8. Professes **CERTAINTY**: Talks of "proof," with great confidence
9. Commits **LOGICAL FALLACIES**: Arguments contain errors in reasoning
10. Lacks **PEER REVIEW**: Goes directly to the public, avoiding scientific scrutiny
11. Claims there's a **CONSPIRACY** to suppress their ideas

<https://thinkingispower.com/>

Are you a CRITICAL THINKER?

Critical thinkers...

- ✓ Are aware their thinking is **flawed** and **prone to errors**
- ✓ Think about **how they think**
- ✓ Are **curious** and **inquisitive**
- ✓ Separate their **identity** from their **beliefs**
- ✓ Welcome **criticism** from others
- ✓ Use **evidence** to arrive at conclusions and maintain a healthy level of **skepticism**
- ✓ Avoid **black-and-white thinking** and are comfortable with **ambiguity** and **uncertainty**
- ✓ Are **humble**





Available online at www.sciencedirect.com



Journal of Prosthodontic Research 55 (2011) 1–6

**Journal of
Prosthodontic
Research**

www.elsevier.com/locate/jpor

Industry Sponsored Research – is it biased?

Review

Fifteen common mistakes encountered in clinical research

Glenn T. Clark DDS, MS^{a,1,*}, Roseann Mulligan DDS, MS^{b,1}

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The Physician Payments Sunshine Act (PPSA)—also known as [section 6002 of the Affordable Care Act](#) (ACA) of 2010—requires medical product manufacturers to disclose to the Centers for Medicare and Medicaid Services (CMS) any payments or other transfers of value made to physicians or teaching hospitals. It also requires certain manufacturers and group purchasing organizations (GPOs) to disclose any physician ownership or investment interests held in those companies.

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2.	Failure to critically assess the prior literature	2
3.	Failure to specify the inclusion and exclusion criteria for your subjects	2
4.	Failure to determine and report the error of your measurement methods.	2
5.	Failure to specify the exact statistical assumptions made in the analysis.	3
6.	Failure to perform sample size analysis before the study begins	3
7.	Failure to implement adequate bias control measures	3
8.	Failure to write and stick to a detailed time line	3
9.	Failure to vigorously recruit and retain subjects.	4
10.	Failure to have a detailed, written and vetted protocol	4
11.	Failure to examine for normality of the data	4
12.	Failure to report missing data, dropped subjects and use of an intention to treat analysis	4
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Evidence Based Medicine – Look to the Experts

Evidence-Based Medicine Tutorial

Definition of Evidence-Based Medicine

Evidence based medicine (EBM) was originally defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

(Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. BMJ 1996; 312: 71-2) [↗](#)

The revised and improved definition of evidence-based medicine is a systematic approach to clinical problem solving which allows **the integration of the best available research evidence with clinical expertise and patient values.**

(Sackett DL, Strauss SE, Richardson WS, et al. Evidence-based medicine: how to practice and teach EBM. London: Churchill-Livingstone, 2000)

Evidence-Based Practice is defined as, "Making a conscientious effort to base clinical decisions on research that is most likely to be free from bias, and using interventions most likely to improve how long or well patients live."

(Mark H. Ebell, MD, MS, Professor, University of Georgia, Editor-in-Chief, Essential Evidence Plus)

- <https://med.fsu.edu/medicalinformatics/ebmTutorial>

The Placebo Effect



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Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

MENTAL HEALTH

The power of the placebo effect

December 13, 2021

Treating yourself with your mind is possible, but there is more to the placebo effect than positive thinking.

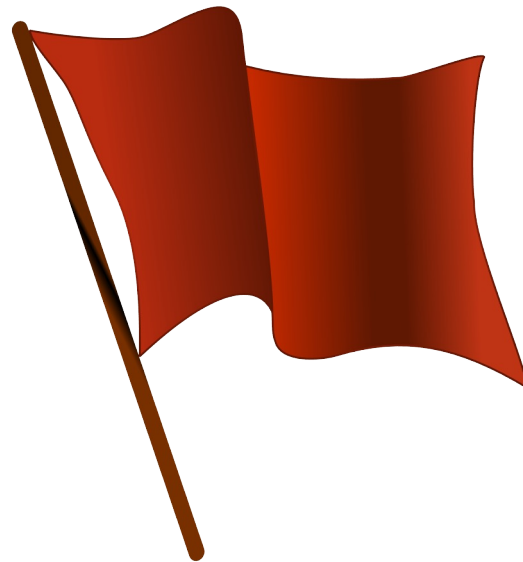
Your mind can be a powerful healing tool when given the chance. The idea that your brain can convince your body a fake treatment is the real thing – the so-called placebo effect – and thus stimulate healing has been around for millennia. Now science has found that under the right circumstances, a placebo can be just as effective as traditional treatments.

