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Stabilizing the Nervous System

Holistic Therapy of Polyneuropathy

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Polyneuropathy is the presence of a systemic disease in which damage to the peripheral nervous system occurs. As a result, the function of the affected nerves is disturbed. Since several nerves or nerve structures are affected, this is called polyneuropathy (Greek poly = several).

The prevalence of polyneuropathy in Germany is two to three percent of the general population. In the group of over 55-year-olds, it is even eight percent.

Symptoms of Polyneuropathy

Most often, complaints occur symmetrically, in the area of the lower leg/foot or forearm/hand. This is why we speak of a stocking- or glove-like dispersion, whereby legs are usually more affected than arms.

The main symptoms include:
- Paraesthesia, pain, burning of the soles of the feet
- Tingling and pins and needles
- Reduction of the sensation of touch, temperature and pain
- Aching muscle cramps
- Reduction of vibration sensation
- Flaccid paralysis, reflex reduction
- Reduction of sweat secretion

The Causes of Polyneuropathy

The most common triggers include:
- Diabetes mellitus
- Alcohol abuse

Other possible causes include:
- Renal insufficiency
- Liver disease
- Hypothyroidism
- Medication (e.g. chemotherapy)
- Malnutrition
- Pathogen toxicoses, e.g. late Lyme disease or Long- or Post-COVID
- Inflammations
- Autoimmune diseases
- Post-Vac syndrome
- in the wake of some cancers
- Genetic

Despite comprehensive diagnostics, the cause often remains unclear. In this case, it is called idiopathic polyneuropathy.

Diagnosis of Polyneuropathy

- Anamnesis
- Physical examination (including reflexes, vibration sensation)
- Laboratory analyses (blood sugar, liver values, kidney function, etc.)
- Various additional examinations – depending on the suspicious trigger (e.g. cerebrospinal fluid examination, tumor search, serology, toxin analysis)

Synthetic Therapy Options

Pregabalin

Pregabalin is a gamma-aminobutyric acid analogue. It binds to an auxiliary subunit (alpha-2-delta protein) of voltage-gated calcium channels in the CNS. The binding closes the channels, thus reducing calcium influx at the nerve endings and reducing the release of excitatory neurotransmitters such as glutamate, norepinephrine and substance P. Pregabalin does not bind to GABA receptors and therefore has no GABA-ergic activity.

Gabapentin

This active ingredient comes from the treatment of epilepsy, but shows pain-relieving and antineuralgic effects – even in polyneuropathy.
The mechanisms of action are as follows:

- Suppression of repetitive, sustained neuron discharge by maintaining the inactive state of voltage-active sodium channels
- Increase in gamma-aminobutyric acid (GABA)-dependent synaptic inhibition
- Suppression of activation of a specific calcium-dependent channel
- Recent findings suggest that gabapentin causes an increase in GABA synthesis

Due to their central effect, both active ingredients lead to concentration disorders, habituations and dependencies in the long term.

Naturopathic Therapy Options

Alpha-Lipoic Acid

Alpha-Lipoic Acid (thioctic acid), e.g. Unilipon 600 FT [*film-coated*], is a physiologically occurring substance in higher organisms and biologically active in the mitochondrial energy metabolism of the cell, with coenzyme function. Alpha-lipoic acid is no longer counted among the vitamins, as there are no real deficiency symptoms. The intake of alpha-lipoic acid can have a positive influence on neuropathies. Alpha-lipoic acid is a metal chelator and should therefore not be combined with metal compounds (iron. magnesium and calcium products, including milk). The dosage is best 1200 to 1800 mg/day, which can be given orally and by infusion.

Neurotropic Nutrients

Benfotiamine is a precursor of thiamine. The substance itself has no vitamin B_1 effect. Benfotiamine is rapidly reductively split into physiological vitamin B_1 in the organism. Thiamine is one of the water-soluble vitamins of the B complex. Thiamine deficiency leads to an increase in pyruvate, ketoglutarate and lactate concentrations in serum and tissue, as well as in the concentration of pentose phosphate. Benfotiamine inhibits the accumulation of lactate, pyruvate, and alpha-ketoglutarate. Deficiency symptoms quickly manifest themselves in glucose-dependent organs, especially in the central and peripheral nervous system. The full picture of thiamine

deficiency shows up as damage to the peripheral nerves with hyperesthesia, anaesthesia, weakening of muscle tone and possible paralysis of the extremities. The body's storage capacity for thiamine is low, which necessitates a constant supply.

