



ABN 33914 644 101

SUPPORT GROUPS : Sydney, Newcastle, Brisbane, Melbourne, Canberra, Sunshine Coast.

March 2004

*Too many times we stand aside
And let the waters slip away
'Til what we put off 'til tomorrow
Has now become today
So don't you sit upon the shoreline
And say you're satisfied
Choose to chance the rapids
And dare to dance the tide.....*

Garth Brooks, The River

Marcella in Coolum (Qld) wanted to have a support group in her neighbourhood. Bravely she offered her time and commitment to facilitate for the group. Another member then put a notice in their local papers about the meeting. That day, we had an outstanding attendance. The out reach was great. Half of those who attended were new to the association. Too long they have suffered in silence, in isolation and helplessly.

I like to think the meeting was a success and each one went home feeling comforted and with hope renewed. Much thanks to one who decided to chance the rapids and another who decided to dance the tide.

My friends, are you still sitting on the shoreline?

Och! Noh! I dinny expect ye all to be chancing the rapids nor dancing the tides - much respect to ye weary bones ☺ but dinny ye let the waters slip away either. Yur too can reach out and make a difference.

Membership Fees: If you have not paid your membership fee – please do so as soon as possible. \$20 per annum and donations made to the Support Funds are tax deductible. Please refer to your Dec2003- Jan 2004 Newsletter for membership renewal form.

TNA Australia 1st national conference is being planned for 19th and 20th of August 2005 (Friday and Saturday) Please note it is for **2005**.

Venue : SWISS-GRAND BONDI BEACH, Sydney.

This conference is planned for chronic facial pain patients, support group leaders, neurosurgeons, neurologists, oral and maxillofacial surgeons, dentists, nurses, health-related professionals, and anyone who may have an interest in the management of trigeminal neuralgia and related facial pain conditions.

Conference Registration : 19th and 20th August 2005

Pay :	Before 30 /04/05	01/05/05 – 31/07 /05	01/08 05 – 10/08/05
TNA Members / spouse	\$160 p/p	\$200	\$240
Non TNA Members	\$200 p/p	\$220	\$260
Professionals	\$260 p/p	\$300	\$350

Additional tickets		
FRIDAY Night Dinner	\$40p/p	\$40
SATURDAY Night Dinner	\$60 p/p	\$60

Anyone wishing to attend one day only – will pay 75% of the Conference fee.

Conference Registration fee includes : (for both days.) –

- T/ Coffee with freshly baked muffins on arrival (first presentation to start by 8am)
- Morning T/ coffee with home made biscuits,
- Lunch - with OJ and Mineral water,
- Afternoon T/Coffee with fruits etc.
- Dinner. - one will be a BBQ (cooked by the hotel chefs) and the other a 3- course dinner.
- International experts such as Dr. K. Casey and Dr. J. Zakwrezska.

There will be 4 sessions each day - each will have 2 speakers @45 mins, followed with half an hour Q&A. I also intend inviting our local experts, and some complimentary alternative management. *Still working on the programme .*

Taking the cost at \$160 per person - or \$260 for health care professionals –

- **Would you attend the Conference? and**
- **Would you stay at the Hotel ?**

Accommodation is an individual expense.

All Rooms are suites.

Special Quotes for TNA

Standard Suites	\$182 p/night	Can be single or twin share. OR ...	Max. of 3 Adult – extra bed \$44 p/night
Ocean View Suites	\$205 p/night	2 adults and 2 children under 15 yrs –free.	

The above rates are suite only and include 10% GST.

Full hot buffet breakfast is available in the Epic Brasserie for \$17.00 per person.

To help us plan for the Conference we would appreciate if you would indicate your interest. Those who have already responded via E-mail need not do this again unless you have changed your mind.

Please see last page of the newsletter.

Irene Wood
President.

*A man will pay \$2 for a \$1 item he needs.
A woman will pay \$1 for a \$2 item that she doesn't need.*

GENERAL EQUATIONS & STATISTICS

*A woman worries about the future until she gets a husband.
A man never worries about the future until he gets a wife.
A successful man is one who makes more money than his wife can spend.
A successful woman is one who can find such a man.*

Relaxation Practices

© Roger Jahnke O.M.D.

