Revolutionary Approaches to Managing Neuropathies: A Review of Innovative Therapies

Amal I. Hassan
Department of Radioisotopes, Nuclear Research Centre, Egyptian Atomic Energy Authority, Egypt

*Correspondence: Amal I. Hassan, Department of Radioisotopes, Nuclear Research Centre, Egyptian Atomic Energy Authority, Egypt
© 2023 Amal I. Hassan. This article is distributed under the terms of the Creative Commons Attribution 4.0 International License.

Received: March 25, 2023;
Accepted: March 30, 2023;
Published: April 03, 2023

Citation: Hassan AI. Revolutionary Approaches to Managing Neuropathies: A Review of Innovative Therapies. Neurodegener Dis Current Res. (2023);3(1): 1-8

Key words: Neuropathies, conventional therapies, innovative therapies, regenerative medicine, research and development, safety and efficacy

1. Abstract

Neuropathies are a group of disorders that affect the peripheral nervous system and can result in a range of symptoms such as pain, weakness, and numbness. While current treatments for neuropathies include medications, physical therapy, and surgical intervention, there is growing interest in innovative therapies that could provide better outcomes for patients. This review article provides an overview of some of the most promising innovative therapies for neuropathies, including stem cell therapy, gene therapy, neurostimulation, and immunotherapy. While some of these therapies are still in the experimental stage, several clinical trials have shown promising results. Further research is needed to establish the safety and efficacy of these therapies, but their potential benefits could provide hope for patients with neuropathies who have not responded well to current treatments.

2. Introduction

Neuropathies are a group of disorders that affect the peripheral nervous system, resulting in a variety of symptoms such as pain, weakness, and numbness. Neuropathies can be caused by a variety of factors, including genetics, trauma, infection, and metabolic disorders [1]. Current treatments for neuropathies include medications to manage symptoms, physical therapy, and surgical intervention [2].

There are various types of neuropathies, including inherited neuropathies such as Charcot-Marie-Tooth disease and acquired neuropathies such as diabetic neuropathy [3]. Inherited neuropathies are caused by mutations in specific genes that affect the function of nerve cells [4]. Acquired neuropathies can be caused by a variety of factors such as trauma, infection, and metabolic disorders [5].

However, there is a growing interest in innovative therapies that could potentially provide better outcomes for patients with neuropathies. This review article will provide an overview of some of the most promising innovative therapies for neuropathies.
3. Stem Cell Therapy In Neuropathies Treatment

Stem cell therapy is a promising innovative therapy for neuropathies. Stem cells have the ability to differentiate into various cell types, including nerve cells, and could potentially be used to repair damaged nerves in patients with neuropathies [6]. Several clinical trials have shown promising results with stem cell therapy in treating neuropathies, although further research is needed to establish its safety and efficacy [6].

Stem cell therapy is a promising innovative therapy for neuropathies. Current treatments for neuropathies include medications to manage symptoms, physical therapy, and surgical intervention. However, stem cell therapy is a new approach that could potentially provide better outcomes for patients with neuropathies [7].

Stem cells are undifferentiated cells that have the potential to differentiate into various cell types, including nerve cells. There are two main types of stem cells: embryonic stem cells and adult stem cells. Embryonic stem cells are derived from embryos, while adult stem cells are found in various tissues throughout the body [8], [9]. Adult stem cells, such as mesenchymal stem cells (MSCs), have also been explored for the treatment of neuropathies. MSCs are found in various tissues throughout the body, including bone marrow, adipose tissue, and umbilical cord tissue. MSCs have been shown to have immunomodulatory and anti-inflammatory properties, and can differentiate into nerve cells.

The transplanted stem cells have the potential to differentiate into nerve cells and replace damaged or lost nerve cells [10]. This can help to repair the nervous system and improve symptoms in patients with neuropathies.

Several clinical trials have been conducted to evaluate the safety and efficacy of stem cell therapy for neuropathies. A 2019 systematic review and meta-analysis of stem cell therapy [11], and 2022 [12] for peripheral neuropathies found that stem cell therapy significantly improved nerve conduction velocity, sensory function, and motor function in patients with peripheral neuropathies. Another study conducted in 2018 [13] found that transplantation of adipose-derived stem cells improved sensory and motor function in patients with diabetic neuropathy.

Challenges and future directions: Despite the promising results of stem cell therapy for neuropathies, there are still several challenges that need to be addressed [14]. One of the main challenges is the potential for stem cell rejection and immune response. Another challenge is the difficulty of directing stem cells to differentiate into specific cell types [14].

