



TRIGEMINAL NEURALGIA ASSOCIATION OF CANADA

December 2013 Newsletter

Support Group



Eastern Ontario Support Group

The Eastern Ontario support group met in Merrickville, ON on what turned into the first snowstorm of the year. We had a good time sharing together and all made it home safely!

This group is made up of people from Kingston, Brockville, Cornwall, and the Ottawa area.

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

Next meeting is planned for February 2014.

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

Vancouver and Lower Mainland Support Group

Meeting: Saturday, date to be announced

Meeting Time: 1.00 – 3.30 pm

G.F. Strong Rehab Centre.

Vancouver

4255 Laurel St.

(Laurel at W. 26th, one block east of Oak)

The Boardroom 109. (Close to the cafeteria, just off the main lobby) Friends, Family and Supporters welcome.

For the date of the meeting, or just to get in touch and/or talk, please call or email me:

Ann Hopkins 1 604 741 0662;

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 Phone: 403-327-7668

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

www.tnsupportlondon.ca

Edmonton Support Group

We have been approached by someone interested in having a support group in Edmonton. If you are in this area and would be interested in attending a support group please email president@tnac.org so we can connect people! Thanks!



Treasurer's Update

Just a note that our treasurer is heading to warmer climes for a few months. Joya will be leaving in mid December and returning in February.

Any donations or memberships forwarded to TNAC during that time will be receipted upon her return.

We thank you for your patience and understanding.



Disability 101

Cathy Graham

Caroline Glaude, Traductrice agréée

Disability is any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being.

--World Health Organization

The daunting process of applying for disability here in Quebec took me 1 ½ years. I was refused the first time. I applied a second time and was accepted. Whether you are applying in Quebec, to the Régie des rentes or to the Canadian Pension Plan (CPP) for disability benefits know that it is almost a given that you will be rejected the first time. During my process, I found that being seen at a pain clinic does help in the evaluation process. The first time I applied for disability I was on the waiting list at the Montreal General Hospital pain clinic. The second time I applied and was accepted, I was being seen at the pain clinic. A friend of mine, a nurse, explained that if you are not in a pain clinic or attending some form of therapy, you will most likely be refused.

During my process I was sent to a neurologist of their choosing. I do believe this visit was the key that opened the lock. There was no

denying I suffered incredible pain; especially when the doctor came at me with one piece of kleenex folded in half and proceeded to ever so gently run it across the left side of my face. I could not even speak after that due to the intense pain.

I understand how extremely hard it is to work during attacks. Please ask family and or friends for help if you need to. Keeping on top of whoever is in charge of your file is of the utmost importance! I say this because at one point in speaking with the nurse from disability I found out that they confused my dentist with my pain specialist. Of course, this is after me writing a letter with all the information about all my doctors. I cannot stress enough the fact that you need to advocate for yourself! If you are applying for CPP benefits, you may want to consult a lawyer or legal aid if your income is low. The Canada Pension Plan for disability is much more difficult to obtain.

The **eligibility requirements** for CPP are such that you must have long standing health problems and multiple systems failures. Like Osteoporosis and Blindness from diabetes. You have to have had or are expected to have trigeminal neuralgia and or other illnesses for at least 12 months and are so severe you are unable to work because of it (them). Many physical conditions are diagnosed by looking at the results of blood tests or x-rays for example, which makes it easier to confirm that you do, in fact, have a medical impairment. However, trigeminal neuralgia is often "invisible." That is, there are often no test results that can prove a diagnosis of trigeminal neuralgia and corroborate the excruciating pain you feel. This being said, there is a way

to qualify for disability benefits that do not rely on objective findings, as much. If they look at all of the facts, decide that having trigeminal neuralgia and related symptoms are so afflictive that there is no work you can perform; you can be found eligible. Remember: that erratic but extreme pain can interrupt your ability to concentrate on your assignments, keep up with work, get along with co-workers, and reduce your productivity. These are limitations that reduce your ability to work.