"The placebo effect is more than positive thinking – believing a treatment or procedure will work. It's about creating a stronger connection between the brain and body and how they work together," says Professor Ted Kaptchuk of Harvard-affiliated Beth Israel Deaconess Medical Center, whose research focuses on the placebo effect.

Program in Placebo Studies

For many years, the placebo effect was considered to be no more than a nuisance variable that needed to be controlled in clinical trials. Only recently have researchers redefined it as the key to understanding the healing that arises from medical ritual, the context of treatment, the patient-provider relationship and the power of imagination, hope and expectation.

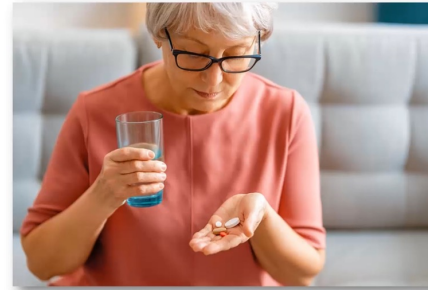
Be on the lookout for "red flags" when vetting online sources of medical information
(Especially: Ads, Sponsored Content, Social Media posts)



I genuinely thought
I had neuropathy for life.



I followed my doctor's health advice
and I took my meds.



 Like 24K people like this. [Sign Up](#) to see what your friends like.

 Like 24K people like this. [Sign Up](#) to see what your friends like.

a single neuropathy symptom ever again.

and yet it was incredibly simple to do.



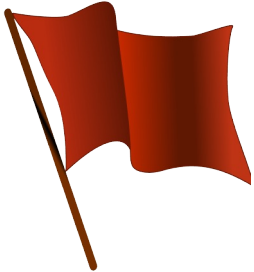
**The real reason we get
neuropathy**

Well, I found out one thing that
turned my worries into hope...



Sounds a little odd I know.

that these apparently
different conditions all have,
at their source a single cause.

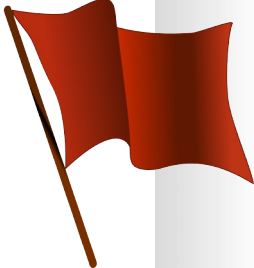




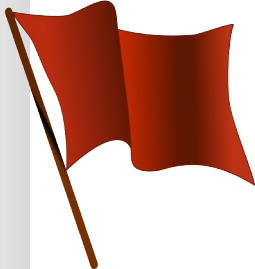
about natural health treatments.



that modern medicine had given up on.



I mean, at that time
I was very skeptical about
alternative treatments.



But as I watched the documentary
it was clear the results of natural
treatments were very, very
impressive.

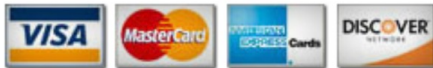
But my nerve pains were getting so bad I was prepared to take that leap of faith.



Yep, the gut. I found that a bit weird too when I first heard it.

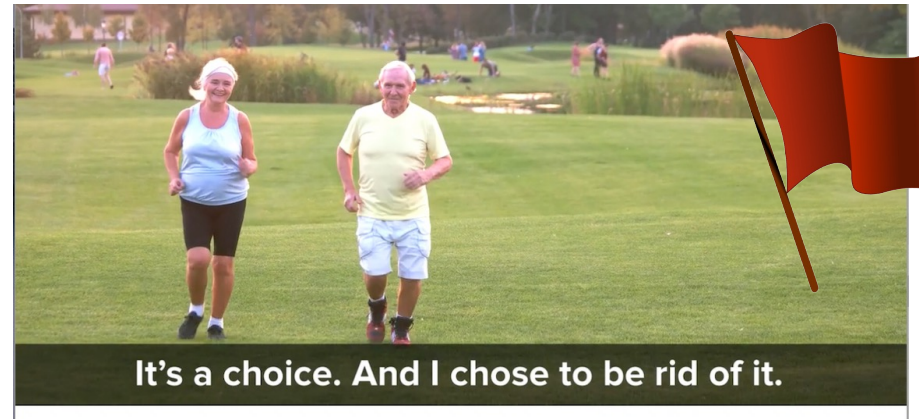


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It's a choice. And I chose to be rid of it.



