

**SUPPORT GROUPS : Sydney, Newcastle, Brisbane, Melbourne, Canberra.**

**February 2004**

*The Road goes ever on and on  
Down from the door where it began.  
Now far ahead the Road has gone,  
And I must follow, if I can,  
Pursuing it with eager feet,  
Until it joins some larger way  
Where many paths and errands meet.  
And whither then? I cannot say....*

J.R.TOLKIEN.

Another year, another journey, perhaps even another road but pursue it we will. I hope your new year so far has been happy and pain free. As for the Association, the year has begun brilliantly. I am proud to announce - we have a **Medical Advisory Board**. I am even more proud to say these are some very special doctors and I do thank them for their support and their willingness to serve on the board. I am confident they will contribute greatly to the Association and work with us to achieve our goals. Together we will strike back.

**TNA Australia Medical Advisory Board :**

Professor Michael Besser - Head of Neurosurgery, Royal Prince Alfred Hospital  
Professor Jack Gerschman – School of Dental Sc., University of Melbourne  
Mr. Andrew Danks – Chairman of Neurosurgery, Monash Medical Centre.  
Dr. Mark Dexter - Neurological Surgeon, Westmead Hospitals.  
Dr. Russell Vickers – Pain Management, Royal North Shore Hospital  
Dr. Robert Smee – Radiation Oncology, Prince of Wales  
Dr. Toby Newton –John - Pain Management, Royal North Shore Hospital  
Dr. Marlene Yee - GP Representative

Another exciting agenda is the forming of an international TN body. There is a proposal for a worldwide connection and it has been my desire to have our MAB linked internationally. It is thrilling to think that soon our MAB will be addressing TN problems with MAB from US, UK, Canada, France, maybe even Japan and Korea. (*Oh! be still my racing heart!*) Perhaps soon we may have a common communication for the diagnosis of trigeminal neuralgia as well as other face pain symptoms.

Congratulations to Melbourne and Brisbane Support Group. They celebrated their second year in operation in December and January respectively. Newcastle Support Group is now under the sole leadership of Phil, who is doing a fantastic job. He **has invited a guest speaker** from the Hunter Drug Information Service for the 14<sup>th</sup> February meeting – all interested are welcome. On the 28<sup>th</sup> of February I will be meeting with members around the Sunshine Coast. I hope we will have good attendance. May this be the beginning of the Sunshine Coast Support Group. *Please refer to back page for details*

Please note :

**TNA 2004 CONFERENCE**  
**November 11 – 14 2004**  
**Hilton in the Walt Disney World Resort, Orlando, Florida**

Support group leaders pre conference session will begin on Wednesday 10<sup>th</sup> Nov at 6pm.  
You can do your bookings on line via TNA website.

Another exciting event was the conclusion of my post Microvascular Decompression study. Please see report below.

I am anticipating a very busy year for TNA Australia especially now with our MAB working with us. Hope you share my enthusiasm and I urge you to do your part. Reach out - touch another TN patient. Reach in and pay your membership fee.! ☺ Thank you.

*Irene Wood.*

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**What to expect post MVD – patients input.**

Date of study : June 2003 - 31<sup>st</sup> Dec. 2003

Conducted by Irene Wood

Microvascular Decompression (MVD) has been well presented by neurosurgeons. It is claimed to be the only surgical option that could provide Trigeminal Neuralgia sufferers with long term pain relief and even cure.

Often times they cannot understand why this “simple solution” does not appeal to TN sufferers. Fear of the unknown plays a large part. “ Rather the devil I know than the devil I do not know.!” Risks involved that are usually discussed by the doctors are : Stroke, Death, Loss Of hearing, CFS leaks and Infection

The object of this study is to provide future TN patients with a better understanding of post MVD.

In a period of 6 months, 71 MVD questionnaires were collected from mainly Australia and USA. Questionnaires that were not completed properly ie no name or Identity - were not added to the study as accuracy was most desired.

1 double entry was received (only one form was counted ) enforcing the importance of having the questionnaire fully filled, also justifying my decision not to include half completed forms.

