



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

NEUROPATHIC DISORDER

AUTHOR: SHRUTIKA JAIN

ABSTRACT: Neuropathic (peripheral neuropathy) refers to a condition or disorder that affects the nervous system, particularly the peripheral nerves which is the network of nerves outside the brain and spinal cord that transmit information to and from the rest of the body. It involves damage or dysfunction of the nerves, leading to various symptoms like numbness, tingling, pain, and weakness in the hands and feet, often arising from underlying conditions like Diabetes, vitamin deficiencies, exposure to toxins, or autoimmune disorder. Treatment and management depend on the underlying cause and may include medication, physical therapy, lifestyle changes, and in some cases, surgery. In some instance, peripheral neuropathy can be temporary and resolve with appropriate treatment, while in others, it may be a chronic condition requiring ongoing management.

KEYWORDS:

Affected system, Prevalence and Impact, Intractability, Multidisciplinary Approach, Treatment Options, Focus on Quality of Life, Ongoing Research, Underlying Causes, Importance of Early Diagnosis and Intervention, Lifestyle Modification.

INTRODUCTION:

Neuropathic refers to a condition or disorder that affects the nervous system, particularly the peripheral nerves. It involves damage or dysfunction of the nerves, leading to various symptoms.

Neuropathic conditions can affect various parts of the body, including the:

- Peripheral nerves (nerves outside the brain and spinal cord).
- central nervous system (brain and spinal cord).
- Autonomic nervous system (regulates involuntary functions like heart rate and digestion).

1] Common symptoms of neuropathic conditions include:

- Numbness or tingling sensation.
- Pain or burning sensation.
- Weakness or muscle wasting.
- Sensitivity to touch or temperature.
- Difficulty walking or balance problems.

2] Types of neuropathic conditions include:

- Diabetic neuropathy- Nerve damage caused by high blood sugar levels in people with diabetes.
- Peripheral neuropathy- Damage to the peripheral nerves, which can cause numbness, pain, and weakness in the hands and feet.
- Neuropathic pain- Chronic pain caused by nerve damage, which can be debilitating and difficult to treat.
- Autonomic Neuropathy- Damage to the autonomic nervous system, which regulates involuntary functions like heart rate and digestion.
- Focal Neuropathy- Damage to a single nerve or a group of nerves, which can cause symptoms like numbness, pain, and weakness.
- Multiple sclerosis- Damage to the protective covering of nerve fibers (myelin) which can disrupt communication between the brain and the rest of the body.
- Parkinson's disease- A progressive and degenerative neurological disorder that affects movement, balance, and condition.

3] CAUSES:

- Diabetes- High blood sugar levels can damage the nerves.
- Trauma- Injury to the nerves can cause neuropathic conditions.
- Infections- Certain infections like shingles and Lyme disease can cause neuropathic conditions.
- Autoimmune Disorders- Conditions like rheumatoid arthritis and lupus can cause neuropathic conditions.
- Toxins- Exposure to toxins like heavy metals and certain chemicals can cause neuropathic conditions.

4] DIAGNOSIS:

- Physical Exam- A physical exam to check for numbness, weakness, and reflexes.
- Medical History- A medical history to check for underlying conditions like diabetes and autoimmune disorders.
- Nerve Conduction Studies- Tests to check the speed and strength of nerve signals.
- Electromyography- Tests to check the electrical activity of muscles.
- Imaging Tests- Imaging tests like MRI and CT scans to check for nerve damage.

5] TREATMENT:

- Medication- Medications like pain relievers and antipyretics to manage symptoms.
- Physical Therapy- Physical therapy to improve mobility and strength.
- Lifestyle Changes- Lifestyle changes like quitting smoking and exercising regularly to improve overall health.
- Alternative Therapies- Alternative therapies like acupuncture and massage to manage symptoms.
- Surgery- Surgery to relieve pressure on the nerves or to repair damaged nerves.

Treatment for neuropathic conditions depends on the underlying cause and may include medications, physical therapy, and lifestyle changes.

6] STRUCTURES AFFECTED:

- Peripheral Nerves- These are the main structures involved in neuropathic disorders. They are made up of nerve fibers (axons) and a myelin sheath, which insulates and protects the nerve fibers.
- Nerve Fibers (Axon)- These transmit electrical and chemical signals. Damage to axons can disrupt signal transmission, leading to symptoms like pain, numbness, or weakness.
- Myelin Sheath- This insulating layer surrounding the axon helps ensure efficient and accurate signal transmission. Damage to myelin can slow or disrupt nerve signals.