When an individual purposefully seeks a state of deep relaxation a number of very important physiological mechanisms are triggered. The relaxed state, which is opposite of what is known as the "fight or flight" state, hyperactivity of the sympathetic nervous system or the stress response, has been called the "relaxation response" by Dr. Herbert Benson of Harvard University. It has been found that many disease states are aggravated by the over activity of the sympathetic nervous system. It has also been found that inducing the relaxation response can resolve or balance the effects of over activity or stress in the body.

In biofeedback, a highly researched technique for reducing head and neck pain, high blood pressure, syndromes of gastrointestinal discomfort, and anxiety, the primary technique is to initiate and sustain the relaxation response. Research has indicated that the physiological mechanisms that are triggered by inducing the relaxation response are:

- enhanced productivity of neurotransmitters.
- shift toward a lower frequency of brain wave activity (alpha and theta)
- reduction of blood pressure
- warming of the skin surface due to the dilatation of blood capillaries

In mediation practice, in chanting and the use of mantras or in the process of visualization, the induction of the relaxation response precedes and accompanies the successful initiation of each technique. Most of the great spiritual traditions of both the east and west initiate the deeper levels of spiritual practice by eliciting the relaxation response. Dr. Benson himself, when in China to research some of the more fantastic aspects of Qigong, stated that he felt the Qigong effect was triggered by an initial induction of the relaxation response.

At the preliminary level of the self applied health enhancement methods (SAHEM) very simplified but highly effective techniques of progressive relaxation are used. In the more refined practices elaborate systems of visualization may be used, as in the "circulation of the light to refine the body of pure energy". Deep states of altered consciousness may also be achieved by merely remaining mindful of the breath alone. In such practices the individual has refined his or her practice to the extent that the busy mind is quiet. Not generally so easy. This is why we start with the preliminary methods because they are easy to learn and apply. Over time they lead to an ability level that supports more advanced practice. It is a specific goal, in the self-applied health enhancement methods (SAHEM) of the ancient Asian traditions of health care and medicine to generate and circulate Qi, Prana, life force, bio-energy. In the breath practices above, and the following relaxation practices, a confirmation of success is to feel the Qi. It is very common to experience sensations of heat or tingling in the hands. It may also be sensed as a pouring feeling or a puffiness. The hands are the most sensitive organ or the human body in regards to sensation . It is not unusual that early sensation of the Qi would come in the hands. Once one has begun to have this sensation it should be sought in other parts of the body; the feet, the abdomen around the belly button.

1. Progressive Relaxation, Option I:

Progressive Relaxation, Option I :

© Roger Jahnke O.M.D.

Mentally bring your awareness to and then consciously relax each part of you body, progressively, from the feet all the way up to your head. Your breath should be full and relaxed.

- In a comfortable lying position, close your eyes and take 10 slow deep breaths.
- Bring your awareness to your right leg. Inhale deeply and lift leg up slightly tensing the foot and leg. Tense up tighter. Exhale and let the leg drop gently. Roll the leg from side to side and relax. Repeat the same for the left leg and foot.
- Now raise and tense your arm and make our hand into a fist. Tense up and hold. Exhale and drop the arm. Roll the right arm from side to side. Repeat with the left arm.
- Now contract the buttocks. Tighten and release tension. Inhale and fill the abdomen with air, as if you were filling up a balloon. Hold one moment and then exhale fully out of the mouth.
- Bring the shoulder blades together in back. Squeeze tightly and release.
- Bring both shoulders up to your ears. Hold them up. Exhale and let them down. Repeat 3 times. Now push shoulders downward. Hold and release.
- Tighten the facial muscles. Make your face like a prune. Squeeze tightly. Exhale and release tension.
- Roll the neck gently from side to side.

Application Suggestions:

- Health maintenance: 1 to 2 sessions per day.
- Health enhancement: 2 to 5 sessions per day.
- Disease intervention: Start slowly and build up to 10 sessions per day.
- Getting started: 1 to 2 session per day. Really turn your attention toward gaining a sensation, a genuine perception of the circulation of the blood and energy in your body.

This technique is perfect for those of you who wish to tap the benefits of the self-applied methods but have little prior experience. In every tradition where techniques have been refined over thousands of years to enhance health, it is always notable that the distracted mind is one of the great challenges to the practice. Even the great meditation masters call their daily system of quieting the mind a "practice". It is not a finished product it is a "practice".