Based on this study there is not enough evidence to suggest that the success of MVD is relevant to length of TN time, nor age of patient. 6 yrs 7months is the average length of TN time before MVD - a success rate is 80.28%

**Example :**

Case 1 : patient A : Had 2 yrs TN before MVD – not successful – neurosurgeon is not a question. Patient was also in the mid 20s age group when MVD was performed.

Case 2 : patient B : 20 years of TN – had RF prior – is in the mid 60s age group. MVD was successful – no pain and no medication. And fully recovered from operation.

Both surgeries were performed within the last 5 years.

Most sufferers turned to MVD “ when pain was unbearable.”

What is surprising is the amount of numbness post op. According to neurosurgeons, MVD does not change /affect facial sensation. Although the numbness may be transient and may fade with time – patients should be told of such numbness.

MVD may provide long term pain relief – but is not completely without side effects.

Major risk factors that is commonly discussed with patients seem to be non existent ie : **0 stroke, and I dare say from this study! 0 death.** ☺

### **What to expect post MVD – patients input.**

Date of study : June 03 - 31<sup>st</sup> Dec. 03

Conducted by Irene Wood

Date. 10 January, 2004

Total No. of Questionnaires = 71 ( 55% Aust. / 44% US / 1% Canada )

No. of Successful MVD = 80.3% YES success = TN free immediately after op and pain free more than 6 months.

#### **Classification of face pain :**

Trigeminal Neuralgia 64 Atypical TN 1 Brain Tumour 2

Anaesthesia Dolorosa 0 Post Herpetic Neuralgia 0 MS 3

Length of TN time before MVD Average = 6YRS 7 MONTHS

Previous Surgery : YES = 34% NO previous surgery = 66%

**Intensity of Pain** = 10 (all - at worst)

Number of patients who were apprehensive pre op. = 53.5%

No. Pain Free Immediately after op. = 80%

Post op Shingles / Herpes Infection : 25% YES 75% NO

Length of Stay in Hosp. (Australia) 6 days (Others) 4 days

Recuperation Period. = 3 – 6 months is most common. There were a few who recovered within a week, but some others took up to 12 months.

#### **Main reasons for MVD :**

1. Pain was unbearable = 83%

2. Sick of my medications. = 42.25%
3. Learned from support group/s = 28%
4. did not know what else to do. = 19%

MVD performed less than 5 yrs –1998 - 2003 = 61. Success rate = 50 / 61 or @ **82%**

MVD - more than 5 yrs - before 1998 = 10. Success rate = 7 / 10 or **70%**

### Side effects :

- |  |  |
|--|--|
| 1. dizziness : <u>28 %</u>   | 9. tiredness : <u>37%</u>                      |
| 2. nausea : <u>46 %</u>  | 10. CSF leak : <u>3%</u>                       |
| 3. headache : <u>45%</u>   | 11. wound - not heal properly <u>5.6 %</u>     |
| 4. neck ache : <u>14%</u>  | 12. infection : <u>4%</u>                      |
| 5. numb lip/s : <u>29.5%</u>   | 13. stroke : <u>0</u>                          |
| 6. numb head : <u>21%</u>  | 14. voice / speech was affected : <u>4%</u>    |
| 7. violently sick <u>11 %</u>  | 15. pain on the other side of face : <u>3%</u> |
| 8. slept all the time : <u>8.45%</u>   | 16. half a numb face : <u>32.3%</u>            |
| 17. loss of hearing : (temporary ) <u>15.5%</u> ( permanent ): <u>0</u>  |  |
| 18. pain ( <i>please describe</i> ) : <u>3 - pain did not go away at all &amp; several with post op. pain.</u> |  |
| 19. other numbness : <u>teeth, ear.</u>  |  |

Other Experiences : Balance, (unsteady walk ) diminished eye sight, **3 with Double vision**, pulsating in ear, feeling under water, dry eye and mouth

**Conclusion** : This is a small study and is quite localized. To have a truer result we need a wider response and more global input. Further data gathering may show a different picture. One area of interest is the claim by some neurosurgeons that there is a window time –frame for MVD /success. Future revised questionnaire would include this for study. Patients provide the best source of unbiased objective answers.

Irene Wood  
TNA AUSTRALIA.

