

FootHuggers Comfort Socks have been found to help people suffering with: Raynaud's Syndrome

How FootHuggers Comfort Socks help with Raynaud's Syndrome?

1. FootHuggers have no elastic. No tightness around the foot or leg. This helps promote good circulation by not constricting blood vessels in the leg and foot.
2. FootHuggers help wick moisture away. Heat leaves your body much faster when you are wet. Socks that help evaporation keep your feet warmer.
3. FootHuggers socks also insulate your feet, helping to capture more body heat, keeping your feet warmer naturally.
4. FootHuggers are thin enough to wear in all your footwear.

Raynaud's Syndrome -

Raynaud's syndrome is a painful condition usually affecting the hands and feet. Raynaud's syndrome is due to poor circulation. The tiny blood vessels in the affected area close down, supplying very little blood to the extremities. Numbness results and on warming, the area may throb painfully.

When a person is exposed to cold, the body's normal response is to slow the loss of heat and preserve its core temperature. To maintain this temperature, the blood vessels that control blood flow to the skin surface move blood from arteries near the surface to veins deeper in the body.

For people who have Raynaud's syndrome, this normal body response is intensified by the sudden spasmodic contractions of the small blood vessels that supply blood to the fingers and toes. The arteries of the fingers and toes may also collapse. As a result, the blood supply to the extremities is greatly decreased, causing a reaction that includes skin discoloration and other changes.

Once the attack begins, a person may experience three phases of skin color changes (white, blue, and red) in the fingers or toes. The order of the changes of color is not the same for all people, and not everyone has all three colors.

Pallor (whiteness) may occur in response to spasm of the arterioles and the resulting collapse of the digital arteries.

Cyanosis (blueness) may appear because the fingers or toes are not getting enough oxygen-rich blood.

The fingers or toes may also feel cold and numb. Finally, as the arterioles dilate and blood returns to the digits, redness may occur. As the attack ends, throbbing and tingling may occur in the fingers and toes. An attack can last from less than a minute to several hours.

When Raynaud's syndrome occurs alone it is known as primary Raynaud's; when it occurs with another related condition it is known as secondary Raynaud's syndrome.

Raynaud's syndrome occurs in up to 5% of typical healthy populations. Over 90% of patients with Raynaud's syndrome are female and under 25 years of age when they first develop the syndrome.

Most people who have Raynaud's syndrome have the primary form (the milder version). A person who has primary Raynaud's syndrome has **no** underlying disease or associated medical problems. More women than men are affected, and approximately 75% of all cases are diagnosed in women who are between 15 and 40 years old.

Research shows that less than 10% of people who have only vasospastic attacks for several years, without involvement of other body systems or organs, rarely have or will develop a secondary disease later.

Secondary Raynaud's Syndrome

Although secondary Raynaud's syndrome is less common than the primary form, it is often a more complex and serious disorder. Secondary means that patients have an underlying disease or condition that causes Raynaud's syndrome. Connective tissue

diseases are the most common cause of secondary Raynaud's syndrome. Some of these diseases reduce blood flow to the digits by causing blood vessel walls to thicken and the vessels to constrict too easily.

Diagnosis of Raynaud's syndrome and related conditions

Diagnosis of primary and secondary Raynaud's syndrome includes clinical examination and laboratory investigations.

The most simple examination is viewing of the affected area during or soon after an episode, by a doctor. Further physical examination includes assessment of peripheral pulses, measurement of blood pressure in both arms, and examination of the neck for tenderness often associated with a cervical rib.

The development of gangrene due to Raynaud's syndrome is relatively rare, and because patients are often young, recovery may be remarkable.

Up to 5% of patients with Raynaud's syndrome eventually develop an autoimmune rheumatic disease like

What are autoimmune rheumatic diseases and how are they predicted?

Up to 5% of patients with Raynaud's syndrome eventually develop an autoimmune rheumatic disease. The most common related diseases to Raynaud's sufferers are Rheumatoid arthritis, Systemic lupus erythematosus, Sjogrens syndrome, Myositis, and Scleroderma.

How is Raynaud's treated?

Some patients with primary Raynaud's and most with the condition secondary to an underlying autoimmune rheumatic disease require drug treatment. Medication appropriate to the individual patient should be discussed with a doctor.

A very good resource for understanding many aspects of Raynaud's is to contact the Raynaud's Association at www.Raynauds.org.

Prevention and care

Prevention measures are important in primary and secondary Raynaud's syndrome regardless of the severity. Initial simple care:

Keep the body warm, especially the extremities. (Products like FootHuggers and WristHuggers help keep extremities warm.)

Wear warm clothing in colder environments.

Keep room temperatures warm.

Avoid compression of the blood vessels by tight-fitting wrist bands, rings or foot wear. Special care of nails is needed to avoid injuring sensitive toes and fingertip.

Smoking (and passive smoking) should be avoided as the chemicals in tobacco smoke can cause blood vessels to constrict and harden the arteries, which further impairs oxygen supply to the extremities.

Patients should guard hands and feet from direct trauma and wounds. Any wounds or infections need early treatment to prevent more serious infections. Avoiding emotional stresses and tools that vibrate the hand may reduce the frequency of attacks.

Raynaud's Association

The Raynaud's Association has discovered and tested among their staff two products that can help. In fact, here is a webpage from their website: [FootHuggers and WristHuggers](#)

We found two wonderful products from a family-run company in Minnesota. Both are made of Polartec®, but the fabric is a thinner version than used for most apparel, keeping you dry, warm and comfy but without weight and bulk.

Foothugger socks do a great job of keeping feet warm with a soft, cushiony, stretchy feel. While we've seen Polartec® socks before, these are so thin they actually take up *less* space than typical cotton socks, thus accommodating most shoes and avoiding that "stuffed in" feeling.



Each sock is individually hand sewn with flat seams that run along the sides of the foot, not across the toe which can be sensitive after severe Raynaud's attacks. And

their body-hugging 4-way stretch material pulls moisture and sweat away, drying at least twice as fast as cotton to keep feet dry.

Wristhuggers are fingerless gloves with one large hole for fingers; separate hole for thumb. First created to help children prevent snow from getting in between their jacket and gloves, this design has proven to do much more.



- Covers the entire forearm, thus increasing circulation to the hands and fingers.
- Made of the same 4-way stretch, high-performance Polartec® fabric as the Foothuggers – the thin, soft fleece keeps you warm without bulk.
- Soft elastic around the finger openings and top of the forearm keep Wristhuggers from bunching up, so they slide easily under any clothing or jacket.

Can FootHuggers really help? Just ask Joyce in Hinkley, Minnesota:

I absolutely love these socks! Wearing them dispels any myth suggesting that all warm socks are equal. Anyone with circulation challenges like me or even other “freeze baby” types, owe it to themselves to try your FootHugger Bootsocks. The assurance of soft comfort whisper value everytime I put them on; and the gentle hug of the lasting warmth, brings the pleasure of pain free adventures into my reality. From the moment your Bootsocks met my legs it has been added relief, soothing away little aches and pains I learned to accept as normal for a diabetic with lymphoedema. Yes, they are defiantly worth it!

Joyce, Hinkley, MN