This indicates that even the experts are constantly practicing toward successful quieting of the mind and body. This particular technique assure a genuine state of relaxation by actually involving the body parts. In other techniques it is possible to wander to other thoughts because just the mind is involved and it is hard to be conscious of being unconscious. It is fairly obvious, when the next gesture is to contract the muscles in the arm, if you aren't doing it. You have to have said, "I think I'll stop this process." This technique is also excellent for people who have learned some type of relaxation exercise but are struggling to apply it successfully.

Excerpt from : Health World On Line – Mind/ Body/ Health Exercises

Sunshine Coast Support Group.

COOLUM PEREGIAN RSL

28th February 1pm – 3:30 pm

Present : Irene, Lesley, Marcella, Edmund, Patricia, Joyce, Judy, Malcolm, Peter, Pearl, Jane, Sandra, David, Gloria, Pamela, Teresa, Sheree, Alison, David, Joan, Sally, Stanley, Connie, Evelyn, Mr. Robson, Christine, Vickie, Jeff, Stephen, Codrie, Muriel, Leonie, Mark, Neil, Mrs.W. Max, Helen, Judy, Sally.

Thank you Marcella for volunteering to start a support group here in Sunshine Coast. Thanks Ed for getting the TNA support group article onto your local papers. The response we got was tremendous. Thank you Lesley, and all the Brisbane members who came along to share and care.

The meeting began with Edmund introducing Irene to the group. “Irene started a support group in Sydney in 2000, and since then has helped set up support groups in Brisbane, Melbourne, Newcastle and Canberra.”

Irene, President of Trigeminal Neuralgia Association of Australia, then welcomed everyone to the meeting. “The aim of the Association is to provide you with the information, support and encouragement. With knowledge you learn to cope. With mutual support and encouragement you find strength. Our mission is to advocate for TN. Our vision is improving Quality of Life of a chronic face pain sufferer.”

Lesley, the Brisbane Support Group Leader, spoke on the importance of belonging to the Association, and the role of the support group. We are here to share information, support and encouragement. We can learn from each other how to manage pain. The newsletters keep you well informed. We are a self funded organization and we depend on members to pay their membership fee (\$20 per year)

Irene presented a summary on trigeminal neuralgia – its symptoms, and the various treatments.

Symptoms are intermittent sharp or lancinating pain, in the area of the trigeminal nerve (V 1, V2 and V 3) Pain is triggered by stimuli, and has remission period. The response to Tegretol helps in the diagnosis. A special MRI technique, 3-D volume acquisition, performed with contrast injection, can detect 80% of the time whether a blood vessel is pressing on the trigeminal nerve - causing TN pain. However, MRI are NOT used to diagnose TN.

Medications commonly used to treat TN are antiepileptic drugs such as Tegretol, Neurontin, Dilantin, Rivotril, and Trileptal.. Sometimes antidepressants are also used

Surgical options – 3 percutaneous procedures : RF Lesion, Balloon Compression and Glycerol Injection, Microvascular Decompression, and Stereotactic Radio Surgery. These 5 surgical treatments are only helpful if you have classic Trigeminal Neuralgia. It is wise to select a neurosurgeon who has done the required procedure successfully regularly.

Other alternative therapies include acupuncture, upper cervical chiropractic adjustment, and compounding topical applications.

We then invited those present to share their pain experiences. Unfortunately, most were not happy with their health care providers. Perhaps with the Association now working in the area we can help bridge the lack of understanding.

Trigeminal Neuralgia is definitely NOT “ No cause, No Cure, and Nothing I can do.”

Marcella and the members then agreed to hold a once a month meeting. The next meeting will be held at the same venue, same time, Saturday - **20th of MARCH**. Remember, this is YOUR support group. Do what you can to help your group leader. Together we can make a difference.

Irene Wood.

NEWCASTLE SUPPORT GROUP
Mater Hospital, 14th February 2004

Meeting started at 1:00pm
Meeting Finished at 3:00pm

In Attendance.

Monica, David, Wendy, Sharan, Jim, Beryl, Phyllis, Warren, Barbara, Helen, Raelene, Laura, Phil, Jennifer, James

\$22 was collected as gold coin donation. This will pay for postage and condiments.
Our meeting was informal and each of us spoke briefly about our condition and how we are coping.
We had 4 new faces.

Jim and Beryl. Jim has been suffering from TN for quite some time. He is on 1200mg tegretol and just keeping the pain under control

Warren has also been suffering from the classic symptoms of TN. He is on 600mg tegretol, finally being able to tolerate the drug and looking 100% better than when we first met.