- Dorsal Root Ganglia- These are cluster of nerve cells located along the spinal cord where sensory nerves enter the spinal cord. They play the role in processing sensory information and can be affected in neuropathic pain.
- Peripheral Nerve Roots- These are the nerves that branch out from the spinal cord. Damage to nerve roots can cause pain, numbness, or weakness in specific areas of the body.
- Neuromas- These are abnormal growths of nerve tissue that can form after nerve damage, particularly after amputation or nerve injury. They can be a source of neuropathic pain.

7] CLASSIFICATION:

Peripheral neuropathy may be classified according to the number and distribution of nerves affected (mononeuropathy, mononeuritis multiplex, or polyneuropathy), the type of fiber predominantly affected (motor, sensory, autonomic), or the process affecting the nerves; e.g., inflammation (neuritis), compression (compression neuropathy), chemotherapy (chemotherapy completion).

8] EXAMPLE OF NEUROPATHIC DISORDERS:

- Mononeuropathy- Damage to a single nerve, such as carpal tunnel syndrome.
- Polyneuropathy- Damage to multiple peripheral nerves, often symmetrically, such as diabetic neuropathy.
- Mononeuritis Multiplex- Damage to several nerves in random areas, often due to multiple isolated nerve injuries.
- Autonomic Neuropathy- Damage to autonomic nerves, affecting involuntary bodily functions like heart rate and digestion.

9] PROFILING FOR NEUROPATHIC DISORDER:

- History- Assessing patient detailed history is crucial, including the onset, progression and nature of the symptoms (eg; sensory loss, pain, weakness), as well as relevant medical history (eg; diabetes, autoimmune diseases, toxin exposure), and family history of neurological disorders.
- Physical Examination- This involves assessing reflexes, muscle strength, sensation (using various modalities like light touch, pinprick, vibration), and looking for signs of nerve compression or injury.
- Diagnostic Testing:
 - 1) Blood Test- Blood tests are essential for identifying potential underlying conditions, such as diabetes, nutritional deficiencies (vitamin B12, folate), infections (Lyme disease, HIV), and autoimmune disorders (Lupus, Sjogren's syndrome).
 - 2) Nerve Conduction Studies (NCS) and Electromyography (EMG)- These tests help assess the electrical activity and function of nerves, differentiating between axonal and demyelinating neuropathies.
 - 3) Imaging Studies- MRI and CT scans can help identify nerve compression or other structural issues affecting the peripheral nerves.
 - 4) Nerve Biopsy- In some cases, a nerve biopsy may be necessary to examine the nerve tissue and identify specific causes or types of neuropathies.
 - 5) Other Tests- Depending on the suspected causes, other tests may include serum protein electrophoresis, thyroid function tests, and tests for specific toxins.
- Understanding the type of neuropathy-
 - 1) Sensory Neuropathy- Characterized by sensory loss, numbness, and pain or burning sensation, often in a "stocking and glove" distribution.
 - 2) Motor Neuropathy- Involves weakness and atrophy of muscles, potentially due to damage to motor nerves.
 - 3) Autonomic Neuropathy- Affects the autonomic nervous system, which controls involuntary bodily functions like heart rate, blood pressure, digestion, and bladder control.
 - 4) Combination- Neuropathies can also involve combinations of sensory, motor, and autonomic dysfunction.
- Severity Assessment-
 - 1) Neuropathy Symptom Profile- Questionnaires and scales can help assess the severity and pattern of neuropathy symptoms, aiding in diagnosis and staging.

2) Quantitative Sensory Testing (QST)- This test can provide more objective measures of sensory function, helping to understand the extent of nerve damage.

- Treatment and Management- 1) Addressing Underlying Causes- Treatment focuses on addressing any underlying medical conditions, such as gabapentin, tricyclic antidepressants, and other pain relievers.
- 2) Physical Therapy and Occupational Therapy- These therapies can help improve strength, mobility, and functional abilities.

10] CHAIN OF CUSTODY:

The documented and secured process of maintain the integrity of samples, (eg; blood, urine) or evidence (eg; nerve biopsies) used for diagnosis or research, ensuring their authenticity and preventing tampering.

Relevance to Neuropathic Disorder: This might involve samples collected for nerve conduction studies, nerve biopsies, blood test, or other diagnostic procedures. The chain of custody ensures that any results obtained from these samples are reliable and not compromised, leading to accurate diagnoses and treatment plans.

11] CONCLUSION:

Neuropathic pain, a debilitating condition caused by nerve damage, often doesn't respond well to standard pain treatments and can be challenging to manage. While a multidisciplinary approach, including lifestyle changes, medications, and therapies, can help manage the pain, it may not always be possible to eliminate it entirely, and some patients may experience worsening pain over time. Debilitating and persistent, treatment challenges, multifaceted approach, potential for Worsening, focus on quality of life, important of early intervention and management.

