



Peripheral Neuropathy and their Impact in the Human Body

Dan Nguyen *

Department of Pharmaceutical Science, China Pharmaceutical University, Nanjing, China

DESCRIPTION

A general term for neurological conditions that affect particular divisions of the nervous system is peripheral neuropathy. Many different disorders can cause peripheral neuropathy, so different symptoms can also occur. Peripheral neuropathy can also affect different parts of the body depending on how and why it occurs. Peripheral neuropathy results from damage to the nerves outside the brain and spinal cord (peripheral nerves), usually causing weakness, numbness, and pain in the limbs. It can also affect other areas and bodily functions such as digestion, urination and circulation. The central nervous system the brain and spinal cord sends information to the rest of the body *via* the peripheral nervous system. Additionally, peripheral nerves communicate sensory data to the central nervous system. Peripheral neuropathy can result from trauma, infection, metabolic problems, genetic causes, and exposure to toxins.

The underlying cause and the individual ultimately determine the symptoms of neuropathy, but the Mayo Clinic and the National Institute of Neurological Disorders and Stroke (NINDS) suggest that they may include: Temporary or permanent numbness, tingling or burning sensation, hypersensitivity to touch Muscle weakness or wasting. The Institute for Quality and Efficiency in Health Care describes them as the central nervous system (brain and spinal cord) and the peripheral nervous system, which carries messages between the central nervous system and the rest of the body. The nerve damage behind neuropathy can occur in a variety of ways, affecting nerve axons (which carry impulses to other cells), myelin

sheaths (which cover and protect axons), or a combination of both. Diabetes (both type 1 and type 2) is the widely most common cause of peripheral neuropathy in the UK. Over time, the high blood sugar levels associated with diabetes can damage nerves. This type of nerve damage is called diabetic polyneuropathy. Peripheral neuropathy has many other causes.

For example, physical damage to nerves, viral infections such as shingles. The outlook for peripheral neuropathy depends on the underlying cause and damaged nerve. Some people get better over time if the underlying cause is treated, but in some people the damage can be permanent or get sever over time. If the underlying cause of the disorder is not treated, there is a risk of developing serious complications such as an infected foot ulcer.

Left untreated, it can lead to gangrene (death of tissue), and in severe cases, the affected leg may need to be amputated. If nerve damage is suspected, doctors take a detailed medical history and conduct a series of neurologic tests to determine the location and extent of nerve damage. This includes:

Blood test, cerebrospinal fluid test. There is usually no cure for peripheral neuropathy, but there are many things we can prevent it from getting sever condition . If an underlying condition, such as diabetes, our doctor will treat that first, then the pain and other symptoms of neuropathy. Occasionally, over-the-counter pain relievers can help. Otherwise, a prescription drug is required. Among these drugs is mexiletine, a drug designed to correct irregular heart rhythms. Antiepileptic drugs, such as gabapentin, phenytoin, and carbamazepine; several classes of antidepressants, including tricyclics, such as amitriptyline.

Correspondence to: Dan Nguyen, Department of Pharmaceutical Science, China Pharmaceutical University, Nanjing, China, E-mail: dan@nen.cn

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