Phyllis suffers from chronic constant face pain. She finds slight relief with Epilam. She is keen to try Zostrix.

We welcome our new members and hope that we can provide support and knowledge to assist with living with this condition.

We had **Judith Duncan** from the Hunter Drug Information Service talk to the group. She presented information on the common drugs prescribed for the various forms of TN and face pain. She gave individuals the opportunity to ask about interactions of the different drugs they are taking and some of the precautions that need to be considered. The most important thing is to ensure regular blood test to check liver and kidney function and toxicity levels.

If anybody has any questions regarding the medications they are taking, regardless of what they are taking them for, the NATIONAL PRESCRIBING SERVICE has a MEDICINES LINE. Monday to Friday, 9am to 6pm. This is a NATIONAL SERVICE.

MEDICINES LINE 1300 888 763.

- +How does your medicine work.
- +How to take your medicine.
- +Doses.
- +Side effects.
- +Interactions with other medicines.
- +Medicines, pregnancy and breast feeding.
- +Medicines and children.
- +Medicines in the media

MEDICINES LINE DOES NOT REPLACE ADVICE FROM YOUR DOCTOR OR PHARMACIST AND IS NOT AN EMERGENCY SERVICE.

Next meeting : **SATURDAY 15TH MAY, 2004**

A big thank you to all who attended.

Regards,
Phil

MELBOURNE SUPPORT GROUP MEETING
At "Ringwood Room"
Ringwood Library, 1.30 p.m.

14th February, 2004

Present: (10) N. Bartholomew; J. & A. Collard; A. England; P. Kahle; P. O'Grady; B. Owers; B. Paterson; J. & N. Thompson.

Apologies: B. & L. Barlow; M. Butler; K. Cripps; T. Gluck.

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

- Kath is having a lot of pain, but with a course of laser treatment with her G.P., and chiropractic help for spinal realignment (to be followed later with jaw realignment) the future is looking brighter.
- Monique, who is now pain free after her M.V.D. last year, is unfortunately down with flu. Best wishes, Monique!
- Nancy is still keeping pain under control most of the time, but recently had such a severe "lightning" strike of pain she collapsed in agony onto the floor. She will give Zostrix a try.
- Bill is still T.N. pain-free (MVD 5 yrs ago), but recently developed Shingles. Pain is disappearing with Panadeine Forte, and he expects to be O.K. in a couple of weeks!
- Petra had a TN type of pain and her naturopath suggested a 5-day treatment with amino-acid (L-Lysee). The pain disappeared in 2 days – Naturopath said Petra may have had Shingles.
- Joan found some VERY-soft-bristled toothbrushes (Colgate, \$1 each, at the 'Salvo's' Family Store) and now suffers slightly less pain when cleaning teeth. Even such a small difference is a big help.

We watched a video from the 2002 Conference – Dr. A. Rhoton: Neuroanatomy of Facial Pain, - very clear and descriptive, a pleasant way to take in more information.

Beryl then entertained us with a most interesting account of the trip she and her husband took, to the Antarctic, by sea, via Santiago, Chile and Cape Horn. Penguins, Seals, Icebergs, Severe wind-chill factor &c..... An ideal way to escape from all thoughts of TN! We thanked Beryl for sharing this truly memorable experience with us, especially as today's temperature topped 40+°C.

Next Meeting: Saturday, 10th April, 2004, 1.30 p.m.

Joan Thompson

Worth a thought.

"Now it cannot be too often repeated that when an operation is once performed, nobody can ever prove that it was unnecessary.

If I refuse to allow my leg to be amputated, its mortification and my death may prove that I was wrong; but if I let the leg go, nobody can ever prove that it would not have mortified had I been obstinate.

Operation is therefore the safe side for the surgeon as well as the lucrative side."

-- George Bernard Shaw (1856 - 1950)

Sydney Support Group
Winston Hills
7th February 2004

Present : I. Wood, E & L Toms, T & J Dewhurst, F. & N Martin, M & D Wilson, S & V Riley, V. Rasmussen, K. Smith, J & H Birett, K & H Walmsley, C McDowell, C. Conlon, A. Thomas, B. Clark, B & M Strachan, J. Weaver, A & L Porter, S & G Briggs, K. Koh, B & J Hooper, J & N Webb.