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*An elderly couple were experiencing declining memories, so they decided to take a power memory class, where they teach one to remember things by association. Later, the man was talking to a neighbour about how much the class helped him. "Who was the Instructor?" the neighbour asked. "Oh, let's see," pondered the man. "Umm...what's that flower, you know, the one that smells real nice but has those thorns...?" "A rose?" offered the neighbour. "Right," said the man. He then turned toward his house and shouted, "Hey, Rose, what's the name of the guy we took that memory class from?"*

# BRISBANE SUPPORT GROUP

**ATTENTION ! PLEASE NOTE BRISBANE MARCH MEETING IS BROUGHT FORWARD TO THE FIRST SATURDAY OF MARCH- 6<sup>TH</sup>/3/04 AS THE CHURCH IS HOLDING A CONFERENCE ON THE SECOND SATURDAY**

**DATE.** 17/01/04

**ATTENDANCE** 13. M & C. Brown, M. Goudy, H & E Columbine, F Lambert, M & J Worthington, T Miller, J Franks, K& H Washington and L.Curtain.

**Apologies** from A Cheras, M O'Reilly, V Taafe, S Peace, J McGuigan and F Kent. Beryl McKendry

**AGENDA.** This was a relaxed meeting where we all had time to share our TN experiences and catch up with familiar friendly faces. Howard gave us a detailed account of his experiences with MVD surgery. He filled us all in regarding the procedures, recovery, costs and had photographs to show us as well. Thanks Howard, it was great and we're so happy to see you pain free.

It's good to hear that Henry and Fred are both off medications and relatively pain free. Joan and Joyce too, are going well. Congratulations to Margaret and Colin on their new grandson. I hope the stress related niggles have settled down Marg. Teresa and May have both had their TN playing up and have had to adjust their medication to settle it. I do hope this keeps it at bay.

Our discussion time was followed by afternoon tea. Thank you to all, for helping with this and bringing a plate to share. I greatly appreciate your help with this as always.

**FINANCES** A gold coin donation was taken and \$27.00 was collected. Many thanks to you all. This gives us a balance of \$224.20

**NEXT MEETING** Our next meeting will be on 6/03/04 at 1.30pm. The venue is 30 Ridley Rd., Bridgeman Downs.

*Lesley Curtain*

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*Three slightly deaf old ladies walking down the road:*

*"Windy today."*

*"No it's Thursday."*

*"You better come in for a cup of tea then."*

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*Grandpa and grand daughter were sitting talking when she asked, "Did God make you, Grandpa?"*

*"Yes, God made me," the grandfather answered. A few minutes later, the little girl asked him, "Did God make me too?"*

*"Yes, He did," the older man answered. For a few minutes, the little girl seemed to be studying her grandpa, as well as her own reflection in the mirror, while her grandfather wondered what was running through her mind. At last she spoke up. "You know, Grandpa," she said, "God's doing a lot better job lately."*

## MELBOURNE SUPPORT GROUP MEETING

At "Ringwood Room"

Ringwood Library, 1.30 p.m.

6<sup>th</sup> December, 2003

**Present: (19)** B. & L. Barlow; L. Barrett; N. Bartholomew; J. & A. Collard; K. & J. Cripps; T. Gluck; Joe Inglese; P. O'Grady; B. Owers; J. & T. Pagram; E. Tamme; J. & N. Thompson; M. & D. Weggelaar.

**Apologies:** A. England; T. Rolston.

**Treasurer's Report:** Alan reported cash in hand of \$134.90.

- Trevor is at present trying Geranium Oil, after learning of its properties from an article published in American Journal of Medicine, and available on [www.immunesupport.com/library/print.cfm?ID=5041](http://www.immunesupport.com/library/print.cfm?ID=5041) . It helps, Trevor says, but only for short periods of relief.
- Ernest's pain left him, and his G.P. recommended stopping the medication (Epilim 3x200 p.d.), but a few weeks later the shooting pains returned and he is now taking 2x500 Epilim p.d., with success.
- Don has had a further MVD, and is now out of pain again. That's great, Don.
- It was good to see Linda again, after some months.

