# Neuropathy: Nerve damage and its effects on daily life.

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## **Abstract**

Neuropathic pain is characterized by abnormal hypersensitivity to stimuli (hyperalgesia) and nociceptive responses to non-noxious stimuli (allodynia). The conditions and pathophysiological states that determine the development of neuropathic pain vary, including: B. Metabolic disorders, neurological disorders, and autoimmune diseases affecting the central nervous system "CNS" due to viral infections. Neuropathic pain has been estimated to have a prevalence of 3% to 17% in the general population. Most of the available therapies for neuropathic pain are moderately effective and have side effects that limit their use. Therefore, patients need other therapeutic approaches. This article reviews the current standard of care, emerging pharmacological approaches from completed Phase III clinical trials, and preclinical studies of promising new treatment options.

Keywords: Neuropathy, Nerve Damage, Blood sugar levels, Hypersensitivity.

## Introduction

Neuropathy is a condition that affects the peripheral nervous system, which connects the brain and spinal cord to the rest of the body. It is a term that refers to nerve damage that can cause a range of symptoms, including pain, tingling, numbness, and weakness in the affected area. Neuropathy can be caused by a variety of factors, including physical injury, infection, diabetes, autoimmune disorders, and exposure to toxins [1].

## Symptoms of Neuropathy

The symptoms of neuropathy can vary depending on the cause and severity of the nerve damage. The most common symptoms include,

- ✓ Pain or discomfort in the affected area
- ✓ Tingling or numbness in the hands or feet
- ✓ Muscle weakness or difficulty moving the affected area
- ✓ Sensitivity to touch or temperature changes
- ✓ Loss of coordination or balance
- ✓ Digestive issues, such as nausea, vomiting, or constipation
- ✓ Sexual dysfunction
- ✓ Changes in blood pressure or heart rate [2].

# Treatment of Neuropathy

The treatment of neuropathy depends on the underlying cause and severity of the nerve damage. In some cases, the symptoms may improve on their own over time. However, in other cases, treatment may be necessary to manage the symptoms and prevent further damage. Some of the most common treatments include [3],

**Medications:** There are several medications available to help manage the symptoms of neuropathy, including painkillers, anti-inflammatory drugs, and antidepressants.

**Physical therapy:** This can help improve muscle strength and coordination, and may also help reduce pain and improve balance.

**Occupational therapy:** This can help people with neuropathy learn how to perform everyday tasks more easily, and may also involve using specialized equipment or devices.

**Surgery:** In some cases, surgery may be necessary to repair damaged nerves or relieve pressure on the affected area [4].

Lifestyle changes: Making changes to your diet, exercise routine, and other lifestyle factors may also help manage the symptoms of neuropathy. For example, managing blood sugar levels can help improve diabetic neuropathy, while quitting smoking and reducing alcohol consumption can help reduce the risk of developing neuropathy [5].

## **Conclusion**

Neuropathy is a common condition that can cause a variety of symptoms, including pain, tingling, and numbness. It can be caused by a variety of factors and may require different treatments depending on the underlying cause and the severity of the nerve damage. Underdiagnosis of neuropathy is a fundamental problem in primary care for people with diabetes, hampering the benefits of early detection, the management needed to achieve improved glycemic control, and the prevention of neuropathy-related sequelae. However, it is important to rule out causes of neuropathy other than diabetes by examining the family and drug history (including alcohol). Here are some related studies: Serum B12 (especially if using

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metformin), folic acid, thyroid function, complete blood count, serum creatinine, and protein electrophoresis.

# References

- 1. Brown MJ, Asbury AK. Diabetic neuropathy. Ann Neurol. 1984;15(1):2-12.
- 2. Said G. Diabetic neuropathy: A review. Nat Clin Pract. 2007;3(6):331-40.
- 3. Feldman EL, Callaghan BC, Pop-Busui R, et al. Diabetic neuropathy. Nat Rev Dis Primers. 2019;5(1):41.
- 4. Rajabally YA. Neuropathy and paraproteins: Review of a complex association. Eur J Neurol. 2011;18(11):1291-8.
- 5. Vinik AI. Diabetic neuropathy: pathogenesis and therapy. Am J Med. 1999;107(2):17-26.