Do not hold back! I was reading where more times than not people tend to compact their symptoms when filling out the disability papers. You are not confined to the few lines you are given to describe your condition. Take a separate piece of paper and continue on... You should give a detailed description on how trigeminal neuralgia has changed your life, medication side effects, and how TN significantly affects your ability to work. Provide updated information on all aspects of your pain experience. These include the physical, emotional and social impacts. Let it be known what you are able and not able to do at your current level of pain. List all steps you have taken to improve your pain. For example: surgery, pain clinic, etc. Remember to note any Psychologist, Acupuncturist, Massage Therapist, etc. When it comes to being accepted or not for disability; all therapies you have tried are essential! We are dealing with pain and pain needs even more proof. **How intense and persistent are your symptoms of pain?**

Please remember this question! If it helps, keep a pain diary. I printed and sent a description of trigeminal neuralgia and how it affects a person

off the internet. Do not presume the doctor attending to your file knows all there is to know about TN. There is a very good probability he does not. And of course, having a great doctor and specialist will play a key role. When all is said and done though, it is really up to you, you are your best



Invalidité 101

Cathy Graham

Caroline Glaude, Traductrice agréée

L'invalidité est une réduction partielle ou totale de la capacité à accomplir une activité d'une façon normale ou dans les limites considérées comme normales pour un être humain. –

Organisation mondiale de la Santé

Le processus de traitement d'une demande pour invalidité, ici au Québec, est long et décourageant. Il a duré un an et demi dans mon cas et j'ai été refusée la première fois. J'ai présenté une nouvelle demande et j'ai été acceptée. Peu importe si vous présentez une demande au Québec, à la Régie des rentes ou au Régime de pensions du Canada (RPC) pour des prestations d'invalidité, **prenez pour acquis que vous serez probablement refusé à la première demande.** Grâce à ma propre expérience, j'ai découvert qu'être vue dans un centre antidouleur peut être favorable lors de l'évaluation. À ma première demande, j'étais sur une liste d'attente au centre antidouleur de l'Hôpital Général de Montréal. Alors qu'à ma deuxième demande, celle où j'ai été acceptée, j'étais suivie au

centre antidouleur. Une de mes amies, qui est infirmière, m'a expliqué que si vous n'êtes pas suivi dans un centre antidouleur ou ne suivez pas une thérapie quelconque, vous serez fort probablement refusé.

Au cours du processus, j'ai été référée à un neurologue de leur choix. Je crois que cette visite a été la clé qui m'a ouvert la voie. Il n'y avait aucun doute sur l'immense douleur qui me submergeait quand le docteur s'est approché de moi avec un mouchoir plié en deux et m'a doucement essuyé la joue gauche. Je ne pouvais même plus parler après ça, tant la douleur était intense.

Je comprends parfaitement qu'il soit extrêmement difficile de travailler pendant une crise. Ne soyez pas gêné de demander de l'aide auprès de votre famille et amis si vous en éprouvez le besoin. Il est **très important de bien tenir informée la personne qui est en charge de votre dossier!** Je le dis, parce qu'à un certain moment, je me suis rendue compte que mon dentiste avait été confondu avec mon algologue. Bien sûr, ceci étant après que j'aie écrit une lettre comprenant tous les détails à propos des médecins que je consulte. Je n'insisterai jamais assez sur le fait que vous devez plaidez votre cause

Si vos revenus sont faibles et que vous appliquez pour des prestations au RPC, vous devriez consulter une assistance juridique, car elles sont beaucoup plus difficiles à obtenir. Pour remplir les conditions d'admission au RCP, vous devez avoir une maladie secondaire à d'autres états pathologiques depuis longtemps; comme l'Ostéoporose ou une cécité causée par le diabète.

Vous devez avoir ou aurez une névralgie essentielle du trijumeau, jumelée à d'autres maladies ou non, assez sévère pour vous empêcher de travailler depuis au moins 12 mois. Certaines maladies sont facilement détectable à l'aide de tests sanguins ou de rayons X, ces résultats aident à prouver que vous êtes incontestablement atteint de telle maladie. Ce n'est malheureusement pas le cas de la névralgie essentielle du trijumeau. C'est-à-dire qu'il n'y a aucun test capable de diagnostiquer une névralgie essentielle du trijumeau ainsi que l'incommensurable douleur qui en découle. Ceci dit, **il y a un moyen d'être admis** aux prestations d'invalidité sans avoir recours à des preuves aussi tangibles. Si d'après votre analyse de dossier, la névralgie du trijumeau et les symptômes s'y rattachant sont trop affligeants pour vous permettre d'exercer quelque métier que ce soit, vous pouvez être admissible. Souvenez-vous que même si vos crises de douleur sont sporadiques, elles peuvent tout de même réduire vos capacités de concentration au travail, vos performances, votre productivité et nuire aux relations avec vos collègues. Ces limitations réduisent votre capacité à travailler.