We watched one of the 2002 Conference videos - "New Methodology for Diagnosis," Presented by Dr. Kim Burchiel. This was of great interest - explaining how the patient can contribute a good deal towards a diagnosis (not a new idea to many patients!) Worth watching! We now await the launching of the website wherein we shall find the information to help us all towards a correct diagnosis.

Then we watched Dr. S. Hickman's presentation "Psychiatric & Psychological Aspects of Face Pain," and most attendees found this was repeating information they'd learned about earlier and we stopped half-way. However, one member was interested enough to borrow the video to watch again at home.

We celebrated our **2<sup>nd</sup> Birthday**, and trust the group can keep meeting as long as there are people who can benefit from the information dispensed, and the fellowship and support engendered, which is such an important part of helping us through this uncommon and painful complaint.

Also, today, I would like to give thanks to those we live with - the spouses, partners, family and friends who support us and do their very best to understand our problem. Without them we couldn't manage nearly so well. Some of us live alone, and need to be strong to cope. This is where a support group is so precious, somewhere you can get your life on balance again, communicating with people who understand.

I took this opportunity to especially thank my husband, Neil, without whom I would not be able to cope with organizing these meetings.

While holidaying in New Zealand during November, Neil and I met J. Glucini, who is a contact on the internet support group based in USA. She has 'phone contact with several New Zealanders and one in Samoa. There are insufficient TN sufferers in any one place in N.Z. to form a support group. J. had pain for 30 years, before being diagnosed as having TN. This happened when she was in Canada a

couple of years ago and had a severe attack of pain. She learnt of the MVD treatment, but chose to wait until her return to N.Z. Once home again, she found only two neuro-surgeons, in the whole of N.Z., who had any experience of the MVD procedure.

In Auckland, I purchased some Zostrix, which was a tremendous relief to me to be able to replenish my supply. Zostrix can be mail-ordered from Pharmacy Direct, postage \$NZ10, if you cannot wait until Australian supplies are available again.

A big thank you to all who brought a plate, and also to Kath and John Cripps, and others, who served the teas and coffees and cleaned up afterwards.

Christmas Good wishes were exchanged all around, and groups were still talking together right up to door-locking time!

**A MERRY and pain-free CHRISTMAS TO ALL**  
And a heartfelt wish for Peace in the Coming Year!

**Next Meeting: Saturday, 14<sup>th</sup> February, 2004, 1.30 p.m.**  
Joan Thompson

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**Sydney Support Group**  
**Winston Hills**  
**6 December 2003**

**DATES TO KEEP 2004:**

6<sup>TH</sup> March – **Dr. Mark. Dexter** – Motor Cortex Stimulation for Atypical Face pain  
3<sup>rd</sup> April – **Peter Edwards**. Naturopath : Eating correctly for pain management.  
1<sup>st</sup> May – **Dr. Russell Vickers** – Pathophysiology of Nociceptive & Neuropathic Pain  
5<sup>th</sup> June – AGM  
3<sup>rd</sup> July – **Dr. T.Newton John**. – Psychological effects of pain.

**Present :** I. Wood, J & H Birett, E & L Toms, B & J Gaffney, T & J Dewhurst, M. Hammond, F. Martin, M & D Wilson, S & V Riley, V. Rasmussen, K. Smith, J & R Jones, K & H Walmsley, C McDowell, R & J Whitehouse, C. Conlon, A. Thomas, B & M Strachan, D & T Brown, V. Dickson.

**Apologies:** N. Martin, J. Weaver, A & L Porter, S & G Briggs, D. Pratt,

Welcome J & R Jones, D and T Brown, B and M Strachan. It is wonderful to see so many spouses coming along to the meeting to support their partner.

As this was the meeting before Christmas we took the opportunity to share and care, then celebrated the special Christmas spirit with our friends. It was good to see those who came dressed for the occasion, (loved Rod's flashing bow tie), thank you Marie for the blinking reindeer and for the next 10 months will the lot of you take up singing lessons! ☺ Someone said "I am sure we can sing better than that."

