Types of Memory

The easiest way to remember types of memory is by understanding the concept of *Suno, Samjho, Jano,* and *Karo* (hearing, listening, knowledge, and wisdom). Hearing is the shortest lasting memory. We hear and we forget is the rule.

Once we listen and understand, the memory is longer lasting but the same memory becomes everlasting if we not only hear, understand and know but also incorporate the knowledge in our practice.

These principles have been used by marketing people in brand recall. I know many pharmaceuticals play a game and ask 100 doctors to enter into a competition in which they have to write the company's brand a number of times in 1 minute and the one who writes the maximum number of times is given a prize. By repeatedly writing the brand name, you create a permanent impact of their brand in the soul and it is unlikely that you will forget the brand and its recall value will increase every time you think about the molecule.

The same principle has been used by devotees of Rama and Shiva where they ask people to write the name of Rama repeatedly every day and the devotees of Shiva make people write Om Namaha Shivay on a piece of paper for years together. By doing so, you inculcate the teachings of Lord Rama and Shiva.

Many spiritual Gurus give a Mantra, which is also based on the same principle. A mantra is nothing but a positive affirmation which you have to follow every minute of your life throughout your life.

Once you start doing it, a time will come when it will become a part of your consciousness and you will start living and behaving in a way as of your positive affirmation.

For example, Brahma Kumaris say that always say a positive affirmation to yourself that I am a peaceful soul. After some time, you will start behaving like a peaceful soul and you will lose agitation, anger, and negative affirmations of life.

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Study: Link Between Vitamin D Levels and Peripheral Neuropathy

A cross-sectional study carried out by researchers at Beijing Hospital suggests a correlation between vitamin D deficiency and the susceptibility to diabetic peripheral neuropathy (DPN) in older adults diagnosed with type 2 diabetes (T2D).

The study involved 230 older patients who had been living with T2D for approximately 15 years, with 175 of them diagnosed with DPN and the remaining 55 without DPN. One hundred sixty-nine patients were found to have vitamin D deficiency, characterized by serum 25-hydroxyvitamin D levels below 20 ng/mL.

Large nerve fiber lesions were assessed using electromyography, while small nerve fiber lesions were evaluated by measuring skin conductance.

Results indicated a higher prevalence of DPN among patients having vitamin D deficiency compared to those without. Furthermore, vitamin D deficiency appeared to predominantly impact large fiber lesions, as evidenced by longer median sensory nerve latency, minimum latency of the F-wave, and median nerve motor evoked potential latency in the deficient group compared to the vitamin D-sufficient group.

The study also noted a correlation between vitamin D deficiency and large fiber neuropathy, with an increased likelihood of motor nerve latency prolongation. However, electrochemical skin conductance, indicative of small nerve fiber damage, showed no significant difference between patients with and without vitamin D deficiency.

Despite these findings, the study's implications remain limited. The cross-sectional design hindered establishing a causal relationship between vitamin D deficiency and diabetic nerve damage.

(*Source: https://www.medscape.com/viewarticle/vitamin-d-deficiency-linked-peripheral-neuropathy-2024a10005dm?src=*)