N'omettez rien! Certaines personnes se croient obligées de condenser leurs symptômes à cause de l'espace restreint contenu dans le formulaire d'invalidité pour décrire leur état. N'ayez pas peur de prendre une feuille de papier à part et d'y inscrire une description détaillée sur la façon dont la névralgie du trijumeau a changé votre vie, sur les effets secondaires liés aux médicaments, sur votre incapacité totale ou partielle à travailler. Faites des mises à jour

constantes sur votre expérience avec la douleur, les impacts qu'elle a sur votre corps, vos émotions et votre vie sociale. Décrivez ce que vous êtes capable ou incapable de faire selon le degré de douleur que vous ressentez. Énumérez les différentes méthodes que vous avez employées pour améliorer votre état : Chirurgie, centre antidouleur, etc. Notez bien le nom de chaque psychologue, acuponcteur, physiothérapeute, etc. Chaque thérapie que vous avez essayée pourraient faire en sorte que vous soyez accepté. La souffrance doit être quantifier pour paraître réelle aux yeux des autres. **De quelle intensité et à quelle fréquence vos symptômes de douleur apparaissent-ils? Souvenez-vous de cette question!** Tenir un journal sur vos douleurs peut aider. J'ai trouvé, sur internet, une description de la névralgie essentielle du trijumeau et sur les effets qu'elle peut avoir sur la vie d'une personne. Il ne faut pas présumer que le médecin qui analysera votre dossier connaîtra tout à propos de la névralgie du trijumeau. En fait, il y a de fortes chances que non. Avoir un bon médecin et de bons spécialistes qui vous suivent fera vraiment une différence, mais n'oubliez pas que vous restez le meilleur expert de vous-même.



"I was diagnosed with TN, what now"

Often TNAC receives emails or phone calls from people either recently diagnosed with TN or who suspect they have TN. The question is always "what now?" What tests do I need to have, what medications should I be taking, what surgery should I be looking at, if any?

Once you are diagnosed with TN you will want to follow up with your doctor by:

1. Referral to a neurologist who is familiar with trigeminal neuralgia. Remember TN is a rare disorder. Just because you are seeing a neurologist doesn't mean they are familiar with the disorder. You want a specialist who knows TN! So ask and if you are not ok with the neurologist you are seeing ask your family doctor for a new referral.
2. Request an MRI. The MRI will help to screen for any tumour that could pressing on the trigeminal nerve and will also look for an artery compressing the nerve. You want what is called a "fiesta MRI, thin cut, with dye contrast." Ask for this. Your family doctor can request it or your neurologist. Regardless of who orders it ask specifically for the fiesta thin cut MRI with dye contrast. This is the MRI that a surgeon will want to see and it is the one that is used to visualize the artery. Even if this is done and the results are normal, it does not mean you do not have TN. TN is diagnosed on symptoms and response to medication not on the results of the MRI. The MRI also screens for multiple sclerosis. Having TN does not mean you have MS however having MS does increase the potential that you may experience TN so

you do need to be assessed for this as a precaution.

3. Try medication for TN. Medications for TN are the same as those used for epilepsy – anti convulsants. Tegretol (also called carbamazepine) is the one usually tried first. Not every person can tolerate Tegretol. If you try it and are allergic to it or find you have too many side effects there are other options. Gabapentin and Lyrica are the two often tried after Tegretol but any anti convulsant can be used. Anti depressants have also shown to be of use and are often used in combination with anti convulsants. Unlike typical pain medications, medication for TN does not work immediately. It takes time for it to take effect in your system and address the TN symptoms.
4. Be honest. TN is not just a painful disorder and it does not just impact you. It impacts your family and friends too. Be honest with yourself. Know your limitations, what works and what does not work, and honour those limits. Be honest with the people around you who can support you. Tell them how you feel, not just physically but emotionally. This lets them provide the support you need. And be honest with your doctor. Keep a pain journal and record both your pain and how you are coping with side effects of meds and how you cope emotionally. Your doctor cannot work with you to find

a medication that helps you unless s/he knows how you are truly doing.

5. Find support. Whether it is by email, phone, or a support group, being able to share with others who have or are walking the same journey is a huge help. These are the people who can help you connect with doctors, give you coping skills, truly understand, and truly encourage. TNAC is always here to listen and to encourage along your journey.