I am sure too. So start practicing now. "*Here we come a caroling... ♪♪*"

- D. Brown TN symptoms began in October 2002. Her pain was set off after some dental work. Since then she has been through the mill with the dentist and eventually onto a neurologist. Tegretol and later Neurontin was prescribed. She could not tolerate the side effects of her drugs so her neurologist referred her to a neurosurgeon for surgical intervention. She had her

microvascular decompression surgery in October 2003. Still experiences some *spikes* in her left eye and is taking Endep to help control it.

- E. Toms has stabbing in the eye. Trialing 6 weeks lazer acupuncture.
- R. Castern experiences pins and needles in left eye, a numb face, cold tongue and a lot of other symptoms which has baffled the medical professionals. He has been referred to Royal North Shore Pain Management and hopefully they can help him.
- J. Jones Tn started 5 years ago. Was allergic to Tegretol and was put on to Epilim. She said Epilim controlled her pain and she took herself off the medication but it returned in September. She is now on 1000mg of Epilim and Neurontin three X a day.
- C. McDowell has had no pain for 9 months. She takes one 200mg CR Tegretol. She had an MRI done and according to her neurologist she has a mass of “*something*”?© on her nerve.
- B. Strachan- her TN started in July. Her pain is in the nose area and she describes her pain as shooting. Takes Tegretol -200mg three times a day.
- V. Dickson –looking well. Controls her TN with Homeopathic therapy. She says that taking ACONITUM helps her ease her pain within the hour.

The meeting ended with the drawing of the raffles. There were 3 lucky winners. Our most sincere thanks to H. and J Birett for their wonderful work in running our Sydney raffles. It keeps us going.

*Irene Wood*

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**Our Sydney guest speaker for April writes :** “The method of treatment is also consistent with biological law: Remove the cause and the symptoms will be relieved and removed where this is possible and this is a point I must bring out that is basic to any treatment working with the biological energy, structure, function and biochemistry of the body. The human body, the same as any living organism is a self-regulating, self-adjusting and where possible, self-healing organism. Give it the right conditions biologically and it will heal itself ‘where it is possible’. The method I use cannot do the impossible as all of nature including the human body is governed by biological law, but it certainly can assist the body to express its own powers of resilience to the point of self-healing and rejuvenation where it is possible. In the treatment plan I provide two formulas called ‘Metabolic Red and Green’...”

**Peter Edwards** is a naturopath who has had some success with a couple of our TN members. He is eager to share his knowledge to help you manage your pain. Peter will be speaking at the Sydney Support Group on the 3<sup>rd</sup> of April

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### **Food For Thoughts**

MedGenMed Neurology & Neurosurgery :

#### **Diet and Alzheimer's Disease: What the Evidence Shows**

**Posted 01/15/2004**

Martha Clare Morris, ScD

#### **Introduction**

Our understanding of dietary influences on Alzheimer's disease is in its infancy, and the number of epidemiologic studies examining promising associations is limited. Thus, at this time, we cannot say with certainty that any particular nutritional component causes or prevents Alzheimer's disease. With that caveat, much of the evidence from early studies in many ways reflects a pattern of dietary associations very similar to more established dietary risk factors for cardiovascular diseases, such as



heart disease. Thus, patients who adopt these dietary practices will reduce their risk for heart disease and *may* also curtail their risk of developing Alzheimer's disease.

## Antioxidant Nutrients

Perhaps the best evidence of disease prevention involves the antioxidant nutrients, vitamins E and C. The neuropathologic features of Alzheimer's disease include amyloid beta (A-beta) plaques, an abnormal accumulation of A-beta protein outside neuronal cells, and neurofibrillary tangles within the cells. Numerous animal and laboratory studies have shown that Alzheimer's disease involves oxidative and inflammatory processes, although it is not known whether these processes are a cause or effect of the disease or both. The ultimate result, however, is disruption of neuronal cell functioning and signaling, leading to neuronal cell death.

The brain is a site of high metabolic activity that generates free radical molecules, oxygen molecules with unpaired electrons that are highly reactive and thus toxic to cell tissue. Infection, cell injury, and environmental toxins, such as smoking and pollution, also generate free radical molecules. The body possesses natural defense mechanisms to combat oxidative stress, including antioxidant proteins and nutrients. Vitamin E is a potent chain-breaking antioxidant that resides within cell membranes, where it can neutralize free radicals as they are generated. Vitamin E also has anti-inflammatory properties. Vitamin C, a less potent antioxidant than vitamin E, circulates within the plasma and retains the additional function of restoring vitamin E to its antioxidant capacity.