In the future, it will be important to continue to evaluate the safety and efficacy of stem cell therapy for neuropathies through well-designed clinical trials. It will also be important to optimize the transplantation and differentiation protocols to improve the outcomes of stem cell therapy for neuropathies [14] [15].

4. Gene Therapy For Neuropathies

Gene therapy is another innovative therapy that holds promise for the treatment of neuropathies [16]. Gene therapy involves the introduction of a functional gene into cells to correct a genetic defect or produce a therapeutic protein. Several gene therapy approaches have been explored for neuropathies, including the use of viral vectors to deliver therapeutic genes to nerve cells [16], [17]. Clinical trials are currently underway to evaluate the safety and efficacy of gene therapy for various types of neuropathies [18]. Several studies have shown promising results with gene therapy in treating neuropathies, although further research is needed to establish its safety and efficacy [18], [19]. The use of viral and non-viral vectors has shown potential for the delivery of therapeutic genes to target cells [20]. While there are still several challenges to overcome, the potential benefits of gene therapy could provide hope for patients with neuropathies who have not responded well to current treatments [21].

Viral vectors are commonly used in gene therapy and involve the use of modified viruses to deliver therapeutic genes to target cells [22]. The viruses are modified to remove their ability to cause disease and to include the therapeutic gene [22]. The modified virus is then injected into the target tissue, where it delivers the therapeutic gene to the target cells.

Non-viral vectors are also used in gene therapy and involve the use of physical or chemical methods to deliver therapeutic genes to target cells. This can include the use of nanoparticles, electroporation, and liposomes [23].

Several studies have explored the use of gene therapy in the treatment of neuropathies. For example, a study conducted in 2018 found that the delivery of a therapeutic gene called neurturin to nerve cells improved nerve regeneration and functional recovery in a mouse model of peripheral neuropathy [24]. Another study conducted in 2020 used a viral vector to deliver a therapeutic gene called frataxin to target cells in a mouse model of Friedreich ataxia, a genetic neuropathy. The study found that the delivery of frataxin improved nerve function and reduced neuropathic symptoms in the mice [25].
Despite the promising results of gene therapy for neuropathies, there are still several challenges that need to be addressed. One of the main challenges is the delivery of therapeutic genes to target cells, as not all cells may be accessible or receptive to the therapy. Another challenge is the potential for immune responses and adverse effects [26].

In the future, it will be important to continue to evaluate the safety and efficacy of gene therapy for neuropathies through well-designed clinical trials. It will also be important to optimize the delivery methods and gene therapy protocols to improve the outcomes of gene therapy for neuropathies.

5. Neurostimulation In Neuropathies Treatment

Neurostimulation is an innovative therapy that involves the application of electrical or magnetic fields to specific regions of the nervous system to modulate nerve activity [27]. This therapy has shown promise in the treatment of various neurological disorders, including neuropathies.

There are various types of neurostimulation techniques that can be used in the treatment of neuropathies. These include transcutaneous electrical nerve stimulation (TENS), spinal cord stimulation (SCS), and peripheral nerve stimulation (PNS) [28], [29].

TENS involves the use of a small, portable device that delivers electrical impulses to the skin via electrodes. The electrical impulses stimulate the nerve fibers and can reduce pain and improve sensory function [30].

SCS involves the use of electrodes placed on the spinal cord to deliver electrical impulses to the nerves in the spinal cord. This can block pain signals and improve motor function [31].

PNS involves the use of electrodes placed on the peripheral nerves to deliver electrical impulses. This can reduce pain and improve sensory function [32].

Several studies have explored the use of neurostimulation in the treatment of neuropathies. For example, a study conducted in 2018 found that SCS was effective in reducing neuropathic pain in patients with diabetic neuropathy [33], [34]. Another study conducted in 2020, and 2021 found that PNS was effective in reducing pain and improving sensory function in patients with peripheral neuropathy [35], [36].

Neurostimulation has also been used in the treatment of other types of neuropathies, such as neuropathic pain caused by nerve injury or damage [37]. In these cases, neurostimulation has been shown to be effective in reducing pain and improving sensory function [37], [38].

Despite the promising results of neurostimulation in neuropathies, there are still several challenges that need to be addressed. One of the main challenges is the selection of the appropriate patients for the therapy, as not all patients may respond to neurostimulation. Another challenge is the potential for adverse effects, such as infection or device malfunction [39], [40].

In the future, it will be important to continue to evaluate the safety and efficacy of neurostimulation in neuropathies through well-designed clinical trials. It will also be important to optimize the stimulation parameters and protocols to improve the outcomes of neurostimulation therapy [41].

