

**Numb Toes and Other Woes:  
More on Peripheral Neuropathy**  
by John A. Senneff  
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## NUMB TOES AND OTHER WOES: MORE ON PERIPHERAL NEUROPATHY

PEOPLE WITH HIV/AIDS, PARTICULARLY THOSE WHO USE THE “D” DRUGS — ddC, d4T, ddI — can develop a form of nerve damage called peripheral neuropathy (PN). The symptoms include shooting pain, tingling and numbness in the extremities — hands, arms, feet and legs. This pain can come at any time during the day or night and, if severe, can greatly affect one’s everyday activities. Unfortunately, PN tends to sneak up on people: At first there may be a little pain or a slight tingle and then, suddenly, full-blown pain appears. The bad news is that there is no cure for PN because repairing damaged nerves isn’t easy. The good news is *Numb Toes and Other Woes*, which offers the latest strategies for helping people manage the pain of neuropathy and regain control over their lives.

John Senneff, the author of this second book on PN (his first was *Numb Toes and Other Woes: Coping with Peripheral Neuropathy*, 1999), writes from the point of view of someone living with this problem. His reaction to his own PN diagnosis was to find out everything (and we mean everything) about the cause and treatment of this pain. The book is very well researched and organized, with plenty of practical tips, such as how to work with your doctor, and useful Web resources. Senneff offers extensive coverage of prescription, experimental, complementary and nutritional approaches to nerve healing and pain management. Although Senneff doesn’t have HIV, there’s clearly been a lot of collaboration with AIDS expert Lark Lands (see “*The 10 Commandments*,” page 4), which goes to show that true healing knows no boundaries. *Numb Toes* is an superb source of information on how to control PN and a valuable addition to the world of pain relief. ⚡

—Sean Hosein

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have more compassion and love for myself and others. How we view ourselves and the world determines our capacity for joy and peace of mind.

Meditation is also the best tool I’ve found for stress reduction. When I feel fear, doubt or worry, I simply note it and then focus on my breathing without reacting in my usual manner. By observing our thoughts and feelings — noting them but not being consumed by them — they eventually have less control over us, and we’re able to calm down and be more objective.

Research backs up what I’ve experienced. A University of Miami study of 450 HIV positive women found that those women who used meditation and group therapy were significantly less depressed than those who didn’t; plus, they had better adherence to their medication. Another study, of 21 HIV positive gay men using meditation, moderate exercise and positive affirmations, found that those who kept up these practices after two years were less likely to be in

denial about their diagnosis and had lower rates of progression to disease.

I encourage you to find a daily practice. It could be like mine — 20 minutes of sitting meditation plus reflection in the morning — or something that involves movement, such as yoga, tai chi or chi gong. Whatever does it for you. The key is to make a daily effort to live life more mindfully and lovingly.

A skilled teacher and group setting are ideal for beginners. (Be aware that people with mood disorders, schizophrenia or serious depression are not advised to practice.) Some retreats are by donation. Look for announcements in local health journals or new-age magazines or contact a local meditation group or AIDS service organization. I wish you a wonderful journey of discovery as you climb your own hill. ⚡



Gordon Waselnuk (at right) facilitates workshops on health promotion and meditation locally in Vancouver and across Canada. You can contact him at [gwaselnuk@hotmail.com](mailto:gwaselnuk@hotmail.com) for more information or to conduct a workshop.

# Wayne Stump: Why I attend HIV Rounds



1st person

As soon as I learned to read, my favourite books were the “How and Why” science series. As a child, I simply had to know all I could about how everything in the world worked. This motivation to ask the Hows and Whys hasn’t changed much, except I now realize that most things are more complex than I ever would have guessed.

Since 1989 — the year I was diagnosed with HIV — I’ve learned to be skeptical about most things I’m told, especially when it’s coming from professionals or government officials. These days I verify everything I hear against my own common sense and knowledge and, when possible, back it up by checking resource materials. To the dismay of many, I’m sure, I barely disguise this skepticism.

## *Making the rounds*

A few years ago, as a CATIE volunteer, I saw a notice on the office bulletin board about a series of one-hour talks — called “HIV Rounds” — taking place in a basement lecture theatre at the former Wellesley Hospital in Toronto. I decided to slip into the lecture hall and see what this was all about. Most of the audience was comprised of doctors, nurses and other health care professionals, complete with hospital badges and stethoscopes. Feeling a little nervous, I wasn’t sure if I belonged. Who was I, a volunteer with my modest educational background, to be sitting in a room full of lab coats?

But it wasn’t all that bad. For one thing, nobody asked me to leave, even after I snuck a little lunch provided by the nice corporate sponsor. Although the speakers presented their ideas rapidly and it was difficult to absorb every detail, I did manage to jot down some notes and retain a few concepts. And, to my surprise, the scientific approach of the presenter and the ensuing audience discussion pressed all the right buttons in me.

## *Rubbing elbows at rounds*

Now I’m a regular at Rounds. My favourite type of talk is the Case Presentations, in which a doctor presents details of a particular patient’s relevant medical history, without revealing his or her identity, of course. Sometimes the doctor will ask audience members to suggest a specific diagnosis or ideas for further testing. The discussion and debate that follows provides tremendous insight to a layperson such as myself about medical practice and the

intricacies of decision-making. From those discussions I’ve learned that medicine is an art as well as a science. Plus, the interchange with health professionals has helped me to understand the benefits, risks and limitations of my own HIV treatment better than I could on my own.


For some people, movie-star sightings are a big deal; that’s how I feel when I get to see the giants of the HIV research world at Rounds. Sometimes I even have the opportunity to ask a question or exchange a few words with them. Speaking with these doctors and scientists can be quite revealing. Why did they choose to study HIV and what are they like as people? Of course, most professionals who present at Rounds tend to focus on their work and the intellectual rigour of their findings, not on themselves as people. But by listening carefully, one can glean subtle clues about their personal perspectives.

## *A more rounded view*

One thing that attending Rounds has changed for me is my view of health professionals. If anything, my distrust of doctors has abated somewhat. I’ve been most impressed by the general intelligence and passionate commitment of these professionals. Sometimes after a talk I’ll ask a presenter for further references — hello skepticism! — to peer-reviewed periodical literature or biomedical journals, which I later peruse at CATIE or the university or hospital libraries. Often this means slogging through dense basic science papers I quite frankly don’t understand, but at least I have the satisfaction of knowing that the presenter based his or her arguments on solid ground.

The challenge of learning new things is a lifelong quest. Since I’ve taken it upon myself to learn about biological sciences and medicine through the lens of HIV disease, I’ve discovered how complex models of living matter are and, hence, the internal workings of our bodies. Learning all that I have about HIV disease has also given me a sense of power and control over my own health care.

On the flip side, ever since attending Rounds I’ve been able to look at HIV through the lens of biological sciences and medicine. That has been the greatest reward: seeing HIV as a biological phenomenon stripped of all religious, political and social judgments. From this vantage point, I’ve been able to shed some of my own internalized shame and guilt surrounding this disease. Knowing that what I have is *just a disease* is incredibly empowering.

Lastly, I’ve discovered that even the smartest doctors and scientists don’t and probably never will have all the answers to the mysteries of how our bodies work. Like me, they’re still searching for answers, learning something new every day. 

Wayne Stump has been a volunteer at CATIE for five years. When he’s not rubbing elbows at Rounds, he can be found riding his bicycle in the streets of Toronto.

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