Animal and laboratory studies demonstrate that the antioxidant nutrients, and vitamin E in particular, protect the brain from damage due to oxidative and inflammatory mechanisms.<sup>[1,2]</sup> Rodents fed antioxidant-supplemented diets had superior learning acquisition and memory retention compared with rodents on control diets. At death, the brains of the antioxidant-fed rodents exhibited less neuronal cell loss and less evidence of oxidative damage and inflammation.<sup>[3,4]</sup>

The available evidence from human studies is limited and not altogether consistent. Two prospective studies, 1 of Chicago, Illinois, residents<sup>[5]</sup> and 1 in Rotterdam, The Netherlands,<sup>[6]</sup> found a lower risk of Alzheimer's disease with a higher food intake of vitamin E. However, another prospective study conducted in New York found no association.<sup>[7]</sup> Vitamin E intake in the New York study may have been too low to provide a neuroprotective benefit; the median of 7 IU/d for persons in the top third of intake was comparable to the lowest intake levels in the Chicago and Rotterdam studies.

Of the 3 trials, only the Rotterdam study found a reduced risk of Alzheimer's disease with high food intake of vitamin C. However, the Chicago study found that participants with the highest food intake of vitamin C were more than twice as likely to have a history of stroke or hypertension, and these persons may have increased their fruit consumption as a recent preventive measure, thus obscuring a potential protective association with Alzheimer's disease.

*For the rest of this article – go to : [http://www.medscape.com/viewarticle/466037\\_4](http://www.medscape.com/viewarticle/466037_4)  
Medscape General Medicine 6(1), 2004. © 2004 Medscape*

.....  
**Rev. R. Castern.**

### **The effect of Jesus on the people who first met Him .**

1. The shepherds went to see JESUS. They returned praising God.  
Luke 2:15-20
2. A man called Simeon, waiting for God's promise, met Jesus in the temple, a life long dream fulfilled, satisfaction and contentment gained. Luke 2:25-35
3. The wise men followed the star, traveling 1000k to meet Jesus . When they the King they worshiped Him and gave Him of their riches. Matt 2:1-12

## CORRESPONDENCE CORNER.

**Frank M :** At age 68 I have finally found out why angels are on the top of Christmas Trees.  
*I do my best disseminating information.☺*

**Gail D :** The Tegretol CR is working well and at the present time I am pain free from the horrid TGN.

**Christine :** my mum had a small stroke three weeks ago- and is in Braeside Rehab Hospital- they are not going to change any of her medications- we are staying with the Neurontin and Amitriptyline- we wont be trying any new drugs at the moment. We will be concentrating on getting her back on her feet again. Thank you for being so caring. *Hope your mum gets better soon. Send her our regards.*

**Anne P :** am back home with my pain. Doc said to take 2 Tegretol and if it is not effective then it's off to the neurosurgeon. God bless. *Sorry to hear that your pain is still not under control. I think you have been a member of the Association long enough to know all your options. You should also know how to take your medication. If surgery is something you are considering, you might want to talk with your support group leader. You need to evaluate the information and then make your decision yourself... not let the doctors decide for you.*

**PIP B :** I appreciate the monthly newsletter, such a comfort to learn about the many ways of help available and so many caring people. I have face pain but not on any medication as it doesn't happen everyday and varies in intensity. *Congratulations on your 58<sup>th</sup> Wedding Anniversary.*

**Annemarie R :** . "his interpretation of the MRIs that I brought was different to the neurosurgeon who's performed the RF on me. This Professor is suggesting that there might be a blood vessel going through the nerve." *I believe Dr. Al Rhoton identified that vein in the nerve. They now believe that in the 5% of those who do not show a compression - it is a question of the SIZE of that vein in the nerve that may be the problem.*

**Gail O :** One such avenue was to see an oral specialist to rule out any abnormalities in my mouth, as most of my pain was through the lower jaw.