The Research Behind the Claims: Minimal number of studies, inconclusive evidence, too early in testing potential therapies

[J Headache Pain](#). 2020; 21(1): 103.

Published online 2020 Aug 17. doi: [10.1186/s10194-020-01170-x](https://doi.org/10.1186/s10194-020-01170-x)

PMCID: PMC74

PMID: [32800000](https://pubmed.ncbi.nlm.nih.gov/32800000/)

Gut microbiota regulates neuropathic pain: potential mechanisms and therapeutic strategy

[Binbin Lin](#),# [Yuting Wang](#),# [Piao Zhang](#),# [Yanyan Yuan](#), [Ying Zhang](#), and [Gang Chen](#)[✉]

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What has science shown about the effectiveness of probiotics for health conditions?

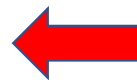
A great deal of research has been done on probiotics, but much remains to be learned about whether they're helpful and safe for various health conditions.

Probiotics have shown promise for a variety of health purposes, including prevention of **antibiotic-associated diarrhea** (including diarrhea caused by *Clostridium difficile*), prevention of **necrotizing enterocolitis** and **sepsis** in premature infants, treatment of **infant colic**, treatment of **periodontal disease**, and induction or maintenance of remission in **ulcerative colitis**.

However, in most instances, we still don't know which probiotics are helpful and which are not. We also don't know how much of the probiotic people would have to take or who would be most likely to benefit. Even for the conditions that have been studied the most, researchers are still working toward finding the answers to these questions.

The following sections summarize the research on probiotics for some of the conditions for which they've been studied.


<https://www.nccih.nih.gov/health/probiotics-what-you-need-to-know>



Be on the lookout for anecdotal evidence (claims of N=1 success)

I suffered neuropathy for more years than I care to remember. It got worse over time so that, in the end, I had to give up work. Doctors did their best but their understanding of the illness is limited. But everything worked out in the end. I got rid of my neuropathy 3 years ago. Every symptom has gone - I haven't felt this good for years!. Better yet, it took just a couple of weeks to fully disappear. Now that neuropathy can be cured it makes no sense to put up with it a day longer. You can wave goodbye to this illness - forever. It's quick and it's easy. Click here and I'll tell you what I did...

👉👉👉👉👉👉👉👉👉👉👉👉👉👉👉👉



IGLI.ME
@neuropathy21 | igli.me

How would you critically vet these social media claims?

1:55

Small Nerve Fiber Neuropathy

Does THC relieve anyone's burning pain in feet or elsewhere? Or make it worse?

65 comments

Like Comment

8

Top comments

I was told by my pain dr that CBD is better, take a bit THC with thought because just works better. So more CBD with small addition of THC

28m Like Reply

I do extensive research the type of strain and the one that gives me greater relief is Canatsu I also just started Low Dose Naltrexone and it lowered the burning in my feet. The thing with LDN is it is a 50/50 chance it will work and I had to ask my dr to try it. I also sleep better with the LDN Hope you get relief and remember everyone responds differently so keep pushing forward.

1h Like Reply 4

Has anyone tried this? I was offered one, but want to see how it effects our sfn



OBITO
Electrical Foot Massager and Nerve Stimulator

- CHOOSE FOOT CARE MASSAGER
- ENJOY HEALTHIER LIFE

- 25 kinds of modes
- 99 kinds of intensity power
- With timer setting for auto off
- Big control panel can be easily controlled by toes
- With handle for easy carrying

Target PAIN

1 2 3

2 4 comments

Has anyone tried an Infrared Sauna and has it helped you with your neuropathic pain? I joined a new gym that has one, and wondering if paying the extra fee a month to use it is worth it! Thanks!

1 6 comments

Like Comment