S12] REFERENCES:

1. Kaur J, Ghosh S, Sahani AK, Sinha JK (November 2020). "Mental Imagery as a Rehabilitative Therapy for Neuropathic Pain in People With Spinal Cord Injury: A Randomized Controlled Trial". *Neurorehabilitation and Neural Repair*. **34** (11): 1038–1049. doi:10.1177/1545968320962498. PMID 33040678. S2CID 222300017.
2. ^ Sugimoto K, Yasujima M, Yagihashi S (2008). "Role of advanced glycation end products in diabetic neuropathy". *Current Pharmaceutical Design*. **14** (10): 953–61. doi:10.2174/138161208784139774. PMID 18473845.
3. ^ Singh VP, Bali A, Singh N, Jaggi AS (February 2014). "Advanced glycation end products and diabetic complications". *The Korean Journal of Physiology & Pharmacology*. **18** (1): 1–14. doi:10.4196/kjpp.2014.18.1.1. PMC 3951818. PMID 24634591.
4. ^ Jack M, Wright D (May 2012). "Role of advanced glycation endproducts and glyoxalase I in diabetic peripheral sensory neuropathy". *Translational Research*. **159** (5): 355–65. doi:10.1016/j.trsl.2011.12.004. PMC 3329218. PMID 22500508.
5. ^ Jump up to:^{a b c} Hughes RA (February 2002). "Peripheral neuropathy". *BMJ*. **324** (7335): 466–9. doi:10.1136/bmj.324.7335.466. PMC 1122393. PMID 11859051.
6. ^ Jump up to:^{a b c} Torpy JM, Kincaid JL, Glass RM (April 2010). "JAMA patient page. Peripheral neuropathy". *JAMA*. **303** (15): 1556. doi:10.1001/jama.303.15.1556. PMID 20407067.
7. ^ Jump up to:^{a b c} "Peripheral neuropathy fact sheet". National Institute of Neurological Disorders and Stroke. 19 September 2012. Archived from [the original](#) on 4 January 2016.
8. ^ Jump up to:^{a b c d} Zis P, Hadjivassiliou M (February 2019). "Treatment of Neurological Manifestations of Gluten Sensitivity and Coeliac Disease". *Current Treatment Options in Neurology (Review)*. **21** (3): 10. doi:10.1007/s11940-019-0552-7. PMID 30806821. S2CID 73466457.
9. ^ "neuropathy". *Online Etymology Dictionary*.
10. ^ "Volume 12, Spring 1999 | University of Pennsylvania Orthopaedic Journal". Retrieved 2019-10-28.
11. ^ "Dorlands Medical Dictionary:mononeuropathy".
12. ^ Amato AA, Ropper AH (22 October 2020). "Sensory Ganglionopathy". *New England Journal of Medicine*. **383** (17): 1657–1662. doi:10.1056/NEJMra2023935. PMID 33085862.
13. ^ Gwathmey KG (January 2016). "Sensory neuronopathies". *Muscle & Nerve*. **53** (1): 8–19. doi:10.1002/mus.24943. PMID 26467754.

