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Received: November 28, 2013**Published:** December 18, 2013**Citation:** Eddouks M (2013) Diabetic Peripheral Neuropathy: A Scoop. *Int J Diabetol Vasc Dis Res.* 1(4e), 1. doi: <http://dx.doi.org/10.19070/2328-353X-130005e>**Copyright:** Eddouks M[©] 2013 This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Diabetes mellitus is a major health concern for human. The World Health Organization reports that approximately 171 million people worldwide have diabetes mellitus and this number may double by the year 2030. Diabetic Peripheral Neuropathy (DPN) is the most common complication of diabetes which affects up to 50% of patients with diabetes and represents a major cause of morbidity and increased mortality. Moreover, health-care costs and personal associated with diabetic neuropathy are high. The pathogenesis of DPN is multifactorial with the unclear categories being metabolic and ischemic but remains unclear. Hyperglycemia remains the key factor underlying diabetic neuropathy in addition to other changes like hypertriglyceridaemia, obesity, hypertension and dyslipidemia [1]. Actually, the tight glucose control and pain management are the only treatments available

for DPN. Pharmacological treatment of painful DPN includes tricyclic compounds, serotonin-norepinephrine reuptake inhibitors, anticonvulsants, opiates, membrane stabilizers, the antioxidant alpha lipoic acid and others [2]. While these medications are known to make advances in DPN control and improve quality of life, the licensed drugs for neuropathic pain are reported to have adverse effects. Recently, the demonstration of neuroprotective properties of some complementary and alternative medicines has drawn intensive interest [3]. Alternative or complementary treatments may be helpful for some symptoms and include botanical therapies, acupuncture, physical medicine, magnetic therapy and yoga. In particular, among the many alternative medicines, several natural herbal products herbs may cure and control neuropathic pain. However, few of them have been assessed with clinical trials for treating DPN.

Many areas of research into DPN are yet to be fully explored, but there are many challenges for researchers to determine the exact underlying and complex mechanisms of DPN pathogenesis in order to control and cure this disease with efficient efficacy and safety. Finally, the first step in the treatment of DPN remains the prevention.

References

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