Apologies: R & J Whitehouse, M. Bowd. S. Bruce

It pleases me to see so many of you attend our first meeting of the year. I am very appreciative of your support. My main satisfaction is seeing those who are pain free and their continual support at each meeting. You give hope and encouragement to others.

With no speaker scheduled, we took the opportunity to catch up since the Christmas break.

- * Anne is still numb since her RF, but finds the numbness quite bothersome sometimes.
- * Bruce has been free of pain for 3 months. Not using Zostrix and not on any medication.
- * John has little pain – which comes and goes since his MVD and not taking any medication
- * Elizabeth still experiencing “bit of pain” and finds atmospheric pressure has an effect on her pain.
- * Stuart (AD) describes his condition as “much the same” but finds the Topical Applications make a difference. *Am VERY glad to hear that.*
- Terry was on 1500mg of Tegretol. Had an appointment with RNSH and was told to reduce his Tegretol slowly till 500m, then switch drugs. He feels better taking less Tegretol.
- Carol has had “no bad attacks.” Just an occasional flicker. She is taking 200mg Tegretol CR.
- Celia takes 200mg Tegretol CR twice a day. Finds stress a major factor for her pain returning.
- Audrey has occasional slight sensation. Had an about RF 3 yrs ago. Audrey recently learned that her mother in law suffered TN from an early age.
- Stephanie is still feeding on Dilantin 100mg X 4 a day.
- Kim still suffer a little balance a side effect of her MVD.
- Kathryn was able to enjoy her first pain free Christmas after her MVD.
- Kim S. manages her pain with Neurontin 300mg X 3. She experiences dizzy spell.
- Margaret has stinging pain in her eye. She is now taking 25mg of Nortriptyline. She has also been very careful of how she positions her head when watching TV. She feels both or either of this 2 factors has helped her control her pain.
- Jeanette had a stressful period and that did not help her pain condition at all. We also learned that Henry had been in hospital – glad to see you well again Henry.
- Norma finds she has to even time her haircut. It has to be a day when her pain is less severe. She also gets the occasional spasm and stress affects her pain condition.
- Vera is ‘good.’ No pain No meds – after MVD but is a bit numb around the lip area.
- Hilary has blur vision which could be due to taking 1000mg Tegretol per day. She is also on Mexitaline , and Tramal.
- Bruce is still pain free after MVD but has numbness around the mouth.
- Blanch’s pain comes and goes. Pain is in her top lip and blowing the nose could set off the pain.
- Nola is GOOD! She is now using compounded Neurontin topical application and finds she no longer need a scarf to stop the trigger factor. *The whole purpose of topical application is that you need not digest these toxic drugs into your system.- or if you do, it would be at a minimum.*

Irene Wood.
Amitriptyline.

(Amitril, Elavil, Emitrip, Endep, Enovil, Etrafon, Etrafon-A, Etrafon-Forte, PMS-Levazine, SK-Amitriptyline, Dohme, Sharpe)

Amitriptyline is a heterocyclic drug used to treat spontaneous endogenous depression and is extremely sedating. This drug may also be helpful in the treatment of agitation, anorexia, adjunctive treatment of neurogenic pain, bulimia associated with depression, chronic hiccups, insomnia, major depression, or in a patient with chronic pain and other pain syndromes including: Ciguatera, posttherpetic neuralgia, neuropathic, and vulvodinia.

CLASS: Tertiary Tricyclic.

Generic name : Amitriptyline Hydrochloride.

Type: **Antidepressant.**

Strengths: Injection :10 mg / ml.

Oral : 10mg / 5 ml.

Tables : 10mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.

Dosages : Actual dosage must be determined by a physician.

Injection : 20 to 30 mg 4 times daily.

Oral : Start: 25 mg 2 to 4 times daily.

Increases: 10 to 25 mg daily in 1 week intervals.

Maintenance: 50 to 100 mg in 24 hours.

Maximum: 150 mg in 24 hours.

18 to 60 years of age, 75 mg a day.

Over 60 years of age, Low dose and increased cautiously.

Problems with :

Liver Function : Lower dosage, as needed.

Kidney Function : Lower dosage, as needed.

Take With : May be taken without food.

Full Benefits In : In a few days to a few weeks. If any unpleasant side effects, they should appear right away.

Missed Dose(s): If you take this drug at bedtime and dosage is missed, do not take it in morning. If within one hour take, if over an hour skip and then continue on your normal schedule. **Never Take a Double Dose!**

If Stop Taking: Do not stop without consulting your physician and never abruptly.