14. [^] [Jump up to:^{a b}](#) Sugimoto K, Yasujima M, Yagihashi S (2008). "Role of advanced glycation end products in diabetic neuropathy". *Current Pharmaceutical Design*. **14** (10): 953–61. [doi:10.2174/138161208784139774](#). [PMID 18473845](#).
15. [^] Kassardjian CD, Dyck PJ, Davies JL, Carter RE, Dyck PJ (August 2015). "[Does prediabetes cause small fiber sensory polyneuropathy? Does it matter?](#)". *Journal of the Neurological Sciences*. **355** (1–2): 196–8. [doi:10.1016/j.jns.2015.05.026](#). [PMC 4621009](#). [PMID 26049659](#).
16. [^] [MedlinePlus Encyclopedia: Multiple mononeuropathy](#)
17. [^] Ball DA. "[Peripheral Neuropathy](#)". *NeuraVite*. Retrieved 24 March 2016.
18. [^] Criado PR, Marques GF, Morita TC, de Carvalho JF (June 2016). "Epidemiological, clinical and laboratory profiles of cutaneous polyarteritis nodosa patients: Report of 22 cases and literature review". *Autoimmunity Reviews*. **15** (6): 558–63. [doi:10.1016/j.autrev.2016.02.010](#). [PMID 26876385](#).
19. [^] [Jump up to:^{a b c}](#) Samson M, Puéchal X, Devilliers H, Ribi C, Cohen P, Bienvenu B, Terrier B, Pagnoux C, Mouthon L, Guillevin L (September 2014). "Mononeuritis multiplex predicts the need for immunosuppressive or immunomodulatory drugs for EGPA, PAN and MPA patients without poor-prognosis factors". *Autoimmunity Reviews*. **13** (9): 945–53. [doi:10.1016/j.autrev.2014.08.002](#). [PMID 25153486](#).
20. [^] Hellmann DB, Laing TJ, Petri M, Whiting-O'Keefe Q, Parry GJ (May 1988). "[Mononeuritis multiplex: the yield of evaluations for occult rheumatic diseases](#)". *Medicine*. **67** (3): 145–53. [doi:10.1097/00005792-198805000-00001](#). [PMID 2835572](#). [S2CID 24059700](#).
21. [^] Lenglet T, Haroche J, Schnuriger A, Maisonnobe T, Viala K, Michel Y, Chelbi F, Grabli D, Seror P, Garbarg-Chenon A, Amoura Z, Bouche P (July 2011). "Mononeuropathy multiplex associated with acute parvovirus B19 infection: characteristics, treatment and outcome". *Journal of Neurology*. **258** (7): 1321–6. [doi:10.1007/s00415-011-5931-2](#). [PMID 21287183](#). [S2CID 8145505](#).
22. [^] Kaku M, Simpson DM (November 2014). "[HIV neuropathy](#)". *Current Opinion in HIV and AIDS*. **9** (6): 521–6. [doi:10.1097/COH.000000000000103](#). [PMID 25275705](#). [S2CID 3023845](#).
23. [^] Vargas DL, Stern BJ (August 2010). "Neurosarcoidosis: diagnosis and management". *Seminars in Respiratory and Critical Care Medicine*. **31** (4): 419–27. [doi:10.1055/s-0030-1262210](#). [PMID 20665392](#). [S2CID 260321346](#).
24. [^] Cacoub P, Comarmond C, Domont F, Savey L, Saadoun D (September 2015). "[Cryoglobulinemia Vasculitis](#)" (PDF). *The American Journal of Medicine*. **128** (9): 950–5. [doi:10.1016/j.amjmed.2015.02.017](#). [PMID 25837517](#). [S2CID 12560858](#).
25. [^] Vinik AI, Erbas T (2013). "Diabetic autonomic neuropathy". *Autonomic Nervous System. Handbook of Clinical Neurology*. Vol. 117. pp. 279–94. [doi:10.1016/b978-0-444-53491-0.00022-5](#). [ISBN 978-0-444-53491-0](#). [PMID 24095132](#).
26. [^] "[neuritis](#)" at [Dorland's Medical Dictionary](#)
27. [^] Chin RL, Latov N (January 2005). "Peripheral Neuropathy and Celiac Disease". *Current Treatment Options in Neurology*. **7** (1): 43–48. [doi:10.1007/s11940-005-0005-3](#). [PMID 15610706](#). [S2CID 40765123](#).
28. [^] Ghosh S, Sinha JK, Khandelwal N, Chakravarty S, Kumar A, Raghunath M (1 September 2020). "Increased stress and altered expression of histone modifying enzymes in brain are associated with aberrant behaviour in vitamin B12 deficient female mice". *Nutritional Neuroscience*. **23** (9): 714–723. [doi:10.1080/1028415X.2018.1548676](#). [PMID 30474509](#). [S2CID 53785219](#).
29. [^] [Vitamin Toxicity](#) at [eMedicine](#)
30. [^] "[Peripheral Neuropathy Fact Sheet](#)". National Institute of Neurological Disorders and Stroke. Retrieved 30 May 2020.
31. [^] [Jump up to:^{a b c d}](#) Cioroiu CM, Brannagan TH (2014). "Peripheral Neuropathy". *Current Geriatrics Reports*. **3** (2): 83–90. [doi:10.1007/s13670-014-0079-4](#). [S2CID 195246984](#).
32. [^] [Jump up to:^{a b c}](#) Azhary H, Farooq MU, Bhanushali M, Majid A, Kassab MY (April 2010). "Peripheral neuropathy: differential diagnosis and management". *American Family Physician*. **81** (7): 887–92. [PMID 20353146](#).
33. [^] [Jump up to:^{a b c}](#) Watson JC, Dyck PJ (July 2015). "[Peripheral Neuropathy: A Practical Approach to Diagnosis and Symptom Management](#)". *Mayo Clinic Proceedings*. **90** (7): 940–51. [doi:10.1016/j.mayocp.2015.05.004](#). [PMID 26141332](#).
34. [^] Gwathmey KG, Conaway MR, Sadjadi R, et al. (2015-12-29). "[Construction and validation of the chronic acquired polyneuropathy patient-reported index \(CAP-PRI\): A disease-specific, health-related quality-of-life instrument](#)". *Muscle & Nerve*. **54** (1). [PMID 26600438](#).