

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

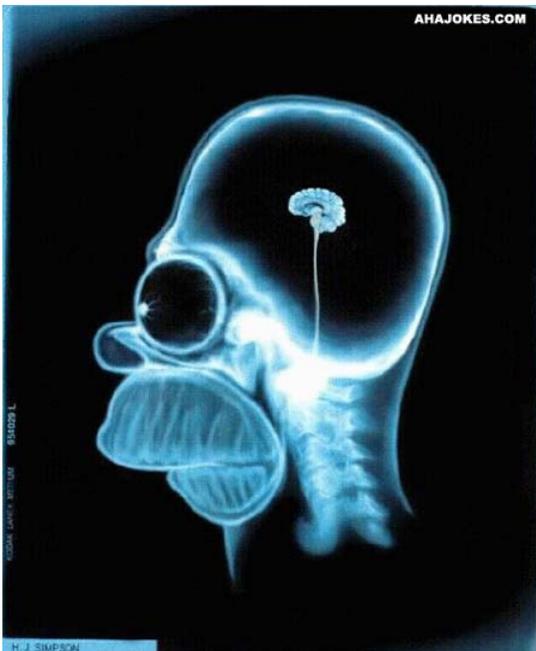
**May 2004**

**Congratulations ! Newcastle Support Group your 1<sup>st</sup> Anniversary - April 19.** Our warmest wishes. As you continue to reach out in your region, may your friendship multiply.

**Some Brain Thoughts!**

*“ the brain controls the flow of pain quite directly, and can be trained to turn off forms of pain that aren't "useful". Pain is in the brain, according to Melzack, and only there.”*

The **gate control theory of pain** of Ron Melzack and Patrick Wall



**More from Melzack :**

- a brain being unable to deal with challenges that a body faces.
- Pain being an entirely personal experience, it is difficult to measure
- Very often, the pain has restricted their existence - choices of friends, activities, lifestyle and profession. In the gate control theory, this is only to be expected, as the failure to control pain can be seen as a mental illness
- A **mental illness** is a psychiatric disorder that results in a disruption in a person's thinking, feeling, moods, and ability to relate to others. Psychiatrists generally attribute mental illness to organic/neurochemical causes that can be treated with psychiatric medication, psychotherapy, lifestyle adjustments and other supportive measures.

*“The mind is its own place, and in itself  
Can make a heaven of hell, a hell of heaven.”*

John Milton (1608-1674), Paradise Lost

*All ideas originate in the brain: the operation producing them is the remote effect of an agitation or impression on the extremities of the nerves of sense; directly they are consequences of a change or operation in the proper organ of the sense which constitutes a part of the brain, and over these organs, once brought into action by external impulse, the mind has influence.*

Charles Bell (from The Idea of a New Anatomy of the Brain,, 1811)

*The human brain is the last, and greatest, scientific frontier. It is truly an internal cosmos that lies contained within our skulls. The more than 100 billion nerve cells and trillion supporting cells that make up your brain and mine constitute the most elaborate structure in the known universe.*

Joel Davis : The Secrets of the Human Brain and How it Works, 1997

*Men ought to know that from the brain, and from the brain only, arise our pleasures, joy, laughter and jests, as well as our sorrows, pains, griefs, and tears.*

Hippocrates (about 400 B.C.)

Worth a read - title is self-explanatory.

**Managing Pain Before It Manages You, Revised Edition**

by **Authors:** Margaret A. Caudill-Slosberg , Margaret A. Caudill

**I am hoping to conduct a survey on trigeminal neuralgia and B12 deficiency.**

It would be greatly appreciated if you would participate in my new project. You would be required to :

- 1) fill in a 2 page questionnaire, and
  - 2) with the help of your local doctor, have a blood test to measure your serum B12 and folate levels.
- All information will be kept confidential.

To those who have already volunteered – thank you. Those who are interested please see your support group leader or contact me (Irene) for a questionnaire.

We are currently looking at avenues of raising funds to host the TN conference in August 2005 If you can help in anyway we would like to hear from you. Please contact your support group leader or call me.

Reminder - our AGM will be held on 5 June at 2 pm Winston Hill Public School. All nominations and proxy votes are to be received by the Secretary by the 29/5/04.

*Irene Wood  
President.*

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**Ounces of brain for sale**

A man went to a brain store to get some brain to complete a study. He sees a sign remarking on the quality of professional brain offered at this particular brain store. He begins to question the butcher about the cost of these brains.

"How much does it cost for engineer brain?"

"Three dollars an ounce."

"How much does it cost for programmer brain?"

"Four dollars an ounce."

"How much for lawyer brain?"

"\$1,000 an ounce."

"Why is lawyer brain so much more?"

"Do you know how many lawyers we had to kill to get one ounce of brain! "

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The Clinical Journal of Pain: Volume 20(3) May/June 2004 pp 186-191

**Obesity and the Impact of Chronic Pain**

Marcus, Dawn A. MD

Results : Pain severity and days per week with pain were similar among the weight groups. Disability was related to increasing weight status, with increased BMI (body mass index ) associated with more days per week with both reduced activity and complete disability. Depressive symptoms were also related to weight category, with an average Beck Depression Inventory score of  $11.81 \pm 7.55$  in normal,  $12.88 \pm 11.64$  in overweight, and  $15.78 \pm 9.88$  in obese patients. Anxiety scores were similar among the weight categories. Physical function domain of quality of life was also reduced in relation to weight.

Conclusions: Weight is associated with co-morbid disability, depression, and reduced quality of life for physical function in chronic pain patients. Calculation of the (body mass index )BMI should become a routine part of the screening evaluation for chronic pain patients, with additional screening for disability and psychologic distress in patients with elevated BMIs.

**Sydney Support Group**  
**Winston Hills Public School**  
**3 April 2004**

*Please note : Dr. R. Vickers talk has been rescheduled to June.*

**Present :35.** Irene W, Joyce & Bruce H, Hilary & Keith W, Dorothy.P, Sharyl.C, Bill & Jenny G, Frank.& Norma M, Blanche & Max S, John W, Stuart & Gundel B, Judy.McM, Kim K, John & Nola W, Roy & Joan W, Jeanette & Henry B, Margaret W, Shirley, Betty.OB, Ann & Laurie P, Celia.C, Carole McD, Peter & Pat E. Barbara.& Robert C.

**Apologies:** D. Wilson, K.Stantiford, E & L Toms, M.Hammond, G.Lackey, S & V Riley, A. Thomas V. Rasmussen, Dr. M.Yee, R & P Castern, A.Cullen,

We still need a couple of helpers for the welcoming and name-tags roster. September and December are both not manned. Please see me if you can help. It requires you to be half an hour early, sort out the name-tags and smile at your friends as they arrive, make sure they sign-in and give them their name tag. New friends would need your extra charm to welcome them. I would prefer 2 people on duty at each meeting.

We welcome Barbara and Robert to their first meeting. We hope you find support within the group, and the information helpful.

Good to see Shirley and Betty again. Great to hear they have both been on holidays. We learned that Shirley now receives her Atlas Orthogonal Chiropractic treatment from Mary who practices in Ryde every Tuesday. Mary is a protégé of Joe Ierano. Nice to know AOC is now closer to Sydney.

Hilary is now using Topicals. She informed us that the chemist at Eastwood has a machine that can compound Tegretol into topical cream.

*I would like to clarify this. The drug used is not the issue, rather, it is the mechanism of action that is important. If Tegretol cannot be compounded – another sodium channel blocker would serve as well. There is no fixed formula to this. It requires an understanding of the mechanism of pain and which mechanisms of action you use.*

Dorothy is trying Auricular Therapy. She has had 6 sessions of treatment and is now able to clean her teeth and also reduced her medications.

Celia with all her stress recently has increased her Tegretol by half a tablet.

Carole has a CT scan appointment soon. She is taking CR Tegretol which is holding the pain.

Nola is also using Topicals. Her topicals consist of Neurontin and Lignocaine.

Roy had his MVD 5 years ago and he is still pain free and beaming widely.

Bruce is off his medication, nor using Capsaicin cream. He prefers to put up with his low level of pain which he said is at its worst in Spring.

We then welcomed Peter and Patricia Edwards to our meeting. Peter had come to Sydney to attend a national conference of the Australian Natural Health Society and had offered to present his successful treatment of 3 TN cases. Peter is a naturopath. He has kindly written his presentation for publishing. The following publication is courtesy of Peter Edwards.

**Trigeminal Neuralgia – A message (and method) of hope!**

Following the recent article in this newsletter regarding the successful treatments of TGN and accompanying letters from patients that had not experienced a return of the condition (one for over five years), I received two new patients from reading their stories. I can report one is no better because this person did not follow the recommendations and program I gave her, and the other I am delighted to report is almost fully recovered and without pain and this was in less than one month!

Each person I have treated so far who has followed the program has recovered. I am not stating this is a sure fix for all who suffer with this extremely debilitating and painful condition however I am saying, I believe I am offering a method of natural treatment without harmful side effects such as the current drug medication, that has proven highly successful to the great majority of TGN sufferers who have followed it.

What is the method and rationale behind my approach? Simple anatomy and physiology combined with biological science. My background is a Naturopath of almost thirty years and my field of study and research is health science. Biological law is the foundation of my method. The method is simply this:

### **Structure Governs Function**

There is a law in anatomy and physiology that states, 'Structure governs function'. This simply means that for example, if you were to sever the nerve to the left arm, the fingers of the left hand would not work because the muscles cannot receive any 'neuro stimulation' from the brain. This is a true principle that is without controversy. I would like to take this principle one step further:

### **Chemistry Governs Structure and Function**

The blood is the body's 'River of Life' and its quality determines the quality of 'structure and function of the entire body. Modern medicine is a system of using chemicals (drugs) for the treatment of just about everything pertaining to the structure and function of the body. Specific chemicals influence the structure and function of the various cells and tissue within the living body.

Chemistry certainly does affect the structure and function of the body. Now the important question is, 'how does this apply to people who suffer with the condition known as Trigeminal Neuralgia'?

The answer is clear when considered in the light of biological law. This condition is another example of a degenerative effect caused by 'chemistry affecting structure and function.' In this case it is specifically degenerative change to the Trigeminal nerve causing the very clear symptom of pain revealing that something is wrong. And I must bring out, this is actually what 'pain' is for, to alert us to a problem that something is wrong with the internal or external environment of the body. If acted upon in the light of investigation and positive action to find and remove the cause, symptoms decrease and settle, as there is no longer a need (or cause) for them.

In biological science, 'abnormal chemistry of the blood' is the cause of most degenerative diseases that so widely ravage the modern society. Blood that is high in retained body wastes and fermented materials can cause a corrosive and degenerative effect upon the tissue of the body as is seen in the very common condition of arthritis. The structure (and often function) of the body degenerates at the joints because of the acidic effect of the chemistry of the circulating blood. This degenerative effect is not restricted to the framework of the body. Organic function of the various organ systems can also be affected and the health and integrity of the nervous sheath and other structural components of the nerve are no exception. The result can be hyperactive and other abnormal activity of the nerve. The painful condition of neuralgia caused by the irritation and degeneration of the trigeminal nerve is an indication of structure and function being adversely affected by the abnormal chemistry of the blood.

Another example of degenerative change to the structure and function of the nervous system is seen in the condition known as Multiple Sclerosis. This is a degenerative change in nerve sheaths in the

brain and spinal cord. Although pain is not the main symptom, severe functional problems of the nervous system are experienced.

## **Treatment**

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'. 'Metabolic Red' taken in the mornings gives the body the organic raw materials to build healthy blood to inturn supply the needed chemical elements to the cells to build healthy new tissue (and this includes nervous tissues). This formula assists the 'anabolic' phase of metabolism in the 'rebuilding and nutritive' phase. The 'Metabolic Green' is taken at nights, which supplies the chemical elements to cleanse and detoxify the blood, liver and kidneys etc. This is the 'catabolic' phase of metabolism and is the 'drainage' phase. Together they assist the body in the two essential roles of metabolism namely, anabolism and catabolism, or, nutrition and drainage. Both are the essential qualities of metabolism, which is the process of life.

Regarding specific chemical elements helpful in the treatment of TGN, I would like to share the following. Much has been written about magnesium in the treatment of TGN but this chemical element is only a part of this chemical story. Without removing the underlying chemical cause of the abnormal neurological structure and function, relief and results are less likely to last. The blood chemistry must be corrected and normalised for a foundation of lasting results to be laid. This is done through a carefully planned 'detoxification diet' geared to the individual's needs. All patients have reported less pain during and particularly after completing this special detoxification diet that lasts from five to seven days. Following this a prescription of a low dose (micro dose) but highly absorbable magnesium, potassium, calcium, sodium and iron are to be given on a frequent basis throughout the day reducing as results are seen. Magnesium is a Neuro/muscular relaxant hence its positive results with this condition in the past. It may surprise you to learn that the chemical element calcium is an essential part of the prescription for restoring nervous tissues integrity and generally improving the overall health and function of the nervous system. Likewise, sodium is needed for neutralising acid within the body. Iron is a natural antiinflammatory. Potassium is a neuro relaxant and in combination with sodium increases the production of healthy digestive enzymes to assist complete digestion of foods, which reduces acid. In combination with Magnesium, Potassium also has a most influential and positive effect upon the heart muscle and is an excellent neuro/muscular relaxant. This can also be helpful in settling pain. Sometimes I will also include a well-balanced B complex with zinc, manganese and chromium to assist the metabolism of sugar and also support the nervous system. If you are not fully digesting sugar, it can ferment and cause acid. Sugar is the most acid forming food and too much can have a very degenerative affect upon the structure and function of the body. Sugar is known as a 'robber food' as it leeches calcium and this will certainly contribute to the undermining of the health of the nervous system which is the last thing TGN sufferers want!

All the above minerals and formulas are found in just two powders and three tablets. I do not believe in prescribing bottles and bottles of medicines. Correctly identify and remove the underlying cause, support the body nutritionally and biologically and the body will do the rest where it is possible.

Below is a letter from the most recent patient to follow this method:

Dear Peter,

I am writing to let you know how happy I am with my progress since coming to see you on the 7th of November this year. I was in a lot of pain with Trigeminal Neuralgia and very stressed. I have noticed many changes not only to my body but also my attitude since then.

After living with TN for six years I had little hope for a happy and productive future.

The first week after seeing you I was quite ill, however I started to notice changes within days.

My skin which was always dry and scaly became soft and moist. I have lost 10kgs to date and have an abundance of energy (I have gone back to work.) I also used to get migraines and haven't had one since and my nails are very strong now. I used to wake 3 or 4 times through the night to go to the toilet, now I sleep right through.

I hadn't exercised for years. I now walk every night and do the exercises from your tape almost every morning, I can now turn my head to reverse my car whereas before I had to use the mirrors.

Of course the best thing is that I am now pain free; I can wash my hair, my face, clean my teeth and walk in the wind without fear. Life seems so much easier now - no stress, nothing is too difficult. I'm a very happy woman.

I would like to thank you and Patricia very much for showing me the way.

A very merry Christmas to you both.

( name withheld ) Tamworth16/12/03

We thank Peter Edwards for his interest in TN and his enlightening presentation. We are glad to know that some have found their answers via Peter.

*Irene.*

*In keeping with the policy of the Association – we do not endorse one form of treatment over another nor one clinician over the other. We hope to provide you with the information and you evaluate and make the decisions.*

## **MELBOURNE SUPPORT GROUP MEETING**

At "Ringwood Room"

Ringwood Library, 1.30 p.m.

**10<sup>th</sup> April, 2004**

**Present: (10)** Carol C; Kath & John C; Francesca F-S; Pat O'G; Beryl O; Tom & Jean ; Bill P; Joan & Neil T.

**Apologies:** Joy & Alan C; Nancy B; Trevor G.

**Treasurer's Report:** The Financial Report shows a balance of \$169.15.

We talked a little about support groups in general, as some members have had experience of other support groups, for different complaints. The consensus is that they are a valuable part of our present-day society, both for passing on information, and the moral support given. On the wider scale, it is also a way to make the public, and the government, aware of the extent of the problem.

- Francesca keeps her pain under reasonable control by using heat, mostly with hot water bottles, and by protecting her head and face from any breeze, or cold wind. Francesca had not been able to come for a long time – good to see her again.
- Carol was welcomed to her first attendance, and she is gathering information before approaching her doctor again. Her pain is in the jaws, and gums, and sometimes roof of the mouth. She doesn't think she has TN, but the pain is severe, and can last from 5 minutes up to ½ an hour. Carol has kept a record, and reports 19 attacks over 7 years. Carol does not have sharp electric shock-like jabs of pain, and no trigger factors. It just comes "out of the blue" about 2 or 3 times a year, on both sides of her face. Her last attack was 3 months ago, and when she saw the flyer in

Ringwood library, she decided to find out whether her pain was anything like TN. Her GP. has not been very helpful. Carol also has Narcolepsy, which she has learnt to deal with over many years

- Francesca and Carol found a lot in common, with symptoms and type of pain – even to both of them experiencing pain in the diaphragm region, which travels up the chest to become facial pain.
- Tom is still managing on Neurontin 300 x pd. No severe attacks for 15 months. Good news, Tom.

With our meeting date falling during Easter, our numbers are down this time. Nevertheless, the meeting was most satisfactory to all those who attended.

Afternoon tea was unorganized this time – but we all hopped in and did a bit There is a good kitchen attached to this meeting room.

**The next meeting is on Saturday, June 12<sup>th</sup>, at 1.30.p.m., at The Ringwood Room.**

*Joan Thompson*

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**Canberra Support Group  
Weston Creek Community Centre  
17 April**

**Present :** Irene W, Peter B, Marilyn W, Adrien W, Rosalie W, Constance A, Peter H.

**Apology :** Allan B.

This was our second Canberra meeting. The attendance was two fold that of the first and as always - very happy to catch up with members.

Marilyn's pain problem began in March 2003. She has pain in her tongue and lower jaw. She is taking Endep35mg X 3 p/d and Baclofen to manage her pain. She developed rashes while taking Neurontin and Tegretol.

Rosalie has been suffering pain for 4 years. Described her pain as stabbing in her lower left lip and teeth. Light touch, and talking can set off an attack. She is taking Epilim and Baclofen to help with the jaw spasm. She also has bad attack of pain at the back of her throat and ear. She had MRI done 31/2 yrs ago. We discussed the thin cut MRI with 1mm sequence slices, 3 D volume acquisition with or without contrast focused on the trigeminal nerve. This new technology has allowed for better viewing of the brain and nerve – a big difference from the normal MRI which has huge gaps in between slices.

Constance has an appointment with the pain management in Canberra. – our best wishes.

Peter has had bad bouts of pain. Pain spreading to the neck. He is on 4gm (no typo here) of Neurontin. Finds stress doesn't help. He spoke of maintaining a positive attitude, talking about the pain condition to others and managing pain with the help of understanding friends as important aspect of his pain management.

Fittingly we concluded with PeterB's happy story. Peter had his MVD in July last year and has been pain free since. Prior to his MVD – Peter was taking high doses of Tegretol which was not controlling the pain. Later he was on high doses of morphine. What was interesting was his description of how he could feel the *tick tick* of the nerve but he was not bothered by the pain.

This reminded me of what some of the TNA MAB (US ) were saying about morphine -

“ it doesn't stop the pain.”

“ puts you half way in coma and not know what pain is”

“ all morphine does is make you goofy enough that you can't remember that you have pain. The pain system is firing just as effectively.”

Thank you Adrien for making the coffee and tea.

A total of \$11 was collected in gold coin donation – which helped pay room hire of \$27.50 Tab was picked up by TNA Aust. Inc.

**Next Canberra Meeting : 16 October 1 – 3 :30 pm**

I am counting on you to reach out locally. Hopefully, we can double the attendance again.

*Irene Wood.*

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**Correspondence Corner.**

**Anne (NSW)** : Had knee surgery. One good thing thru all that time my neuralgia was very good & I had not been taking any tregratol only B complex & B12 .. when we had that very hot day about a month ago & then the cool day the next I started to get a few twinges. I've had twinges on & off since & probably should have started taking my tregratol, but I didn't till today when I woke at 3am this morning with my neuralgia a lot worse. I hope it will settle down soon. I intend to visit Joe for an adjustment to my atlas as I feel sure that is what helped me overcome my pain last year. I would just like to say a BIG THANK YOU for all the help & information your support groups has given me over the last couple of years.

**Poay.K (MAL)** : lately I discovered that taking food with oyster sauce results in excruciating pain, food with msg also triggers the pain. I am trying very hard to keep the dosage at 800mg per day, ignoring and living with the dull aching pain that is tempting me to take an extra pill.

It is not easy to start a Penang TN support group. First of all, not many people of my age group here are well educated in English. Communication is a problem. - *Pain is a common language and brick walls are also common obstacles ...it is a question of how fast you want to crash into it.* ☺ !

**George (Qld)** : I thought you might like to hear a good news story. Towards the end of last year I noticed that I was not having any pain. Prior to this, although I was a 500mg of Epilim twice a day, I was still having some pain. In January with some apprehension, I cut back to one tablet a day, with out any ill effect. Then after about 3 weeks I went down to one tablet every other day and on February 17, I cut the medication out completely. I don't know why the pain is gone, but believe me I'm grateful that it has. I often give the trigger point on my top lip a push just to convince myself that it is really gone. I'd like to thank you for the help and advise you gave me when this all started. I just hope that many more members of the Association can relate similar stories.

**A caring sister** - As I watched her walking in, I cried as there has been so much despair with her illness but the person who came out was anything but sad. For the first time in a very long while I heard hope in her voice. She was so encouraged by what you said and the information that was available to her.

**Jean D.(NSW)** : I visited my GP. He was very interested in this (Topicals) and was only too happy to ring Bob Harrison to discuss a formula. It is so refreshing to find a doctor who is open to new ideas.

“ It's not the pace of life that concerns me, it's the sudden stop at the end.” ☺  
Never knock on Death's door; ring the doorbell and run (he hates that).  
Lead me not into temptation (I can find the way myself).

**NEURONTIN®** - CMI

Gabapentin

8  
TNA AUST

(Pfizer)

What Neurontin is used for

Neurontin is used to control epilepsy. Epilepsy is a condition where you have repeated seizures (fits). There are many different types of seizures, ranging from mild to severe. Neurontin is also used to treat neuropathic pain.

Neurontin belongs to a group of medicines called anticonvulsants. These drugs are thought to work by controlling brain chemicals which send signals to nerves so that seizures do not happen.

Neurontin also has analgesic effects.

There is no evidence that Neurontin is addictive.

This medicine is available only with a doctor's prescription.

Neurontin is not recommended for use in children under the age of 3 years to control epilepsy, as its safety and effectiveness in that age group have not been established. Also, the safety and effectiveness of Neurontin for the treatment of neuropathic pain in children under the age of 18 years have not been established.

Symptoms of an allergic reaction to Neurontin may include:

- \* shortness of breath, wheezing or difficulty breathing
- \* swelling of the face, lips, tongue or other parts of the body
- \* rash, itching or hives on the skin

If you are not sure whether you should start taking Neurontin, talk to your doctor or pharmacist.

Before you start to take it

Tell your doctor or pharmacist if you have allergies to:

- \* any other medicines, especially barbiturates or any other anticonvulsant medicines
- \* any other substances, such as foods, preservatives or dyes

Tell your doctor if you have or have had any medical conditions, especially the following:

- \* kidney problems
- \* mixed seizure disorders

Taking other medicines

Tell your doctor or pharmacist if you are taking any other medicines, including any that you buy without a prescription from your pharmacy, supermarket or health food shop.

Some medicines and Neurontin may interfere with each other. These include:

- \* some medicines used to treat stomach or duodenal ulcers, such as cimetidine
- \* antacids, medicines used to treat heartburn or reflux

These medicines may be affected by Neurontin, or may affect how well it works. You may need different amounts of your medicine, or you may need to take different medicines. Your doctor or pharmacist will advise you.

How to take it

**Swallow Neurontin whole with a full glass of water.**

When to take it

**Take Neurontin at about the same time each day.**

Taking Neurontin at the same time each day will have the best effect. It will also help you remember when to take the capsules/tablets.

It does not matter if you take Neurontin before or after food.

If you forget to take it -

If it is almost time for your next dose (within 4 hours), skip the dose you missed and take your next dose when you are meant to.

Otherwise, take it as soon as you remember, and then go back to taking your medicine as you would normally.

Do not take a double dose to make up for the dose that you missed.

This may increase the chance of you getting an unwanted side effect.

If you are not sure what to do, ask your doctor or pharmacist.

Stopping Neurontin suddenly may cause unwanted effects or make your condition worse. Your doctor will slowly reduce your dose before you can stop taking it completely.

If you take too much Neurontin, you may feel drowsy, weak, unsteady when walking, have double vision, slurred speech or diarrhoea.

### **While you are using Neurontin : Things you must do**

If you are about to be started on any new medicine, tell your doctor, dentist or pharmacist that you are taking Neurontin.

Before you have any surgery or emergency treatment, tell your doctor or dentist that you are taking Neurontin.

Tell your doctor if you feel Neurontin is not helping your condition.

Your doctor may need to change your medicine.

Tell your doctor if, for any reason, you have not taken Neurontin exactly as prescribed.

Otherwise, your doctor may change your treatment unnecessarily.

If you become pregnant while taking Neurontin, tell your doctor.

If you need to have any medical tests while you are taking Neurontin, tell your doctor.

Neurontin may affect the results of some tests.

Be sure to keep all of your doctor's appointments so that your progress can be checked.

Your doctor will check your progress and may want to take some tests from time to time. This helps to prevent unwanted side effects.

### **Things you must not do**

Do not give Neurontin to anyone else, even if their symptoms seem similar to yours or they have the same condition as you.

Do not take Neurontin to treat any other complaints unless your doctor tells you to.

Do not stop taking it unless your doctor tells you to.

### **Things to be careful of**

Be careful driving or operating machinery until you know how Neurontin affects you.

As with other anticonvulsant medicines, Neurontin may cause dizziness, light-headedness, tiredness and drowsiness in some people. Make sure you know how you react to Neurontin before you drive a car, operate machinery, or do anything else that could be dangerous if you are dizzy or light-headed. If this occurs do not drive. If you drink alcohol, dizziness or light-headedness may be worse. Children should not ride a bike, climb trees or do anything else that could be dangerous if they are feeling drowsy or sleepy.

Neurontin may cause drowsiness, dizziness or sleepiness in some people and affect alertness.

Be careful when drinking alcohol while taking Neurontin.

Combining Neurontin and alcohol can make you more sleepy, dizzy or light-headed. Your doctor may suggest you avoid alcohol while you are being treated with Neurontin.

### **Side effects**

Tell your doctor or pharmacist as soon as possible if you do not feel well while you are taking Neurontin. Neurontin helps most people with epilepsy or neuropathic pain, but it may have unwanted side effects in a few people. All medicines can have side effects. Sometimes they are serious, most of the time they are not. You may need medical treatment if you get some of the side effects. If you are over 65 years of age you may have an increased chance of getting side effects.

Ask your doctor or pharmacist to answer any questions you may have.

If you get any side effects, do not stop taking Neurontin without first talking to your doctor or pharmacist.

Tell your doctor or pharmacist if you notice any of the following and they worry you:

- \* dizziness# or light-headedness
- \* feeling tired or drowsy#
- \* weakness, unsteadiness when walking, reduced co-ordination or slowed reactions
- \* mood changes# such as restlessness, agitation, nervousness, irritability or excitement
- \* unfriendliness#
- \* unusually overactive#
- \* forgetfulness, loss of concentration or confusion
- \* difficulty speaking
- \* changes in your weight#
- \* constipation
- \* diarrhoea
- \* nausea and/or vomiting#
- \* dry mouth
- \* muscle pain or cramps
- \* blurred or double vision, uncontrollable jerky eye movements, difficulty seeing
- \* swelling of the hands or feet.
- \* runny or blocked nose
- \* back pain
- \* tremor
- \* fever#
- \* bronchitis#
- \* sore throat and discomfort when swallowing
- \* lung infection#
- \* viral infection# These are the more common side effects of Neurontin. Mostly these are mild and short-lived.

The side effects in the above list marked # have been specifically reported in children taking Neurontin.

Tell your doctor immediately or go to Accident and Emergency at your nearest hospital if you notice any of the following:

- \* more frequent or more severe seizures (fits) (increase in seizures)
- \* sudden signs of allergy such as rash, itching or hives, swelling of the face, lips, tongue or other parts of the body, shortness of breath, wheezing or difficulty breathing (anaphylactic reactions)

These are very serious side effects. You may need urgent medical attention or hospitalisation.

All of these side effects are very rare.

Keep your capsules/tablets in the pack until it is time to take them.

If you take the capsules/tablets out of the pack they will not keep well.

Keep your capsules in a cool dry place where the temperature stays below 30°C.

Keep your tablets in a cool dry place where the temperature stays below 25°C.

Do not store Neurontin or any other medicine in the bathroom or near a sink.

Do not leave it on a window sill or in the car on hot days.

Heat and dampness can destroy some medicines.

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### **For your interest.**

**Benfotiamine**, a synthetic derivative of thiamine (vitamin B-1) which shows promise in treating a number of neurological and vascular conditions. Benfotiamine also appears to have beneficial anti-aging qualities, protecting human cells from harmful metabolic end products.

With benfotiamine, the sustained increase of Thiamine Pyrophosphate (TPP) and the resulting activation of the enzyme transketolase in the system can produce beneficial effects on general nerve health, sciatica, neuropathy, retinopathy, nephropathy, polyneuropathy, peripheral neuropathy (PN), shingles, herpes zoster, fibromyalgia, general ageing, other nerve conditions, vascular health, blood pressure and coronary health for diabetics and non-diabetics alike.

Benfotiamine (a lipid-soluble form of vitamin B-1\*) was developed in Japan in the late 1950's to treat alcoholic neuropathy, sciatica and other painful nerve conditions. It was patented in the U.S. in 1962, and has been in widespread use in Japan since 1962 and in Europe since 1992 with encouraging results.

IS IT SAFE? Information from the patent filed in 1962 indicates that lab mice were able to tolerate 22 times more benfotiamine by body weight than common vitamin B-1 (thiamine hydrochloride).

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### **NOTICE**

#### **Melbourne Support Group**

Speaker for the Next Meeting: An explanation of Chiropractic will be given by Dr. Pauline Walsh, of Mooroolbark Chiropractic Centre. If you have tried Chiropractic therapy, come along and gauge your experiences against Pauline's presentation. If you have very little knowledge of Chiropractic, then this is your opportunity to learn more, and ask questions.

The next Meeting is on Saturday, 12th June, at 1.30 pm, Ringwood Library. See you there!

#### **Newcastle Support Group**

DR RUSSELL VICKERS, Pain management specialist from the Royal North Shore Hospital, Sydney, has agreed to travel to Newcastle and talk to our group about pain management. I have been a patient of his and I recommend to anyone to make a few hours available and come to listen to what he has to say. If you have a friend or family member that suffers from chronic pain not related to TN, but who is interested in attending our meeting, please feel free to invite them.

## NEXT MEETING : 2004

**Brisbane :** *8 May 1:30 – 4:00pm*  
30 Ridley Rd., Bridgeman Downs.  
Support group leader : **Lesley Curtain** 3264 2838

**Newcastle:** *15<sup>TH</sup> MAY, 2004. 1:00PM – 4:00PM*  
Guest Speaker : **DR. RUSSELL VICKERS, Pain management specialist**  
TUTORIAL ROOM, LEVEL 6 MATER HOSPITAL  
Lorna Street ( Off Maud St. ) Newcastle.  
Meet at Daffodils Caf  before heading up stairs.  
Support group leader: **Phil Leaver** : 49 387361 or 0427 571700.

**Sydney :** *5 June 2 – 4:30pm* Winston Hills Public School  
Junction Rd, WISNTON HILLS.  
Guest Speaker : **Dr. R. Vickers : The pathophysiology of pain**  
Support group leader : **Irene Wood** – 45 796 226

**Melbourne :** *12 June 1:30 – 4 pm* "Ringwood Room"  
Ringwood Library  
Guest Speaker : **Dr. Pauline Walsh, of Mooroolbark Chiropractic Centre.**  
Support group leader : **Joan Thompson** – 03 9725 3808

**Sunshine Coast :** *TBA 1:30 – pm* FRED MURRAY BUILDING,  
CURRY STREET, NAMBOUR  
Support group leader : **Marcella McSweeney.** 07 5446 1642

**Canberra :** *16 October 1- 3:30 pm -*  
Weston Creek Community Centre  
Contact **Irene Wood.** 02 45796 226

## **GOD BLESS**

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