6. Immunotherapy In Neuropathies Treatment

Immunotherapy is an innovative therapy that involves the use of drugs to modulate the immune system and reduce inflammation in patients with neuropathies [42], [43]. Several immunotherapy drugs have been explored for neuropathies, including intravenous immunoglobulin (IVIg), which has been shown to be effective in treating autoimmune neuropathies [44]. Other immunotherapy drugs that have shown promise for neuropathies include rituximab and eculizumab [45].

In recent years, there has been increasing interest in the use of immunotherapy in the treatment of various neurological disorders, including neuropathies [45], [46]. Neuropathies are a group of disorders that affect the peripheral nervous system and can result in a range of symptoms such as pain, weakness, and numbness. In this article, we will discuss the use of immunotherapy in the treatment of neuropathies [47].

There are several types of immunotherapy that can be used in the treatment of neuropathies. These include monoclonal antibodies, checkpoint inhibitors, and adoptive cell therapy.

Monoclonal antibodies are laboratory-made antibodies that are designed to target specific proteins or cells in the body. These antibodies can be used to treat autoimmune neuropathies, such as Guillain-Barre syndrome and chronic inflammatory demyelinating polyneuropathy (CIDP) [48].

Checkpoint inhibitors are drugs that block certain proteins on immune cells, allowing the immune system to attack cancer cells. These drugs have also shown promise in the treatment of neuropathies caused by cancer, such as paraneoplastic neuropathy [49].

Adoptive cell therapy involves the removal and modification of a patient's immune cells, which are then reintroduced into the patient's body to fight the disease
This therapy has shown promise in the treatment of neuropathies caused by viral infections, such as Zika virus-associated neuropathy [51], [52].

Immunotherapy has also been used in the treatment of other types of neuropathies, such as neuropathies caused by viral infections or autoimmune disorders. In these cases, immunotherapy has been shown to be effective in reducing inflammation and improving nerve function [53].

Despite the promising results of immunotherapy in neuropathies, there are still several challenges that need to be addressed. One of the main challenges is the potential for adverse effects, such as autoimmune reactions or infection [43], [54]. Another challenge is the identification of the appropriate patients for the therapy, as not all patients may respond to immunotherapy [54].

In the future, it will be important to continue to evaluate the safety and efficacy of immunotherapy in neuropathies through well-designed clinical trials. It will also be important to optimize the selection and dosing of immunotherapeutic agents to improve the outcomes of immunotherapy.

Monoclonal antibodies are a type of targeted therapy that has revolutionized the treatment of various diseases, including neuropathies. Neuropathies are a group of conditions that affect the peripheral nerves, causing pain, numbness, and tingling in the affected areas. Monoclonal antibodies have shown promising results in the treatment of neuropathies, particularly in the management of chronic pain associated with the condition.

Monoclonal antibodies are laboratory-made molecules that are designed to mimic the immune system's ability to fight off harmful pathogens, such as viruses and bacteria [55]. These molecules are produced from a single type of immune cell, known as a B-cell, and are designed to recognize and bind to specific targets in the body, such as proteins or cells that are involved in disease processes [55].

In the treatment of neuropathies, monoclonal antibodies can target specific proteins that play a role in the development and progression of the condition. For example, some monoclonal antibodies target the protein known as nerve growth factor (NGF), which is involved in the regulation of pain signaling in the nervous system [56]. By blocking the activity of NGF, these antibodies can reduce pain and improve quality of life for patients with neuropathies.

Another type of monoclonal antibody that has shown promise in the treatment of neuropathies is anti-GD2 antibody. This antibody targets a protein called GD2, which is found on the surface of some cancer cells, as well as on the surface of normal nerve cells [57]. By targeting GD2, this antibody can help to reduce nerve damage and improve nerve function in patients with neuropathies [57]. The Food and Drug Administration (FDA), European Medicines Agency (EMA), and other national authorities have licenced antibodies of various sorts (murine, chimeric, humanized, and human) for the treatment of a variety of disorders [58]. Since the approval of OKT3, mAbs have gradually grown to dominate therapies across all sectors of medicine, including neurology. Many of the mAbs utilised in neurology today were originally used to treat haematological neoplasias such as alemtuzumab, ofatumumab, and rituximab or rheumatological illness such as tocilizumab [59]. Other mAbs were first designed to treat neurological diseases (e.g., ocrelizumab for multiple sclerosis or mAbs for migraine prophylaxis) [60]. In neurology, sixteen marketed mAbs are utilised mostly for neuroimmunological disorders and migraine. Immunoglobulin genes were isolated and plasmid libraries containing heavy and light chain cDNAs were prepared using peripheral blood lymphocytes or single cells taken from naive and immunised donors [61]. Combinatorial libraries were employed to transfec bacteria, which were then seeded on drug-supplemented agar media. The colonies that produced active antibodies were then identified and isolated. The complete elimination of murine components resulted in the development of mAbs that were largely less immunogenic and, in many cases, had enhanced pharmacokinetic profiles that slowed their clearance from plasma [62].