Overdose symptoms include: Change in body temperature, convulsions, coma, congestive heart failure, or vomiting.

Overdose can be fatal!

Warning signs: Agitation, high body temperature, excessive movement, flushing, or stiff muscles.

Amitriptyline (Symptoms or Effects)

Common : Blurred vision, constipation, drowsiness, dry mouth, increased sensitivity to sun, low blood pressure, increase in sweating, sleepiness, or weight gain.

Rare: Confusion, increased appetite, insomnia, racing heartbeat / palpitations, seizures, sexual problems, or skin rashes / allergies.

See physician always: Low blood pressure, confusion, seizures, sexual problems, or skin rashes / allergies.

See physician if severe : Blurred vision, constipation, drowsiness, dry mouth, racing heartbeat / palpitations, insomnia, increased sensitivity to sun, increase in sweating, sleepiness, weight gain, or increased appetite.

See physician NOW : Confusion or skin rashes / allergies.
Stop taking and see physician NOW: Seizures.

Nortriptyline (Aventil, Pamelor)

Nortriptyline is a tricyclic antidepressants used to treat endogenous depression, chronic skin disorders, depression, migraine headaches, panic disorder, severe arthritis, bedwetting, AIDS, PMS, ADHD, ringing ears, and with other drugs to manage chronic / severe pain.

CLASS: Secondary Tricyclic.
Generic name: Nortriptyline Hydrochloride.
Type: Antidepressant.

Nortriptyline (Symptoms or Effects)

Common: Blurred vision, constipation, cramps, disorientation, drowsiness, dry mouth, headache, low blood pressure, or sensitivity to bright lights.

Rare : Anxiety, black tongue, confusion, convulsions, hair loss, increased appetite, insomnia, intestinal blockage, racing heartbeat / palpitations, males developing breast, nightmares, odd taste, ringing in ears, seizures, sexual problems, swelling testicles, skin rashes / allergies, tingling, weight gain / loss, or yellowing skin / whites of eyes.

See physician always : Low blood pressure, confusion, swelling testicles, seizures, males developing breast, sexual problems, skin rashes / allergies, or yellowing skin / whites of eyes.

See physician if severe : Anxiety, blurred vision, constipation, cramps, headache, disorientation, drowsiness, dry mouth, intestinal blockage, racing heartbeat / palpitations, insomnia, increased appetite, nightmares, odd taste, ringing in ears, tingling, sensitivity to bright lights, or weight gain / loss.

See physician NOW : Confusion or skin rashes / allergies.
Stop taking and see physician NOW : Seizures, yellowing skin / whites of eyes.

MEMORY

*Any married man should forget his mistakes,
there's no use in two people remembering the same thing.*

DISCUSSION TECHNIQUE

*A woman has the last word in any argument.
Anything a man says after that is the beginning of a new argument*

HAPPINESS

*To be happy with a man,
you must understand him a lot and love him a little.
To be happy with a woman,
you must love her a lot and not try understand her at all.*

NEXT MEETING : 2004

Brisbane : 6 March 1:30 – 4:00pm

30 Ridley Rd., Bridgeman Downs.

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

Sunshine Coast : 20 March 1 – 3:30 pm

COOLUM PEREGIAN RSL (Sub Branch)

DAVID LOW WAY, COOLUM BEACH.

Support group leader : **Marcella McSweeney**. 07 5446 1642

Sydney : 3 April 2 – 4:30pm Winston Hills Public School

Guest speaker : Peter Edwards – Naturopath.

Junction Rd, WISNTON HILLS.

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

Melbourne : 10 April 1:30 – 4 pm "Ringwood Room"

Ringwood Library

Support group leader : **Joan Thompson** – 03 9725 3808

Canberra : 17 April 1- 3:30 pm

Venue to be advised.

Contact **Irene Wood**. 02 45796 226

Newcastle: 15TH MAY, 2004. 1:00PM – 4:00PM

TUTORIAL ROOM, LEVEL 6 MATER HOSPITAL Off Maud Street Newcastle.

Meet at Daffodils Caf  before heading up stairs.

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

“I can do all things through Christ who strengthens me.”

Contact : Irene Wood

359 Terrace Rd, Nth Richmond, NSW 2754 Australia.

☎ 02 45796226

Email : tna_sydney@yahoo.com

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

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