



## Trigeminal Neuralgia Association of Canada

April 2015 Newsletter

### Support Group



### Eastern Ontario Support Group

Next Meeting Saturday April 25<sup>th</sup> in Ottawa. Please contact for location information.

Our group consists of people from Kingston through to Cornwall and north to the hills of Gatineau! We are a group of people who enjoy coming together to encourage and support each other along the journey of TN. We share news on where we are at in our TN journeys and what paths we have travelled. Most of all we are always open and looking to welcome new members to our group.

Our group is open to individuals with TN as well as their friends and family.

For more information and the time place of our next meeting please contact Jane at [cmusicstudio@cogeco.ca](mailto:cmusicstudio@cogeco.ca) or by calling 613.936.6977

### Vancouver and Lower Mainland Support Group

Date: **Saturday, May 9, 2015**

Time: 1:00 to 3:30

Place: G.F. Strong Rehab Centre, Vancouver, 4255 Laurel St., (Laurel at W. 26, one block east of Oak) The Boardroom 109 (Just off the main lobby)

Wheelchair accessible and wheelchair friendly parking. Friends, family and supporters are always very welcome.

We will be having a guest speaker: Pharmacist Dr. Marylene Kyriazis who will talk about a cream that's she's developing for pain and will bring samples for us to try at the meeting. Dr. Kyriazis can also answer questions about TN drugs.

Dr. Marylene Kyriazis has served the North Shore Community as a community pharmacist for 20 years. She has a special interest in pain management and palliative care. She currently practices as a consultant clinical pharmacist, educates other pharmacists on pain management and is involved with clinical research. Together with a physician, she has developed a topical product for pain relief.

Aside from her professional activities, she volunteers for a number of philanthropic organizations:

- Co-founder, and currently the president of, the Paul Sugar Palliative Support Foundation, which supports and assists terminally ill patients and their families.
- Provincially, VCH Regional Director on the board of the BCHPCA (BC Hospice Palliative Care Association)
- Inaugural director of MAHI (Mothers Assisting Humanitarian Initiatives). MAHI provides clothes, food, and medical supplies to needy families.

I look forward to seeing you at the meeting. Any questions or concerns please give me a call at 1 604 741 0662 or send me an email.

[annhopkins@dccnet.com](mailto:annhopkins@dccnet.com)

### Lethbridge Support Group

The Lethbridge Support Group meets every second Saturday of the month at 2:00 p.m. in Rm A, Lethbridge Senior Centre, 500 - 11th Street, S., Lethbridge, AB.

Coordinator: Marion Guzik, past president / founder TNAC

email [mguzik@telus.net](mailto:mguzik@telus.net)  
Phone: 403-327-7668



## Treasurer's Report

### London Support Group

Are you in the London, ON area?  
We have a new support group  
serving Western Ontario.

**Contact Name:** Elizabeth Galbraith  
**Tel:** 519.471.3439  
[energyworksnaturally@bell.net](mailto:energyworksnaturally@bell.net)  
[www.tnsupportlondon.ca](http://www.tnsupportlondon.ca)



### Edmonton Support Group

Edmonton and Surrounding Area  
Support Group,

As our group continues to grow, and in our continued quest for relief and knowledge. I have been working on a group coupon for our members to have a consultation and 1hr acupuncture session at a very reduced rate here in the city, as some of our members have expressed interest in exploring this route. Dr. Martin is an acupuncturist/ message practitioner and practices Traditional Chinese Medicine. There is much to learn about this option and I am excited to bring this fantastic opportunity to everyone at our next meeting.

Our next meeting will be held on Sunday, April 26, at our usual meeting place. Please feel free to contact me for further information. Caregivers/ friends and family are welcome. You can reach me at [kimkrause.tn@gmail.com](mailto:kimkrause.tn@gmail.com)  
Thanks Kim

Again we would like to thank our wonderful members for renewing your memberships and your continued support of our worthwhile Charity-TNAC. And a big thanks to those members who were able to include TNAC as one of their Charities for the past year.

In the fall of 2014 a new member in Saskatchewan decided she wanted to raise funds for our organization, she was in a painful stage of her TN this did not deter her enthusiasm. Thanks to her amazing creative abilities & presentation skills the fund raiser was a huge success. When we received Hally's donation we were overwhelmed. It was the largest one time donation TNAC has received during my ten years serving as Treasurer. Our thanks again to everyone in Saskatchewan for supporting Hally and TNAC

As stated in previous communications our Executive committee all work on a voluntary basis and therefore our overhead can be kept to a minimum so that a large percentage of income is directed to TN research, so it's a "BIG THANK" you to our members that we are able to fund TN research each and every year.

To those new members who joined this past year we welcome you, you are in good hands and are very lucky to have such great support with Ann Hopkins who has an incredible knowledge of TN. Please feel free to call Ann with any questions

regarding TN. Ann resides in BC she can be reached at 1-604-741-0662.

Spring has sprung in Beautiful BC. Enjoy a wonderful Canadian summer everyone wherever you may roam in this wonderful country.

Joya Dickson-Treasurer



### The History of Trigeminal Neuralgia

Cathy Graham  
Translated by Marie-Claude Banville

***"There is as exquisite an anguish suffered as from any distemper to which the body is subject, if we may judge by the expressions of it..." – W. Heberden - 1802.***

Early descriptions of trigeminal neuralgia are suggested from the writings of Galen, Aretaeus of Cappadocia (born approximately AD 81), and in the 11<sup>th</sup> century by Avicenna ("tortura oris"), meaning: "torture of."

Dr. John Hall wrote in the 1600's:  
***"The Lady Rouse, being with Child, was miserably troubled with the Mother, and Faintings, and extreme Pain in the Head."***

The carvings on the 13<sup>th</sup> century capitals at Wells Cathedral in London portray that of people with facial neuralgia; it is believed. One is famed as *the toothache figure*. Due to the fact that there was a surprisingly rare amount of cavities in this era; Wilfred Harris, a London neurologist with a compelling interest in the treatment of neuralgia pointed

out the probable cause in the mid 1800's.

In the 1660's a compelling description of TN comes from the German physician, Johannes Laurentius Bausch who suffered from **"a lightning like pain in the right face."** He became unable to speak or eat well and it appears that he died of malnutrition.

Dr. John Locke described trigeminal neuralgia in letters to Dr. John Mapletoft in 1677. He writes about a patient of his, the Countess of Northumberland, wife of the Ambassador to France at the time.

**"What had been regarded as the end of a mild and tolerable ailment, became the source of the sharpest and most uncomfortable pains, I would say the start of a tic douloureux that assailed her night and day."**

Nicolas André invented the term tic douloureux in 1756 in his book, **Observations pratiques sur les maladies de l'urethre et sur plusieurs faits convulsifs.** The term tic douloureux was used to describe facial wincing, grimacing, and contortions that accompanied the violent and unbearable pain.

During the 17<sup>th</sup> and 18<sup>th</sup> century Trigeminal Neuralgia was referred to as **"Fothergill's disease"** John Fothergill was an English physician acknowledged for truly identifying trigeminal neuralgia in his work **"Of a painful affection of the face"** in 1773. His brother Samuel Fothergill also a doctor wrote: **"A concise and systematic account of a painful affection of the nerves of the face, commonly called tic douloureux."** in 1804.

In the 1950's a hand-written manuscript was discovered in a hospital's archives in Italy. An Italian lawyer, Mr. Boys suffered from trigeminal neuralgia and over a twenty year period, beginning at age fifty-seven, kept record of his illness almost only when he was engrossed in the most excruciating pain. During periods of well-being he did not write. I was unable to obtain the full diary in English, I used Google translate in order to read partial passages from his journal. Here are a couple of excerpts:

**"In the summer of 1803 I was suddenly attacked by a painful feeling in the left side of the face, and exactly at the corner of the nose, upper lip: lasted four or five seconds."**

**"So far from done and my particular observations I decided not to do anything and to live as I can and to resign myself to the providence of God." "No longer able to live and doubting become rapid...."** The diary ends here. The Italian lawyer died in 1824.

Numerous treatments were used on Mr. Boys such as: purging, bleedings, homeopathy (flowers and plants), opium, arsenic, gastric juices of crow, dressings of mercury (at the nerve area), twenty consecutive days of electrical applications (bars of zinc and copper used as electrical conductors) and those of chemical, gas, and acid. Digesting much Musk (the glands found in the belly of male Asian deer), henbane plant (known for its narcotic and poisonous properties) and zinc oxide were also treatments.

In history (since the 1600's), here are some other remedies which were used to try and alleviate the devastating pain of TN:

Exorcism, quinine (antimalarial drug), venom from bee and cobra, hemlock (poisonous plant), burning the surgically revealed nerve with hot irons, steam therapy, tar applications, taking the hand of the painful side and plunging it in boiling water. Surgeons tried injecting into the face; boiling water, alcohol, wax and osmic acid.

From the well loved novel **"Moby Dick"** written by Herman Melville in 1851 we obtain an account of trigeminal neuralgia (tic douloureux):

**"Didn't that Dough-Boy, the steward, tell me that of a morning he always finds the old man's hammock clothes all rumped and tumbled, and the coverlid almost tied into knots, and the pillow a sort of frightful hot, as though a baked brick had been on it? A hot old man! I guess he's got what some folks ashore call a conscience; it's a kind of Tic-Dolly-row they say – worse not a toothache. Well, well; I don't know what it is, but the Lord keep me from catching it."**

In conclusion, there is so much more regarding the history of trigeminal neuralgia; maybe another article. What I take with me from this writing... is my gratefulness for living in the times we do ☺



**L'Histoire de la Névralgie du Trijumeau**

Cathy Graham

Traduction de Marie-Claude Banville

**“Pour tout des désarrois auquel le corps est assujetti, il y a un supplice aussi exquis, si l'on en juge par l'expression de celui-ci...” – W. Heberden - 1802**

D'anciennes descriptions de la névralgie du trijumeau sont suggérées dans les écrits de Galen, Aretaeus de Cappadocien (né aux alentours de l'an 81 av. J.-C.), et durant le 11<sup>ème</sup> siècle par Avicenne, référant à cette maladie sous le nom “torturaoris” (torture de). Le Dr. John Hall écrit dans les années 1600: **“Dame Rouse, enceinte, était terriblement affectée par la grossesse, et des évanouissements, et des douleurs extrêmes à la tête.”**

Des gravures sur les piliers du 13<sup>ème</sup> siècle de la Cathédrale de Wells à Londres représentent, croit-on, des gens souffrant de la névralgie du trijumeau. L'une d'elles, rendue célèbres, est **le personnage à la rage de dents**. Étant donné que les caries dentaires étaient étonnamment rares à cette époque, Wilfred Harris, un neurologue Londonien particulièrement intéressé au traitement de la névralgie, souligna la cause probable de ces maux au milieu des années 1800.

Dans les années 1660, une description captivante de la NT vint du médecin allemand Johannes Laurentius Bausch, qui souffrait d'une **“douleur comme la foudre au visage droit”**. Il devint incapable de parler et de manger correctement et l'on croit qu'il est mort de malnutrition.

Le Dr. John Locke a décrit la NT dans des lettres adressées au Dr. John Mapletoft en 1677. Il écrit au sujet d'une de ses patientes, la

Comtesse de Northumberland, femme de l'Ambassadeur de France.

**“Ce qui était considéré comme la fin d'un mal doux et tolérable, devint la source de la douleur la plus aigue et pénible, je dirais même le début d'un tic douloureux qui l'agressa nuit et jour.”**

Nicolas André inventa le terme tic douloureux en 1756 dans son livre, **Observations pratiques sur les maladies de l'urètre et sur plusieurs faits convulsifs**. Le terme tic douloureux était utilisé pour illustrer la crispation, les grimaces et les contorsions qui accompagnaient la douleur violente et insupportable.

Durant le 17<sup>ème</sup> et le 18<sup>ème</sup> siècle, la Névralgie du Trijumeau était appelée **“Fothergill's disease”**. John Fothergill était un médecin britannique reconnu pour avoir correctement identifié la névralgie du trijumeau dans son ouvrage **“A propos d'une douloureuse maladie du visage”** en 1773. Son frère Samuel Fothergill, également médecin, écrit en 1804: **“Un compte rendu concis et méthodique de la douloureuse maladie des nerfs du visage, communément appelée tic douloureux.”**

Dans les années 50, un manuscrit fut découvert dans les archives d'un hôpital en Italie. Un avocat italien, Ruggero Ragazzi, commença à souffrir de la névralgie du trijumeau à l'âge de cinquante-cinq ans. Durant une période de vingt ans, il prendra note de sa maladie presque exclusivement lorsqu'il se trouvait sous l'emprise de la douleur la plus atroce, en passant sous silence ses longues périodes de bien-être. Je n'ai pu mettre la main sur son mémoire complet, mais j'ai utilisé “Google translate” afin de lire

quelques passages de son journal. En voici quelques extraits:

**“Durant l'été de 1803, je fus soudainement assailli par une sensation douloureuse au côté gauche de mon visage, exactement au coin du nez et de la lèvre supérieure: cela dura quatre à cinq secondes...”**

**“Si loin de la fin et mes observations particulières, j'ai décidé de ne pas intervenir et de vivre comme je le peux et de m'en remettre à la bonne volonté de Dieu.” “Incapable de vivre et le doute s'installe rapidement...”** Ainsi se terminent ses mémoires. L'avocat italien mourut en 1824.

Plusieurs traitements furent administrés à Mr. Ruggero Ragazziti: saignements, homéopathie (Belladonna), opium, arsenic, sucs gastriques de corneille, compresses au mercure (au niveau du nerf), vingt jours consécutifs de thérapie électrique (le zinc et le cuivre utilisés en guise de conducteurs d'électricité), ainsi que des produits chimiques, gaz et acides. Le musc (extrait des glandes sébacées de cerfs males d'Asie, plus particulièrement du Tibet), la jusquiame (plante connue pour ses propriétés narcotique et toxique et connue pour apaiser la rage de dents) et l'oxyde de zinc sublime.

Dans l'histoire de la NT, depuis les années 1600, voici quelques autres remèdes utilisés dans le but d'en soulager la souffrance dévastatrice:

Exorcisme, quinine (médicament contre la malaria), le venin d'abeille et de cobra, la ciguë (plante vénéneuse), le brûlement du nerf exposé avec un fer chaud, la

thérapie à la vapeur, l'application de goudron, on a même plongé la main du côté douloureux dans l'eau bouillante. Des chirurgiens ont essayé d'injecter de l'eau bouillante, de l'alcool, de la cire et de l'acide osmique (osmium tetroxyde) dans le visage des patients.

Le roman bien aimé **"Moby Dick"**, écrit en 1851 par Herman Melville, décrit un cas de névralgie du trijumeau (tic douloureux) :

***"Qu'est-ce qu'il me disait le garçon, cette Pâte-Molle? Qu'il trouve tous les matins les draps du hamac du vieil homme tout chiffonnés, en désordre, rejetés au pied et la couverture presque tordue en nœuds, et l'oreiller brûlant d'effrayante manière comme si l'on avait posé dessus une brique tirée du feu? Un vieillard de flamme! Je pense qu'il a ce que quelques gars à terre appellent une conscience; c'est une sorte de tic douloureux à ce qu'ils disent, pire qu'une rage de dents. Eh bien! Eh bien! je ne sais pas ce que c'est, mais Dieu me garde de l'attraper."***

En conclusion, il y a une abondance d'information sur l'histoire de la névralgie du trijumeau, peut-être même assez pour un autre article. La leçon que j'ai tirée de cet exercice en rédaction... est à quel point j'apprécie de vivre dans nos temps modernes ☺



Q: Do you have any recommendations for treating trigeminal neuralgia (pain in the nerves

that carry sensation from the face)?  
— Lisa K., Hastings-on-Hudson, N.Y.

A: As a neurosurgeon, I have treated a number of cases of trigeminal neuralgia. I was trained and did research for one of the leading neurosurgical experts on this very painful problem, Dr. Peter Jannetta. He demonstrated that the problem was caused by compression of the trigeminal nerve (which carries sensation from the face) by an artery or occasionally a vein. This compression causes the protective fatty sheath (the myelin) of the nerve to erode away, resulting in a "shorting out" of the nerve.

This "shorting-out" process causes the jolting and very excruciating pain associated with this disorder. After treating trigeminal neuralgia with the Jannetta surgical technique, with a major modification by my mentor, Dr. Ludwig Kempe, I decided to try a more conservative approach — that is, through the use of nutritional nerve repair.

I had great success in using a combination of lipids found in myelin, such as phosphatidyl-choline, phosphatidylserine and phosphatidylinositol. These can be taken as a combined supplement containing 1,000 mg of each.

I use this mix three times a day to repair the damaged myelin. Because inflammation plays such an important role in the process, I used a combination of bromelain, pycnogenol and silymarin in the recommended doses. Omega-3 oils, high in DHA, also reduce the inflammation and repaired the damage.

Finally, and most importantly,

magnesium as magnesium citrate/malate, in a dose of 500 mg twice a day was used. This reduced the inflammation, reduced the "shorting-out" process and blocked excitotoxicity, also a major player in the disorder.

Later, I added methylcobalamin, 5,000 mcg a day, along with a multi-B vitamin. This also promotes healing of the damaged nerve and reduces excitotoxicity.

There is growing evidence that a number of other nutraceuticals can also help, such as alpha-lipoic acid, acetyl-L-carnitine and vitamin D-3 in a dose of 5,000 international units a day. I suspect that L-carnosine (not to be confused with L-carnitine) will also prove to be of major benefit, because it has been shown to reduce nerve excitability, prevent seizures (trigeminal neuralgia is similar to a seizure) and block excitotoxicity.

Of great importance is to avoid all food additive excitotoxins, such as aspartame, MSG, hydrolyzed proteins, and caseinate.  
(edited from newsmax.com)



### The Story of April

It all started a year and a half ago, a couple of weeks before a family trip to Las Vegas. I felt dental pain in my left lower jaw and went to the dentist. Dental X-rays did not show any problems, but I had begun grinding my teeth so the dentist made me a bite guard and gave me a prescription for Vicodin. He also



sent me to an endodontist, but there was no indication that I needed a root canal.

By the end of our trip, I was in such pain that it was unbearable to eat, talk, or even smile. When we returned home to LA, the dentist suggested doing a root canal "to see" if that would rid me of my pain. I said "no thanks." But I was still in pain so I went to see another dentist who specialized in TMJ. He did a panoramic X-ray of my mouth, which came back normal. Upon examination, it was determined that I had a slight case of TMJ and needed a second (very expensive and mostly not covered by insurance) bite guard made. It didn't help.

Several months later, the pain intensified. My regular dentist still could not determine the source of pain and referred me to a different endodontist. By then, I had done my own research and although I didn't display classic root canal problems, I thought perhaps I had a hairline fracture deep in my tooth. I was so desperate for relief that I was open to, and proceeded to have, first one, then another root canal. But the pain didn't go away.

The constant pain was wearing me down and made it difficult to take care of my little ones (now ages 5 and 3). Out of frustration and desperation, I googled my symptoms on the internet and came across something called "trigeminal neuralgia" (TN). A family friend who is a neurosurgeon, Dr. Tony Feuerman, referred me to a neurologist, Dr. P.B. Andersson. My MRI scans ruled out brain tumors and I began taking Lyrica, working up to 150 mg doses twice a day. It helped take the edge of the pain at times, but it would always return. Around the New Year the pain started to worsen again, so my

neurologist added a second medication, Carbatrol (200 mg twice a day). I was already tired from the Lyrica, and the added medication increased my fatigue. Three months later, the medication was deemed ineffective and my neurologist referred me to Dr. Antonio DeSalles, a Radiosurgery expert at UCLA. Dr. DeSalles specializes in **minimally invasive gamma knife (radiation) treatment**, which involves partially deadening nerves with precise doses of radiation. After reviewing my records, Dr. DeSalles said that gamma knife treatment was an option, but that based on my age and relatively good health he strongly recommended microvascular decompression surgery and referred me to Dr. Neil Martin, head of UCLA Neurosurgery. Both my neurologist and neurosurgeon friend said that Dr. Martin is the "Best in the West" for this specialized procedure. Dr. Martin explained the procedure and its possible side effects. Basically, an incision is made and a nickel sized hole drilled in the skull. Using microscopic instruments, Dr. Martin would locate, separate, and stop the compression of the blood vessels pressing against the trigeminal nerve (which was the cause of pain). It's still hard to imagine that something happening inside my head was causing pain in my jaw.

Microvascular decompression is low-risk major surgery and if successful, would completely cure me. While the thought of undergoing brain surgery was scary, the thought of being pain and medication-free was more compelling. Planning for a 2-4 week recovery time, I decided to schedule the procedure in early summer when my sister, a schoolteacher in Hawaii, could help me with the house and

kids. However, by the end of March, my pain was continuing to worsen and I could wait no longer.

On April 17, I underwent a six hour surgery. Dr. Martin found and addressed three areas that were compressed. During the initial recovery period, I was not able to fully appreciate being pain-free. I experienced normal side-effects like headaches and double-vision. But by the time I was off all medication and my sutures were removed, I started feeling better for the first time in awhile. I still felt fatigue four weeks after surgery, but was comforted to learn that it would be a month or two before I felt 100% like myself. It has now been just over two months and I am happy to report that I am fully recovered and that the constant, unbearable pain caused by TN is gone for good.

I am so very grateful for Dr. Martin (THANK YOU, DR. MARTIN) and his great expertise, patience, and precision. He gave me my life back. I can read to my kids again and joke with them (I told them that the doctor took out the grumpy bug). Dr. Martin's staff (Jennifer, Antoinette and everyone) was so efficient and my admission and hospital stay went very smoothly. The neuro-recovery ward nurse, Audry Hamill, was especially terrific. I was discharged from the hospital on my birthday and she brought me a cake. This gift was actually "the icing on the cake" since Dr. Martin's gift of making me pain-free was the best possible birthday present.

In hindsight, I wish I had done the surgery even sooner instead of hoping and waiting to see if the medication would eventually work (in a last ditch futile effort to avoid surgery, I even had a tooth extracted and now must face a dental implant).

I feel so fortunate to have a supportive husband and family (a great sister and the best sister-in-law) who helped with my kids and home in many times of need, and the friends who showed so much care and concern throughout my ordeal.  
(from neurosurgery.ucla.edu)



### **Roger's Story**

I'm Roger, aged 65 1/4 and semi-retired from running large IT programmes in industry. Although 'semi-retired' I am very busy with all sorts of interests including my own small marine consultancy business, flying, boating and doing various other jobs. About 5 years ago I was in a business meeting, all very focussed and thinking 'outside of the box etc.' when I noticed a strange 'tickle' on the right side of my face near my eye. It didn't last for long and I thought no more about it. Some six months later I was in the shower when something horrendous happened. I felt an acute 'electric shock' in the same place as my previous 'tickle' which seemed to consume most of the right side of my face. I found myself panicking and before long went down on my knees holding the towel to my face. I thought it wouldn't stop but, eventually, it did. I was bewildered and exhausted. I went to see my GP very quickly and she printed off a piece of paper and handed it to me – 'Trigeminal Neuralgia' it said in big bold threatening letters at the top of the page. I read on and a whole new

world revealed itself to me – carbamazepine, MVDs, glycerol injections to name but a few.

The attacks returned, not too frequently but over time the attacks became more frequent and more intense. As it progressed I likened it to having a six inch nail embedded in my face or a bared mains cable being rubbed around my right eye. My GP and I worked well together to bring it all under control. A slow increase of carbamazepine reduced the frequency of the attacks and symptoms however, it was also clear that over a 6-12 month period the medication was becoming less effective. I see myself as a bit of a whizz with the Excel Spreadsheets so I created a Pain Chart and recorded medication, frequency of attacks and pain on a daily basis using simple scales. I monitored eating, showering, teeth cleaning and random attacks. It helped me to understand the pattern of what was happening and the GP was also able to draw some conclusions from this chart.

Meanwhile, I was trying to get my life back. At one time I was on about 1800mg per day of medication, becoming lethargic and finding that eating was a nightmare. It took me more than half an hour to consume a piece of grilled salmon, and noisily sucking thin porridge off a spoon in the morning was bordering on anti-social

behaviour. I did jigsaws, carried on driving and went to meetings. On one occasion, with each step on Waterloo Station, the jolting disturbed my "six inch nail" so much I had to stop off at Costa Coffee, negotiate some water and slink into a corner to take more tablets.

Eventually the medication was at such a high level I felt that something else had to be done – I had nowhere to go. I managed to get an urgent appointment with Mr Owen Sparrow – what a blessing that man and his team are. After some discussion and examination we decided that a Glycerol Injection was the most favourable 'next step' for me. I went to Southampton Hospital early one morning, 'nil by mouth' of course, and was given a local injection in my face to which was added a small connector. Then I was put to sleep and a much larger syringe was connected. This syringe would be used to put glycerol in the exact place, a location called 'Meckel's Cave'. They woke me up at this point and asked me to confirm that I could feel anything. People started asking me questions but speech was beyond my capability. However, in a disjointed sort of way I pointed to the spot and gave the thumbs up. Everybody seemed delighted at this and to my relief I was laid back down and promptly returned to anaesthetic oblivion. A little later I was awake and back in the land of the living.

Alleluia! There was no pain whatsoever although a quarter of my head felt numb! I thought that was it – have a hospital sandwich and a cup of tea and go home, but I then had to sit up in bed for four hours with my head held face down on a stack of pillows so that the glycerol didn't seep out of Meckel's Cave. I was hungry, my back was aching but I didn't care – the six inch nail had gone and so had the bared mains cable. At last I had got my little world back. No more attacks and I was slowly coming off the medication. Within two weeks I was back to normal and life was right again. I consider myself very fortunate – I had found the Trigeminal Neuralgia Association, I had a brilliant GP who understood and worked with me and I don't live far from the 'A' Team at Southampton General Hospital. That was nearly four years ago. I remain conscious that it could come back and keep a supply of carbamazepine at home or when I go away. But so far..... so very good.

*(from tna.uk.org, story updated January 2015)*



#### TN Awareness Products

TNAC is slowly introducing TN awareness items. We have 2 custom leather bracelets available.



Each bracelet is teal coloured. One has two beads. The other had one (ribbon) bead and TNAC.ORG in the leather. Men may choose an option with no bead. Cost is \$30 with \$10 of every sale coming to TNAC. This bracelet is a fundraising promotion by Be Charmed, a local leather jewellery maker, in Cornwall, ON. To order please contact [becharmed@bell.net](mailto:becharmed@bell.net) or call 613-363-4578

Future items will include a magnet suitable to put on your car or fridge. We are also looking at additional postcards that you can use to handout.

TNAC would like to organize long or short sleeve T shirts in late summer to be ready for the 2015 TN Awareness day and we are looking at options for this as well

If you would be interested in a TN Awareness Magnet or a TN shirt please email: [jane@caninebasics.ca](mailto:jane@caninebasics.ca) and let us know! You are NOT committing to a purchase at this time, just letting us know you are interested in possibly purchasing the

item when (and if) it becomes available.

Thank you for your continued support of TN research in Canada! TNAC remains committed to identifying and supporting neurologists, neurosurgeons, and researchers in Canada who are working towards better treatments and ultimately, an end, to this battle with Trigeminal Neuralgia that so many of us face.

If you are considering fundraising endeavours for TN Awareness Day in October we urge you to consider supporting TNAC's "Search for Solutions" as we partner in Canadian research for TN!

Wishing you all a pain free spring!

TNAC