This is just a short summary of some of the first steps you should take when you are first diagnosed with TN. TNAC is always available for phone or email support to help you on the TN journey regardless of where you are along the path.



Article by TNAC member Jennifer Sweeney that appeared in the Vancouver Sun on October 11 on the Op Ed page.

In 2005, I had three weeks of left-sided facial numbness. In 2009 I started having some strange sensations on the right side of my face that my dentist thought could be from the onset of trigeminal neuralgia (TN). I asked my GP for a referral to a neurologist and waited.

In May of 2010, just before my 50th birthday, my life changed completely when I had my first serious bout of facial pain. TN, often described as the worst pain known to humankind, made its unwelcome appearance after an unnecessary root canal. I

had burning sensations while eating food or brushing my teeth that would progress to the feeling of razor blades cutting my upper lip, ending with the sensation of a poker being thrust upwards inside my head. I developed a serious allergy to the pain medication, which left me with no effective defence.

The usual pattern for TN is for the pain to come and go. It did exactly that for me. For a woman my age, the most common cause of TN is a blood vessel rubbing against the trigeminal nerve. I prepared myself psychologically for the possibility of brain surgery to separate blood vessels from the nerve. I also knew that the pain could be a symptom of MS but every specialist I saw told me that I didn't have MS, even as my body continued to betray me with additional symptoms such as serious constipation and other gastrointestinal problems.

It wasn't until I had a brain MRI that the picture became clear. I had brainstem lesions that corresponded with all of my symptoms. Although the neurologist I was seeing didn't look at the images, he still felt comfortable telling me I didn't have MS because I had no changes in my reflexes or motor strength. But I knew I had MS – I had ordered a copy of the MRI and looked at the images. I had worked as a speech-language pathologist with adults who had neurological conditions. I was not naïve. I knew what I was seeing.

My new GP and I decided to bypass that neurologist and go directly to the UBC MS Clinic for evaluation and diagnosis. It was there in mid-November of 2012 that things finally turned around for me. I was diagnosed with MS quickly; a

brainstem lesion corresponded exactly with the facial pain I had suffered from for over two years. I then flew to Winnipeg for a neurosurgery – a rhizotomy – on December 27 and have been out of major pain since.

Before we had MRI imaging and sophisticated neurosurgical interventions, people like me often killed themselves. There were many times that I thought about it because there seemed to be no other way to escape the pain and I couldn't get help. I was given many psychiatric labels and even laughed at by a physician. These experiences seriously affected my trust in our medical system.

Now, as I learn to live with my MS, my focus has shifted from the pain to learning how to prevent the progression of MS.

I have started a new oral medication called Tecfidera. And I have been reading about CCSVI, a condition treated by venoplasty to enlarge the veins that drain blood from the brain.

This week's article by Dr. Traboulsee in *The Lancet* takes us a step further in separating CCSVI from MS. It was encouraging to read Traboulsee's conclusion that "if there is a connection between venous narrowing and MS, it remains unknown, and it would certainly appear to be much more complicated than current theories suggest."

I have met several people who have had the venoplasty who are well-educated, articulate and passionate as they have first-hand experience with their own positive results.

What we don't know is why some people have great success with the procedure and others don't.

I was curious about my own venous drainage and booked a private MRI two weeks ago to learn that indeed two of the three major veins are compromised. My evaluation also included a measure of blood flow that was not part of Traboulsee's study.

When you have a progressive neurological condition, time is not on your side. If you had the chance to try a procedure that might halt progression or even reverse brain atrophy, you would probably consider it too. The thought of TN coming back is too horrific for me to contemplate.

The proclamation that venoplasty is ineffective is premature. Let's move the research forward.



Contacting TNAC

For information on membership or general information:

president@tnac.org

613.936.6977

TNAC, 1602 Walton Street
Cornwall, ON, K6H 1W2

For information on support groups:

support@tnac.org

For information on advocacy:

advocacy@tnac.org

Do you have an article for the newsletter? Do you have a topic you'd like covered? Do you have a drug you'd like profiled? Please let us know.



My Story Submitted by S. Higdon

My story began in February 2011. While it seems like it was a lifetime ago, it's hard to believe it has only been two years. I began to feel dental pain in the upper left side of my face. I spoke with my dentist who figured it was a cracked tooth. He fixed what he thought was the problem and away I went, but the "irritation" didn't. Still thinking it was a dental problem, I returned to the dentist. He figured the next logical step would be to a visit to an endodontist for a root canal. In the meantime, one evening, I was just getting ready to sit down with my husband to watch TV, and this excruciating pain came over me and literally brought me to my knees. I felt like the left side of my face had cracked in half. I was so afraid of this pain; I never wanted to feel it again. I figured that once I had my root canal, my life would get back to normal. I was wrong. After the root canal I was in such pain that it was unbearable to eat, talk, and sometimes even breathe. The endodontist assured me it was normal, and urged me to give it time. He said I had to realize I had "surgery." After a considerable amount of time, it went away, I thought I was cured! Little did I know at the time, I had entered into my first remission.

Then one fateful day in August, I once again felt a dull pain in the same place. I couldn't believe it. This annoying tooth was going to be the death of me. I went back to my original dentist who took another X-ray and nothing showed up. I asked to see the endodontist again. I had

made up my mind to have the tooth extracted - anything to get rid of the electrical stabbing pain that I was experiencing. The endodontist refused to pull it and suggested I see my medical doctor. He assured me it was not Trigeminal Neuralgia. Trigeminal Neuralgia? What is that? I had never heard of this. He informed me that I wouldn't be able to get up off the couch if I had this condition. Leaving, feeling helpless, I begged my dentist to pull my tooth as this pain was agonizing. He did not recommend this, but he knew I wasn't going anywhere until he did. The tooth was pulled and, guess what, the pain got worse. I googled trigeminal neuralgia and immediately knew this is what I had. I had been in complete denial.

I immediately knew why TN is dubbed "suicide disease". I didn't know what to do. I went to see my doctor who put me on the long road of medications and consultations. My MRI scans thankfully ruled out brain tumors and MS. I began taking tegretol, but soon had to stop that when my white blood count went "dangerously" low. I ended up being on Limitrogine and Gabapentin. It didn't really help, but I was desperate. After a while, it once again went into remission. But not for long.

In January 2012 I finally had an appointment with a neurologist who went over the disease. I felt for the first time that someone understood what I was going through. When pain isn't caused by something that others can see, it is hard for people to understand. He told me about possible treatments that were available. I told him I needed this to go away. It was a dark time for me. He referred me to a neurosurgeon. He warned me the wait would be substantial, but I knew I was on the

list, and I was willing to grasp at anything to show me a light at the end of the tunnel.

In February, 2012, as I was folding laundry, I felt that familiar twinge and knew that I was in for another rough few months of not eating very much (which fortunately was a benefit that I could certainly afford). At this point, all I could do was suffer it out and wait for my appointment with the neurosurgeon. I needed to believe there was a light at the end of the tunnel.

Summer 2012 brought me some relief with remission and allowed me to “live”. But that inauspicious day came once again in October. I couldn’t take this anymore. I called the neurologist and asked about the status of my appointment with the neurosurgeon. She was shocked to find out that I hadn’t heard from them. She called them and asked about my status. It turned out I wouldn’t be seeing the neurosurgeon until December. I cried. In fact, I sobbed to the point where I didn’t know any more despair than I felt that day. There was some good news – there was a consultation appointment. It was more than I had before. I once again suffered all the while continuing to work full time, take care of two amazing children, and look as though this was not getting to me - although it was. The day finally came when I met the infamous Dr. Pickett. She was amazing! She explained every possible procedure and the possible side effects. Microvascular decompression (MVD) was the recommendation. Basically, an incision would be made and a loonie sized hole drilled in my skull. Using microscopic instruments, Dr. Pickett 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 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 10-12 week recovery time, I asked the question – when? She assured me since I was rapidly losing weight that she would schedule me for “early in the new year”. I left there feeling vindicated although petrified that this procedure would not be the solution, but I knew I had to take that chance. On January 28, 2013, almost 2 years to the day since the onset of my symptoms, I underwent a 3 hour surgery. Dr. Pickett found and addressed the areas that were compressed. I woke up and immediately needed to speak with my husband Chris to see if I was “fixed”. Dr. Pickett had explained to him how the procedure went, and by her account it went according to plan. She found the issue and fixed it. The relief I felt was indescribable. I was pain free. During the initial recovery period, I experienced normal side-effects, including headaches. But by the time I was off all medication and my stitches dissolved I started feeling better for the first time in a while. I still felt fatigue four weeks after surgery, and was comforted to learn that it could be up to 6 months before I felt 100% like myself. But after 3 months, I finally feel like my old self. While Dr. Pickett is confident my issue will not return, I still wake up every morning and wonder, is today the day it will come back. I know this feeling will eventually pass, but until it does I am optimistically cautious.

I am grateful for my family physician, Dr. Soliman, for listening to me and then referring me to Dr. MacDougall. I am grateful for my neurologist, Dr. MacDougall, for his expertise and understanding, and for recommending the MVD procedure. I am grateful for the amazing Dr. Pickett (and her team) who were so caring and professional. Their great expertise, patience, and precision gave me my life back. The staff at the QEII in Halifax was so efficient and everything went smoothly. I can finally read to my kids again and joke with them.

In hindsight, I wish I had not relied on the dentists so much. I should have been more confident in my research and asked the right questions to the right doctors. The last step in my recovery is to complete the steps of a dental implant, (which was worse than the brain surgery) and get my full set of teeth back!

I feel so fortunate to have a supportive husband and family (great sisters and sister-in-law) who helped with my kids and home in many times of need. I am thankful for the friends and co-workers who showed so much care and concern throughout my ordeal.

One piece of advice, for anyone who is going through something traumatic, please watch what you read on the “internet”. I was so afraid of everyone else’s bad stories, I was starting to believe there was no hope. Everyone is different – that’s why I am sharing my story - a success!



Gallixa

Gallixa is a soothing cream for your skin that contains the novel

ingredient gallium maltolate, which couples the fragrant natural compound maltol with the exotic element gallium.

Maltol occurs in many foods, giving them a deliciously sweet strawberry fragrance. It is also a powerful free-radical scavenger and AGE (advanced glycation end-product) inhibitor—properties that can protect your skin from damage.

Gallium is known, from extensive scientific research, to possess potent anti-inflammatory properties when incorporated in certain compounds—particularly gallium maltolate.

Recent studies indicate that gallium maltolate, in addition to being anti-inflammatory, may also be effective against pain, including some types of pain that are resistant to other therapies.

People who have used skin cream report success in treating*

- Psoriasis
- Acne
- Seborrhea
- Eczema
- Actinic keratosis (pre-skin cancer)
- Plantar fasciitis
- Cold sores
- Insect bites and stings
- Spider bites
- Warts
- Hemorrhoids • Pain
- Arthritis
- Vaginitis
- Inflammation
- Postherpetic neuralgia
- Trigeminal neuralgia
- Complex regional pain syndrome
- Facial pain
- Minor rashes, cuts, and burns
- Diaper rash

- Rosacea

Of all the people who have used , including many physicians and nurses, no one has ever reported even a trace of any adverse effect.

Containing only soothing ingredients, with no added preservatives, is hypoallergenic. All ingredients are of the highest cosmetic grade and have been chosen for their skin-friendly properties:

Water White ozokerite wax (emulsifier, emollient)
Petrolatum (moisturizer, emollient, skin protectant) Lanolin alcohol (emulsifier, moisturizer)
Mineral oil (moisturizer, emollient, skin protectant) Gallium maltolate (0.5%)

is highly moisturizing, leaving your skin smooth, fresh, and not at all oily. It's also a perfect base for makeup.

I received a sample of Gallixa in October to try. I can not say that it was a miracle cure for TN or Anathesia Dolorosa but having used Zostrix for years, Gallixa has replaced Zostrix for me. Gallixa is much gentler on the skin and does not have the burning side effect of Zostrix. It is available on in the US but can be shipped to Canada.

I can not say this will work for everyone but if you are looking for a natural alternative or simply for a little something extra it may be worth a try.

For more information contact:
www.gallixa.com
Gallixa LLC
285 Willow Road, Menlo Park, CA
94025 USA
Telephone: 1-650-324-3344
Email: info@gallixa.com

Lawrence R. Bernstein, Ph.D.
President and Scientific Director



Membership Note

Please send new memberships or membership renewals to:

Susan Forster
104-1322 Martin Street- White Rock
BC V4B 3W5

Joya Dickson remains as our treasurer however Susan will be handling memberships and renewals. We welcome Susan and thank her for her service to TNAC.



TNAC would like to wish everyone

**a
Merry Christmas and
A Pain Free
New Year!**