Uridine monophosphate promotes protein biosynthesis and thus contributes to an adequate enzyme equipment of damaged neurons. It also promotes the rapid reconstruction of important membrane components. Exogenously supplied uridine monophosphate (UMP) is converted into uridine in the gastrointestinal tract, which is then absorbed. From the bloodstream, the uridine enters the nerve cells and is converted back into UMP or other physiologically active uridine and cytidine phosphates. Animal experimental studies in induced traumatic nerve lesions have shown that exogenous administration of UMP can lead to a significant increase in the mean myelin and axon area and to a significant acceleration of nerve conduction velocity.

Calcium EAP (e.g. Calcium EAP Köhler Kps.) is the calcium salt of the substance Ethyl Amino Phosphate (EAP), also better known as Colamin phosphate or "membrane protection factor". EAP is the most important starting substance for the body's own synthesis of phospholipids, from which essentially all cell membranes are built, as well as the myelin of the nerve sheaths

B Vitamins

In order to establish the connection between Cobalamin **(Vitamin B_{12})** and fiber-muscle pain, it is first necessary to consider the effect of the B vitamin on the nervous system. This B vitamin is involved, among other things, in the formation of the myelin layer. The myelin sheath is a protective sheath that surrounds the nerve cells. If this vitamin is missing, this protective layer can no longer be formed. Therefore, the nerves are exposed to irritating influences without protection and can be damaged. As a result, those affected usually feel tingling, numbness and pain in the muscles.

Through the homocysteine metabolism, **Folic acid** is very closely linked to B_{12} metabolism. In a Japanese study of 343 patients with various neurological diseases, mainly axonal neuropathies, 19.5 percent showed low serum folic acid levels. Folic acid therapy led to an improvement in neurological symptoms in the affected patients. In patients with alcohol-toxic polyneuropathy, functional folic acid deficiency was detected in 50 percent of cases. Various medications, e.g. Methotrexate and antiepileptic drugs, can trigger polyneuropathy due to a folic acid deficiency.

Minerals

Magnesium has a calming effect on the central and peripheral-vegetative nervous system, ensures relaxing muscle function (relaxation) and prevents muscle cramps, spasms and tremors.

Potassium plays an important role in the transmission of electrical impulses to nerve and muscle cells.

Calcium is the biochemical antagonist of magnesium in the muscles and nervous system. Where magnesium has a calming and relaxing effect, calcium provides excitement and the transmission of stimuli via the nerves.

All three minerals are found together in Posetamine NE Köhler Tbl. and also lecithin, which is important for the formation of cell membranes, especially for the sheaths of nerve cells.

Biochemistry According to Schüßler
No. 5, potassium phosphoricum D6 and No. 7 magnesium phosphoricum D6 and No. 21 Zincum chloratum D6 are intended to calm the nervous system and musculature.
The combination of No. 3 in D12, No. 7 in D6 and No. 21 in D6 are also used as a biochemical pain triad.

Other approaches
- Physical therapies
- Physiotherapy
- Detoxification and drainage therapies
- Acid-base balance incl. nutrition

Holistic Therapy Proposal for Polyneuropathy

Basic therapy
For nerve tingling (paresthesia) e.g.: Unilipon 600 mg FT [*film-coated*], lx daily. 2 FT and Calcium EAP tablets, 3 x daily 1-2 tablets.
For parallel muscle problems, e.g.: Phosetamine tablets, 2-3 x daily. 2 tablets.

Furthermore
- Schüßler salts and supplements: No.5 D6 + No.7 D6 + No.21 D6 each 3 x daily 1-2 tablets or biochemical pain triad (see above)
- Detoxification and drainage therapies
- Vein therapy
- Regulation of the acid-base balance (e.g. Regulator Köhler caps., evening 2 caps.)

Result

As you can see, there are good and, above all, low-side-effect or side-effect-free therapy options in naturopathy to successfully treat polyneuropathy holistically, which is sometimes not easy.

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Literature

1) Ploss O. Naturheilkunde bei muskulären und neuromuskulären Erkrankungen: Fibromyalgie, (Spät-)Borreliose, Restless-legs-Syndrom und Polyneuropathie. 2., aktualisierte Auflage. Haug Verlag; 2013.
2) Ploss O. Naturheilkunde bei chronischen Erregertoxikosen: Folgeerkrankungen von Infektionen und Impfungen (incl. Post Covid). 2. Auflage. Haug Verlag; 2023.

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