Monoclonal antibodies are typically administered through injection or infusion and are usually given in a hospital or clinic setting [63]. Treatment may involve a series of doses given over a period of weeks or months, depending on the specific condition being treated and the patient's response to therapy. It is important to discuss the potential risks and benefits of monoclonal antibody therapy with your healthcare provider before starting treatment [63].

7. Nanomaterials In Neuropathies Treatment

Because of their biocompatibility, tunability, extremely selective targeting and sensing, and long-term chemical stability, nanoparticles are proving to be an extraordinarily adaptable platform for neurological applications. Freestanding nanoparticles are among the most promising nanomaterials for neuroengineering because they are less intrusive and may be manipulated remotely. This article summarises the most recent advancements in freestanding nanomaterials that function at the neural interface. To begin,
the various nanomaterials and their processes for regulating neurons are investigated to offer a foundation for how standalone nanomaterials act.

8. Natural Remedies

It is important to note that natural remedies may not work for everyone, and they may interact with medications or have side effects. It is important to consult with a healthcare professional before starting any new treatment. Additionally, natural remedies should not be used as a substitute for medical care.

Acupuncture is an ancient Chinese medical practice that involves inserting fine needles into specific points on the body to stimulate the nervous system and promote healing [64]. The theory behind acupuncture is that it works by regulating the flow of energy, or “qi,” in the body. Western medical research has found that acupuncture may be effective in reducing pain and improving nerve function in people with neuropathy. Some studies have also found that acupuncture may help improve blood flow and reduce inflammation, which can help reduce neuropathic pain [64].

Alpha-lipoic acid is a naturally occurring antioxidant that is found in foods such as spinach, broccoli, and liver. It has been shown to improve symptoms of diabetic neuropathy, including pain, numbness, and tingling [65]. Alpha-lipoic acid may work by improving nerve function and blood sugar control in people with diabetes. Some studies have also suggested that alpha-lipoic acid may have anti-inflammatory and antioxidant properties that could help reduce neuropathic pain [65].

Capsaicin is the active ingredient in chili peppers that gives them their spicy flavor. When applied topically, capsaicin has been shown to reduce pain and improve nerve function in people with neuropathy [66]. Capsaicin works by blocking pain signals from the nerves to the brain. It may also have anti-inflammatory properties that could help reduce neuropathic pain [66].

Essential oils are concentrated plant extracts that are used for aromatherapy and other holistic health practices [67]. Some essential oils, such as lavender and peppermint, have analgesic and anti-inflammatory properties that may help reduce neuropathic pain. Essential oils can be applied topically or diffused into the air [68].

Regular exercise can help improve circulation and reduce inflammation, which may improve nerve function and reduce pain. Low-impact exercises such as walking, swimming, and yoga may be particularly beneficial for people with neuropathy [69]. Exercise may also help reduce stress and improve sleep, which can further improve neuropathic symptoms.

Magnesium is an important mineral that is involved in many bodily processes, including nerve function [70]. It can help reduce pain and improve nerve function in people with neuropathy. Magnesium supplements may be beneficial for people with deficiencies, but it is important to consult with a healthcare professional before taking any new supplements.

Omega-3 fatty acids are healthy fats that are found in fatty fish, nuts, and seeds. They have anti-inflammatory properties that may help reduce inflammation and improve nerve function in people with neuropathy [71]. Omega-3 supplements may be beneficial for people with deficiencies or those who do not consume enough omega-3s in their diet.

It is important to note that natural remedies may not work for everyone, and they may interact with medications or have side effects. It is important to consult with a healthcare professional before starting any new treatment. Additionally, natural remedies should not be used as a substitute for medical care. If you are experiencing symptoms of neuropathy, it is important to seek medical attention to determine the underlying cause and receive appropriate treatment.

9. Conclusion

In conclusion, there are several promising innovative therapies for neuropathies, including stem cell therapy, gene therapy, neurostimulation, and immunotherapy. While some of these therapies are still in the experimental stage, several clinical trials have shown promising results. Further research is needed to establish the safety and efficacy of these therapies and to determine their long-term effects on patients with neuropathies. However, the potential benefits of these innovative therapies could provide hope for patients with neuropathies who have not responded well to current treatments.

10. References


69. Leitzelar BN, Koltyn KF (2021) Exercise and Neuropathic Pain: A General Overview of Preclinical and Clinical. 9:
