



Trigeminal Neuralgia Association Australia Incorporated.

ABN 33 914 644 101

OUR MISSION: To advocate for the awareness of Trigeminal Neuralgia and related facial pain.

OUR GOAL: To have a unified understanding of Trigeminal Neuralgia and other related facial pain resulting in better pain management.

OUR VISION: An improved Quality Of Life.

Support Groups: Adelaide, Brisbane, Canberra, Coffs Harbour, Gold Coast, Hobart, Melbourne, Newcastle, Sunshine Coast, Sydney, Sydney CBD, Townsville.

April 2011

Be curious always! For knowledge will not acquire you: you must acquire it. ~ Sudie Back

Reminder: An afternoon with Dr Kim Burchiel: 30th April 2011

TNA Australia is proud to sponsor this special event with Dr Kim Burchiel, a leading specialist in the neurosurgical treatment of trigeminal neuralgia. Dr Burchiel will be presenting his new 3D imaging technique; his "New Classification of Facial Pain" and factors that would influence long term MVD outcome. What can you hope to learn? You would have a better idea as to:

1. Are you a candidate for surgical options?
2. What is a likely MVD outcome for you?
3. If pain had returned – reassess if you should have a 2nd MVD?

This meeting is opened to all members of TNA Australia, and all health care professionals who have an interest in trigeminal neuralgia. Please feel free to invite your doctors to the meeting. However, as seats are limited, please book your seats before 20th of April.

I urge those are newly diagnosed to take advantage of this rare opportunity.

The meeting will be held in the **Sydney Mechanics School of Arts, Level 1, 280 Pitt Street**; located towards the eastern side of Pitt Street, in between Park Street and Bathurst Street. (Sydney CBD) Catch a train to Town Hall or Museum train station. From Town Hall exit into George Street, head south towards Bathurst Street. Turn (left) into Bathurst Street and Pitt Street is the cross road at the next intersection. Entrance (glass door) is after Map of World shop. Looking forward to seeing you then.

Have you renewed your Membership for 2011?

Your Membership subscription for 2011 is now due.

Sadly 50% of those who are enjoying our monthly newsletters have yet to renew their 2011 membership. To continue receiving your monthly newsletters - please renew your membership now. If you have financial difficulties, please use the "Exempt" clause; we just want to be sure that the newsletters delivered are not thrown away. We cannot afford the waste. The projected expenditure for 2011, strictly for newsletters and postage is around \$13,000 (Thirteen thousand dollars).

To the other 50% - we say thank you for renewing on time; the extra gifts that you kindly provide allows our work to continue. Again I will emphasise, we are all unpaid volunteers; all money collected goes back into the support work.

4th National Conference: 2 – 4 September 2011

Early Bird concession ends on 30th April 2011. Take advantage of this reduced rate and book now.

Irene.

[Intervention Review]

Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency

Josep Vidal-Alaball¹, Christopher Butler², Rebecca Cannings-John², Andrew Goringe³, Kerry Hood², Andrew McCaddon⁴, Ian McDowell⁵, Alexandra Papaioannou⁶

¹National Public Health Service for Wales, Swansea, UK. ²Department of Primary Care and Public Health, School of Medicine, Cardiff University, Cardiff, UK. ³Department of Haematology, Cardiff and Vale NHS Trust, Cardiff, UK. ⁴Department of General Practice, Wales College of Medicine, Cardiff University, Wrexham, UK. ⁵Department of Medical Biochemistry and Immunology, Cardiff University, Cardiff, UK. ⁶Department of Medicine, McMaster University, Hamilton, Canada

Contact address: Josep Vidal-Alaball, National Public Health Service for Wales, 36 Orchard Street, Swansea, Wales, SA1 5AQ, UK. Josep.Vidal-Alaball@nphs.wales.nhs.uk.

Editorial group: [Cochrane Metabolic and Endocrine Disorders Group](#).

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Abstract

Background

Vitamin B12 deficiency is common and rises with age. Most people with vitamin B12 deficiency are treated in primary care with intramuscular vitamin B12 which is a considerable source of work for health care professionals. Several case control and case series studies have reported equal efficacy of oral administration of vitamin B12 but it is rarely prescribed in this form, other than in Sweden and Canada. Doctors may not be prescribing oral formulations because they are unaware of this option or have concerns regarding effectiveness.

Objectives

To assess the effectiveness of oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency.

Search strategy

Searches were undertaken of *The Cochrane Library*, MEDLINE, EMBASE and Lilacs. The bibliographies of all relevant papers identified using this strategy were searched. In addition we contacted authors of relevant identified studies and Vitamin B12 research and pharmaceutical companies to enquire about other published or unpublished studies and ongoing trials.

Selection criteria

Randomised controlled trials (RCTs) examining the use of oral or intramuscular vitamin B12 to treat vitamin B12 deficiency.

Data collection and analysis

All abstracts or titles identified by the electronic searches were independently scrutinised by two reviewers. When a difference between reviewers arose, we obtained and reviewed a hard copy of the papers and made decisions by consensus. We obtained a copy of all pre-selected papers and two researchers independently extracted the data from these studies using piloted data extraction forms. The whole group checked whether inclusion and exclusion criteria were met, and disagreement was decided by consensus. The methodological

quality of the included studies was independently assessed by two researchers and disagreements were brought back to the whole group and resolved by consensus.

Main results

Two RCT's comparing oral with intramuscular administration of vitamin B12 met our inclusion criteria. The trials recruited a total of 108 participants and followed up 93 of these from 90 days to four months. High oral doses of B12 (1000 mcg and 2000 mcg) were as effective as intramuscular administration in achieving haematological and neurological responses.

Authors' conclusions

The evidence derived from these limited studies suggests that 2000 mcg doses of oral vitamin B12 daily and 1000 mcg doses initially daily and thereafter weekly and then monthly may be as effective as intramuscular administration in obtaining short term haematological and neurological responses in vitamin B12 deficient patients.

Plain language summary

Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency

Vitamin B12 deficiency can cause anaemia and neurological complications. Vitamin B12 is rarely prescribed in the oral form in most countries. Two randomised controlled studies were included in this review. The trials recruited a total of 108 participants and followed up 93 of these from 90 days to four months. The evidence derived from these limited studies suggests that high oral doses of B12 (1000 mcg and 2000 mcg) could be as effective as intramuscular administration in achieving haematological and neurological responses.

<http://www2.cochrane.org/reviews/en/ab004655.html>

Below is the full text excerpt of the Author's Conclusion

Authors' conclusions

Implications for practice

The limited evidence identified in this systematic review shows that *high doses* of oral vitamin B12 (2000 mcg) daily are as effective as the intramuscular administration (Kuzminski 1998) in obtaining haematological and neurological responses in patients with vitamin B12 deficiency. High doses of oral vitamin B12 (1000 mcg) initially daily and thereafter weekly and then monthly are also as effective as intramuscular vitamin B12 (Bolaman 2003). The included studies also showed limited evidence for a satisfactory haematological, biochemical and clinical short term response for oral B12 replacement in some patients with conditions associated with malabsorption.

Current clinical practice in UK and in most countries is to prescribe vitamin B12 in the intramuscular form for the treatment of vitamin B12 deficiency. This has been the norm for the last 50 years despite several non-randomised studies in the early 1950's demonstrating satisfactory responses to oral treatment and the fact that there is considerable experience in Sweden in using oral vitamin B12. In 1998, the study by Kuzminski et al. (Kuzminski 1998) was the first randomised controlled trial to show that in achieving a satisfactory neurological, haematological and biochemical response, daily high doses of oral vitamin B12 were as effective or even more effective than intramuscular vitamin B12 when treating patients with vitamin B12 deficiency.

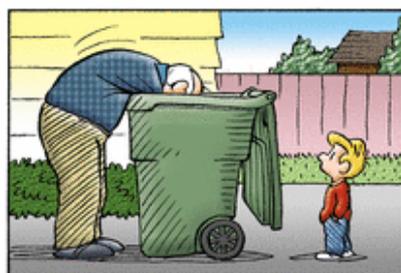
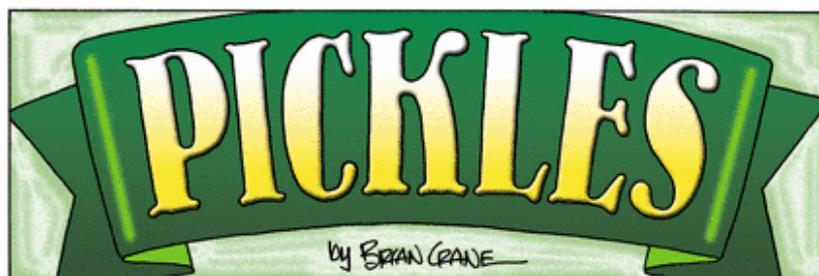
Generalised oral vitamin B12 treatment might benefit many patients in terms of fewer visits to health carers and reduced discomfort associated with injections. Nursing time would be released for treating other patients. However, adherence and monitoring will remain important considerations, regardless of route of administration.

Implications for research

The above evidence has not been sufficient to change practice in most countries. A further large, pragmatic trial in a primary care setting is needed to determine whether oral vitamin B12 is effective in patients with major common cases of malabsorption and to provide additional evidence regarding cost effectiveness.

In addition, clinicians are often concerned about patient preferences regarding treatment route. General Practitioners commonly report that patients receiving intramuscular vitamin B12 are reluctant to reduce the frequency of their injections or change from intramuscular to oral vitamin B12 replacement, despite having serum vitamin B12 levels several times the normal range. Many patients receive vitamin B12 injections more often than the recommended three month interval (Cochrane 1971; Fraser 1995; van Walraven 1999). Some individuals started on vitamin B12 for 'tiredness', but with normal haematological and biochemical parameters, report feeling better on the injections and are reluctant to stop them. This suggests that intramuscular B12 may carry additional psychotropic effects for patients, exceeding those associated with normalisation of serum vitamin B12 serum levels. In a recent qualitative and quantitative study, 73% of patients were willing to try oral vitamin B12 and of those who tried the oral therapy 71% wished to permanently switch. They mentioned travel inconveniences as reasons for preferring the oral route (Kwong 2005). However, in another non-randomised control trial, researchers attempted to convert patients in primary care from intramuscular to oral vitamin B12 replacement but only half agreed to participate in the study (Nyholm 2003). Possible psychotropic effects are important because they may make General Practitioners and patients reluctant to change to oral therapy, despite evidence that this route is as effective and probably cheaper than the intramuscular route. A deep understanding of patient's preferences, explaining possible psychotropic effects of intramuscular vitamin B12 therapy, and developing effective ways of reaching shared decisions with patients is probably the way forward.

Further research is therefore needed to avoid perpetuating oral vitamin B12 replacement as one of "medicine's best kept secrets" (Lederle 1991).



Meeting Reports

SYDNEY SUPPORT GROUP

Toongabbie Public School

5 March 2011

Attendance: Irene W, Anne & Laurie P, Beryl T, Max, Jeanette & Henry B, Ohwmar P, Douglas M, Marion A, Dennis N, Dennis S, Frank M, Jan M, Emily S, Kim K, Kim S,

Apologies: Hilary and Keith W, Lloyd and Elizabeth T, Stewart & Gundel B, Laurie, Peter and Rose H.

Irene welcomed all new and existing members. Irene reminded us that there will be no meeting on Saturday 8th May at Toongabbie. Instead we will meet at 12.30pm on Saturday 30th April 2011 in town for Dr Burchiel's presentation. You need to contact Irene to book your seat.

We had some updates from each of the members:

Dennis S hasn't been for a while due to work and study commitments. He has been pain free since his MVD 3 years ago with Dr Dexter. He had no side effects from the surgery other than an initial sore neck. He was back to work a week after leaving hospital.

Dennis N is a new member. He has had problems with his ear and side of neck. He has also had ringing in the ear and severe headaches while on medication for his heart. He has had some sharp pains in the ear. He has seen an ENT specialist, and had an MRI which did not reveal anything.

Irene explained that deep ear pain could be due to nervus intermedius neurgalia or geniculate neuralgia, so if the MRI was done on the wrong nerve – nothing would show anyway. Sometimes, herpes virus infection in the ear could cause similar symptoms.

Beryl T is doing well. She has some aching and discomfort with eating in the back of right jaw. She is also getting some jabbing in the left jaw over the last 2 weeks. Irene suggested it is possible that the pain could be from TMJ due to overuse of the left jaw from favouring the right side. Beryl may need to see a dental specialist. Beryl has taken many medications which have not agreed with her. Side effects were not being able to concentrate, lethargy and just not felling like herself. She is now on Lyrica 1 tab twice a day. She is not sure if they are working. She is satisfied with her level of pain at the moment.

Doug M has recently had a stroke and recent spinal surgery. He has had MVD and two motor cortex stimulators with Dr Dexter - One in brain and one in lower spine. He has 2 large areas of spinal cord damage from a traffic accident. He still has facial pain but finds the stimulator helpful. He also takes high doses of Neurontin and Tramol. The medication affects his memory and makes him drowsy. He has neuropathic pain in many parts of his body. Doug said he finds comfort from talking to others in similar situations.

Irene mentioned the use of compounding topical application can minimise side effects from the oral medication. The beauty of compounding topical application is that 4 different medications can be carried by the base and because mechanism of action is local, the benefits is almost immediate.

Anne is fine at the moment. She had an MVD many years ago, which provided pain free for a year and then she had Radio Frequency rhizotomy which has worked. But the numbness has constantly caused her to feel that her cheek /lip are swollen or thickened. In retrospect, and with what she knows now, she should have tried another MVD instead of Radio Frequency as the numbness is very irritating.

Ohmar P is another new member. Her TN pain started Jan 2011. She has triggers on the teeth and tongue, which cause jabbing and throbbing pain. She was in hospital for 5 days after developing severe rash from reaction to Tegretol. She now takes Lyrica twice a day. Oxycontin also helps with the pain, allowing her to

eat. Her thin cut MRI did not show any compression and she was referred to Dr Smee who recommended Gamma Knife Stereotactic Radio Surgery at the end of March.

We discussed some of the problems which can result from surgical treatments, including Anaesthesia Dolorosa. We discussed the importance of exploring all other options and possibilities.

Irene: Basically when you go to a surgeon you are indicating you want surgery. So when the surgeon can't find the cause to cut, he is going to refer you to other surgical options. On the other hand, neurologists will trial you on drugs... and more drugs. However, with drugs and other alternatives, they are reversible.

Jeanette B commented that she had experienced neck pain similar to what Dennis N was experiencing and had attributed that to stiffening her neck while experiencing an attack.

Frank explained to the new members that his wife Norma (who is not up to attending meetings) has Anaesthesia Dolorosa as a result of a Radio Frequency procedure over 30 years ago. She has a numb face yet still has some TN attacks at times. At that stage she was not told of the possibility of such numbness.

There is a lot more patient support these days. Patients need to be well informed to enable them to have a thoughtful discussion with their Doctor. Information on the internet is not necessarily accurate, you need to discern on the quality of source of the information.

It is also important to take a list of medications to your Pharmacist, to check for any interactions.

Marion has been pain free since her MVD 3 years ago. Her TN started 5 years ago. She has used Tegretol, Endep and Neurontin. She also had acupuncture which was initially effective but quite painful during the procedure.

Jan has been pain free since her MVD 3 years ago. She had TN for 13 years, controlled by Tegretol. She experienced a year remission and then the pain returned from 2003-2007. Her MVD was successful; but she had some problems with balance for about 4 months post MVD.

Emily -TN pain started October 2009. She had a wisdom tooth removed. In 2010 the pain got out of control. Emily had an MVD in July. She has been pain free since. She has also experienced some ringing in the ears. Emily mentioned her Mum had TN at age 46 in China. She had an injection into the cheek and has been pain free ever since (35 years ago)

Kim S – has been pain free since her 2nd MVD in June 2010. She has some facial numbness which should go within 2 years.

Kim K then updated us on some members she has had contact with. Hilary has neuropathic pain in her backbone and either needs to lie flat or stand, therefore travelling is difficult. Laurie has had a recent heart attack and has problems walking.

The meeting closed at 3.15 pm for a lovely afternoon tea. Thanks to all who helped with setting up and packing up.

Thank you Kim S for taking the meeting notes.

Irene.

From Peter H: Rose and I did miss the last meeting because we were away on our annual holidays. This time I must apologise for the short notice. I have been allowed to continue at University this semester. I only found out yesterday, that my appeal was successful.

On the health front, I am planning to return to see Prof. Sundaraj at Penrith Pain Clinic as soon as I can get an appointment, for my annual check up. I will be also asking the technician, at the same time, to fine tune the stimulator again (thanks Irene). Generally health is as to be expected, though I have started a new job and it is taxing all my energy.

My best regards to all.

Peter and Rose.

HOBART SUPPORT GROUP

Glenorchy Library
26 February 2011 2-4pm

Present: Helen T, Ros & Ian W, Shirley B, Kay P, Del & Jean L, Julie H, Bernadette C, Pat W, Pauline T, Betty D, Hazel & Robin W, Iris H, Carol E, Barry D

Apologies: Lyn D and Gary H

The meeting started with Co-Group Leader Helen T warmly welcoming everyone with special mention of those who had not previously attended.

Local Business

- A situation report on the Support Group's positive financial situation was provided. (Surplus at the end of the meeting after income less expenses was \$145.16.)
- Books for loan: Co-Group Leader Ros W manages the loan of two books – Striking Back, and one on chronic pain. Hazel, Carol and Iris in that order are borrowing Striking Back for a month at a time. Del has offered his copy of Striking Back on loan if you can't wait for the Support Group's copy.

National Business

- Helen urged people to renew their membership in the TNA
- Helen re-emphasised the importance of finding a way to attend the National Conference in September.
- Lengthy discussion of the options for our Support Group's display project at the national conference. Lots of excellent ideas were put forward and a small group (Bernadette C, Pauline T, Ros W and Helen T) have agreed to work up these ideas and develop more in readiness for discussion at the May meeting. Everyone around Tasmania can contribute new ideas by phone or in writing at any time before then – ideas are encouraged.
- Helen urged members to reread the October issue of the TNA newsletter for Irene Wood's request that everyone considers the effect of urinating etc on their TN pain – she wants us to keep a record of whether the pain stops at such moments, in order to support international research with this idea.
- Discussion of President of TNA, Irene Wood's offer to come to Hobart with her presentation on the B12 Vitamin – the offer was embraced wholeheartedly. The meeting agreed our Hobart Support Group would engage in a fund-raising to cover Irene's flight and any other costs. (*Please note Irene has since explained that a donation to the TNA is the more appropriate method to contribute.*)

Stories

From the discussion about Irene Wood's visit, came stories from sufferers about their interest and use of the B12 vitamin. **Barry D** had the vitamin injected on two occasions and while it made no difference to his TN it gave him a great deal more energy.

For at least a year **Pat W** has been taking the vitamin as a tablet sublingual (under her tongue for 45 minutes until it dissolves – and without chewing on it!) and she has been particularly happy with the results.

Hazel W introduced her story by explaining how her pain started on one side of the face before travelling to the other side. Then she spoke of endless visits to her dentist until he told her not to come back. She has been without proper diagnosis for two years but has been given a range of treatments.

Carol E, Iris H, Shirley B and Bernadette C all talked about their histories and current situations. I must apologise for the lack of record of their stories – I was so engrossed that I didn't take notes.

Del had the happy story of still being pain free since last October. His happiness was clear to all and we wished him that it may continue so.

We look forward to hearing the ongoing stories of those who didn't get a chance to talk because time ran out – and I promise to make sure a record is made so people interstate and others who couldn't attend our meeting can benefit.

Future meetings: Details yet to be finalised for the May meeting.

Please add Saturday 30th July to your diaries – Irene Wood, President of TNA has agreed to be our guest speaker from Sydney talking about the B12 Vitamin in relation to TN. Further information about both meetings will be posted out when available. Always feel comfortable to contact Group Leaders Helen Tyzack on 6245 0429 or Ros Wilkinson on 6234 7989.

Helen & Ros.

CANBERA SUPPORT GROUP
Canberra Labor Club Belconnen
Saturday 19th March 2011.

Present: Christine R, Susan M, Richard M, Greg McD, Jan G.

Apologies: Wilma Cole, Bernadette G.

Jan opened the meeting at 10:35am and as members had by then met Greg, she wanted to mention a few items before giving Greg the opportunity to have his queries answered.

Wilma C sent her apology in advance. She had seen Dr Dexter and have decided to have an MVD. Her operation was to take place on the Friday 18th March - day prior to our meeting. Jan had wished her a good outcome and hopes to hear from Wilma when able.

Bernadette G had attended one of our earlier meetings when she was visiting Canberra. Bernadette is currently house hunting in Canberra but intends to come to our meeting once she finds a house and settles in. Jan wished her good luck with this.

Jan then read out Irene's letter about each support group doing a project for display during the conference. *"I would like this time for members of support groups to be represented. The topic for your project should be about your group and their TN. (management? Pain history? How your group is doing? Etc) Other than that – I will leave you and your group to use whatever materials.*

Eg: - your group could make some poems about TN, or prose – how you manage your pain, drawings or paintings of expression of pain, Or collectively your group could provide recipes for "when you cannot eat moments" etc...

I suggest you talk with your group members. I'll be keeping a progress check with you; I am sure we will have a wonderful range of display from all our support groups. ~ Irene.

Jan is attempting but would appreciate any help available.

I do hope members would get together and make a concerted effort. Do not leave it to Jan alone to do it. ~ Irene.

Somewhere Jan learned that assistance with dental expenses can be obtained if the patient suffers from chronic illness and Trigeminal Neuralgia is considered a chronic illness in ACT. Jan was referred to Medicare – which confirmed this dental assistance is available in ACT, but only at the discretion of the GP.

Jan brought along a jar of **Amethocaine Gel** which was published in our past newsletters. This was compounded by a compounding pharmacist in Macquaire near where she lives. She had to get a

prescription from her GP. Unfortunately, meanwhile she developed a skin problem and never got to trial this topical anaesthetic. Sadly also, this gel has only a 3 months shelf life and it is by now out of date. The jar was passed around the room, and it was noted that the topical gel was quite costly. However, Richard worked out that it worked out to only a few dollars a week – which seems more reasonable. Jan hopes to give this topical Amethocaine gel another trial once her skin problem clears up. She hopes this would then provide her with some relief and be able to reduce her oral medication.

Greg was then invited to tell his story. His pain in his jaw started about 4 months ago. His dentist could not find anything wrong and had advised him to see his GP. His GP recognised the symptoms as TN and started him on 200mg of Tegretol. This was later increased to 400mg. This provided relief but the side effects were interfering with his work. He now has a prescription for Triptanol. He was to try it once he completed the course of Tegretol. The group then discussed other Tegretol side effects that they knew of. One side effect that Greg suffers from with Tegretol – which was unknown to us – was that he hears sounds at a semi-tone lower than its actual pitch.

Greg is not from Canberra but this is the nearest chapter and he came hoping for help. He has joined the association and Irene has been most helpful. He needed the name of a neurologist and we were happy to recommend Dr Dexter. We also mentioned other drugs used to relief pain and B12. However in view of his age and the fact that he is still working (not ready for retirement yet) members suggested he discuss surgical options with Dr Dexter.

(I hope you folks realise the difference between a neurologist and a neurosurgeon; and the purpose you seek from each of these specialists. Dr Dexter is a neurosurgeon. You go to a surgeon if you want to have surgery...)

Other members report:

Chris R is having a bad time and blames it on the change in the barometric pressure.

Richard had a few expensive items of equipment break down, causing stress – but his TN was not too bad at present.

Jan had a fortnight of pain – but not full on pain.

The meeting closed at 11:25 am. The next meeting has been set for **Saturday 21st May at 10:30 am.**

Jan G.

“ We can all be angels to one another. We can choose to obey the still small stirring within, the little whisper that says, "Go. Ask. Reach out. Be an answer to someone's plea. You have a part to play...." The world will be a better place for it. And wherever they are, the angels will dance.” ~Joan Wester Anderson

DISCLAIMER

The information provided in this Newsletter is of a general nature only and is not intended to replace medical advice. Any views of a medical or therapeutic nature expressed are the views and opinions of the author and are not necessarily the views of Trigeminal Neuralgia Association Australia.

Before considering or undertaking any medical or therapeutic treatment described please seek advice from a Qualified Medical Professional.

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Don't Have A Clue

Kids today don't have a clue
Where to go or what to do
We knew full well when we were young
Where to go to have some fun

A shiny quarter could buy delight
The friends we had without a fight
The days we talked till after dark
The things we learned to make our mark

A mitt and ball would sure suffice
Ice cube trays with Kool-Aid ice
We played real hard with cuts and bruises
A comic book could sure amuse us

A spinning top was such a thrill
To ride our bikes down the steepest hills
A bag of marbles could calm for hours
Paper Mache to make Mom flowers

Worn sneakers with broken laces
Dirt and grime on our tanned faces
Empty pockets and tattered jeans
Lux in a Maytag could make things clean

You never knew the time of day
From dawn to dusk you'd run and play
You never questioned our parents reason
Summertime was our favorite season

Wonder bread with fried bologna
Wednesday night was macaroni
Those wonderful days that flew so fast
Those magical times will always last

~ Frank P. Cotter ~

[by: Frank P. Cotter, © 2008 (fcotter at andromeda.rutgers.edu) -- {used with permission}]



Laughter Is The Best Medicine

Manure:

In the 16th and 17th centuries, everything had to be transported by ship and it was also before commercial fertilizer's invention, so large shipments of manure were common. It was shipped dry, because in dry form it weighed a lot less than when wet, but once water (at sea) hit it, it not only became heavier, but the process of fermentation began again, of which a by product is methane gas.

As the stuff was stored below decks in bundles you can see what could (and did) happen. Methane began to build up below decks and the first time someone came below at night with a lantern, BOOOOM!

Several ships were destroyed in this manner before it was determined just what was happening.

After that, the bundles of manure were always stamped with the term "Ship High In Transit" on them which meant for the sailors to stow it high enough off the lower decks so that any water that came into the hold would not touch this volatile cargo and start the production of methane.

Thus evolved the term "S.H.I.T.," (Ship High In Transit) which has come down through the centuries and is in use to this very day.

You probably did not know the true history of this word. Neither did I. I thought it was a golf term.

It's a wife's job to listen to her husband...

There was a man who had worked all of his life and had saved all of his money. He was a real miser when it came to his money. He loved money more than just about anything, and just before he died, he said to his wife, "Now listen, when I die, I want you to take all my money and place it in the casket with me. I wanna take my money to the afterlife."

So he got his wife to promise him with all her heart that when he died, she would put all the money in the casket with him.

Well, one day he died. He was stretched out in the casket, the wife was sitting there in black next to her closest friend. When they finished the ceremony, just before the undertakers got ready to close the casket, the wife said "Wait just a minute!" She had a shoe box with her, she came over with the box and placed it in the casket.

Then the undertakers locked the casket down and rolled it away.

Her friend said, "I hope you weren't crazy enough to put all that money in the casket." She said, "Yes, I promised. I'm a good Christian, I can't lie. I promised him that I was going to put that money in that casket with him."

"You mean to tell me you put every cent of his money in the casket with him?"

"I sure did," said the wife. "I got it all together, put it into my account and I wrote him a check."

"I'm FINE!"

A farmer named Clyde had a car accident. In court, the trucking company's fancy lawyer was questioning Clyde. "Didn't you say, at the scene of the accident, 'I'm fine,'"asked the lawyer.

Clyde responded, "Well, I'll tell you what happened. I had just loaded my favorite mule, Bessie, into the.."

"I didn't ask for any details", the lawyer interrupted. "Just answer the question? Did you not say, at the scene of the accident, 'I'm fine!'?"

Clyde said, "Well, I had just got Bessie into the trailer and I was driving down the road...."

The lawyer interrupted again and said, "Judge, I am trying to establish the fact that, at the scene of the accident, this man told the Highway Patrolman on the scene that he was just fine. Now several weeks after the accident he is trying to sue my client. I believe he is a fraud. Please tell him to simply answer the question."

By this time, the Judge was fairly interested in Clyde's answer and said to the lawyer, "I'd like to hear what he has to say about his favourite mule, Bessie".

Clyde thanked the Judge and proceeded, "Well as I was saying, I had just loaded Bessie, my favourite mule, into the trailer and was driving her down the highway when this huge semi-truck and trailer ran the stop sign and smacked my truck right in the side. I was thrown into one ditch and Bessie was thrown into the other.

I was hurting, real bad and didn't want to move. However, I could hear ole Bessie moaning and groaning. I knew she was in terrible shape just by her groans. Shortly after the accident a Highway Patrolman came on the scene. He could hear Bessie moaning and groaning so he went over to her. After he looked at her, he took out his gun and shot her between the eyes. Then the Patrolman came across the road, gun in hand, looked at me, and said "How are you feeling?" "Now what the hell would you say?"

WORDS WOMEN USE ☺

FINE: This is the word women use to end an argument when they are right and you need to shut up.

FIVE MINUTES: If she is getting dressed, this is half an hour. Five minutes is only five minutes if you have just been given 5 more minutes to watch the game before helping around the house.

NOTHING: This is the calm before the storm. This means "something," and you should be on your toes. Arguments that begin with 'Nothing' usually end in "Fine"

GO AHEAD: This is a dare, not permission. Don't do it.

LOUD SIGH: This is not actually a word, but is a non-verbal statement often misunderstood by men. A "Loud Sigh" means she thinks you are an idiot and wonders why she is wasting her time standing here and arguing with you over "Nothing"

THAT'S OKAY: This is one of the most dangerous statements that a woman can make to a man. "That's Okay" means that she wants to think long and hard before deciding how and when you will pay for your mistake.



2011 Meeting Dates

<u>State</u>	<u>GROUP</u>	<u>Date & Time</u>	<u>Venue</u>	<u>Group Leader/s</u>
ACT	Canberra	21st May 10.30am-12.30pm	Barbara Byrne Room Labour Club, Belconnen	Jan Goleby ☎ 02 6254 6640
NSW	Sydney	2nd July 1:30 – 4:00 pm	Toongabbie Public School Cnr Fitzwilliam & Binalong Roads, Toongabbie.	Kim Koh ☎ 02 97431279
	Sydney CBD	4th June 10:00 – 12:30 pm	St. James Parish Hall Level One, Phillip Street	Irene Wood ☎ 0413 363 143
QLD	Brisbane	9th April 1.30-4.00pm	30 Ridley Road Bridgeman Down	Leonie Gall ☎ 0407 55 44 07 Tony MacPherson ☎ 07 3822 2286
	Sunshine Coast	9th April 1:00 pm	Kawana Library, Nanyima Street, Buddina	Jean Williams ☎ 07 54911978
	Townsville	16 April 1.00 – 4:00pm	Carville Senior's Villa 35 – 37 Diprose St, Pimlico	Sera Ansell ☎ 07 47516415
S.A	Adelaide	27 March 2pm – 4:00pm	Burnside Town Hall Civic Centre Cnr Portrush/Greenhill Rd	Graham/ Liz Boyer ☎ 08 8392 2781
TAS	Hobart	TBA May 2:00 – 4:00 pm	Glenorchy Library Enter via Barry and Cadell Sts	Helen Tyzack ☎ 03 6245 0429 Ros Wilkinson ☎ 03 6234 7989
VIC	Melbourne	9th April 1.30 – 4:00pm	"Ringwood Room" Ringwood Library, RINGWOOD	Evelyn Diradji ☎ 03 9802 6034

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Contact: TNA Australia P O BOX 1611, CASTLE HILL, NSW 1765 Australia ☎: 02 4579 6226;

Email: tna_sydney@yahoo.com or irene.wood@tnaaustralia.org.au

Website : www.tnaaustralia.org.au