On my follow up visit [after surgery to remove three teeth] the surgeon said that I had a cyst that had attached itself to a tooth, and that is what had put the pressure on the nerve, hence the trigeminal pain. I was very tentative about believing that I was 'cured' but after gradually getting off the drugs, by Christmas day, I was totally pain and drug free. So I am one of the lucky ones that has found a cause to that dreadful pain.

[I would like to add a footnote here, to that experience. I only had one consultation with the neurologist, who sent me for the M.I.R. Then by phone when asking him advice on the level of medication, he said that if the increased medication didn't hold the pain, he would refer me to a neurosurgeon. Thankfully I was aghast to that idea, and sought other avenues of advice, otherwise, my story could have been one of regret.]

I will always be interested in the developments of treating T.N. and I want to say thank you again for the T.N. support network, that gave me such positive reassurance and empathy, when I most needed it.

**Wilhelm B. :** The last two years since I read the newsletter I learnt how to handle my medications better, when pain takes over. Most of this year I have been almost free of pain. The following medication I take per day : Tegretol CR 900mg and Neurontin 3200mg. *Glad to hear from you Bill, I hope you continue to be free of pain.*

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Rod.C wishes to share his

## **The 7 Ups!**

### **1. Wake Up !!**

Decide to have a good day.  
"This is the day the Lord hath made;  
let us rejoice and be glad in it."  
Psalms 118:24

### **2. Dress Up !!**

The best way to dress up is to put on a smile.  
A smile is an inexpensive way to improve your looks.  
"The Lord does not look at the things man looks at.  
Man looks at outward appearance,  
but the Lord looks at the heart."  
I Samuel 16:7

### **3. Shut Up!!**

Say nice things and learn to listen.  
God gave us two ears and one mouth,  
so He must have meant for us to do twice as much listening as talking.  
"He who guards his lips guards his soul."  
Proverbs 13:3

### **4. Stand Up!!**

. . . for what you believe in.  
Stand for something or you will fall for anything.  
"Let us not be weary in doing good; for at the proper time,  
we will reap a harvest if we do not give up.  
Therefore, as we have opportunity, let us do good..."  
Galatians 6:9-10

### **5. Look Up !!**

. . . to the Lord.  
"I can do everything through Christ who strengthens me".  
Philippians 4:13

### **6. Reach Up !!**

. . . for something higher.  
"Trust in the Lord with all your heart,  
and lean not unto your own understanding.  
In all your ways, acknowledge Him, and He will direct your path."  
Proverbs 3:5-6

### **7. Lift Up !!**

. . . your Prayers.  
"Do not worry about anything; instead  
PRAY ABOUT EVERYTHING."  
Philippians 4:6

## **God answers Knee-Mail!**

**NEXT MEETING : 2004**

**Newcastle: 14 February 1 pm at Mater Hospital**

***Guest Speaker : from the Hunter Drug Information Service***

Address: Mater Hospital, Maude Street Newcastle

Support group leader: ***Phil Leaver*** : 0438 275 965

**Melbourne: 14 February 1:30 – 4 pm "Ringwood Room"**

Ringwood Library

Support group leader : ***Joan Thompson*** – 9725 3808

**Sunshine Coast: 28 February 1 – 3:30 pm**

***COOLUM PEREGIAN RSL (Sub Branch)***

DAVID LOW WAY, COOLUM BEACH.

Contact Irene Wood. 02 45 796226

**Brisbane : 6 March 1:30 – 4:00pm**

30 Ridley Rd., Bridgeman Downs.

Support group leader : ***Lesley Curtain*** 3264 2838

**Sydney : 6 March 2 – 4:30pm *Winston Hills Public School***

***Guest speaker : Dr. M.Dexter " Motor Cortex Stimulation for AFTP.***

Junction Rd, WISNTON HILLS.

Support group leader : ***Irene Wood*** – 45 796 226

And the peace of God which surpasses all understanding  
*be with you and remain with you always."*

Contact : Irene Wood

359 Terrace Rd, Nth Richmond, NSW 2754 Australia.

☎ 02 45796226

Email : tna\_sydney@yahoo.com

website: <http://tnasydney.freesevers.com>

Trigeminal Neuralgia Association Australia is affiliated with TNA USA, 2801 S.W. Archer Rd,  
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