

FootSteps...

TOWARDS PROGRESS

The Newsletter dedicated to finding a better way to live with erythromelalgia
Volume 4, Issue 2, June 2003, Published by The Erythromelalgia Association

TEA Reaches out to It's Non-Computer Members

By Ray Salza



The New Networking Program

Over the past year, TEA has worked very hard to create and enhance a professional website for our members. Feedback on this effort has been very favorable. It's now time to turn our attention to the development of new services with special attention to the nearly half our membership that does not have internet access/e-mail. Until now, other than the newsletter, these members have not had the access to educational and helpful information offered to our internet members by the TEA website.

Patterned after the NORD networking program, TEA will sponsor an EM networking program for the exchange of EM information and support through letter writing. By signing the form enclosed, you are giving TEA permission to provide your name and address to other TEA members who also have signed up for the program. Many members have asked for contact information for other members, particularly in their state or area, but TEA holds personal information about members in strict confidence and can't currently disclose this information to anyone else. While we're designing this program for our non-internet members, any TEA member may participate even if you have e-mail or subscribe to outside chat-type services.

There are 3 requirements to participate in the Networking Program:

- 1) You must be a TEA member (or immediate family member) with annual dues for the member always paid up-to-date.
- 2) You must submit the form below giving TEA permission to disclose your name and address to other participants in the program.
- 3) You must agree to respond to all correspondence from other network members who write to you.

NOTE: TEA reserves the right to exclude or remove from the program anyone who a) does not satisfy the requirements for the confidential exchange of information or b) uses the program to promote products, services, or religious beliefs, or otherwise abuses the purpose of the program.

TEA will maintain, update and periodically distribute the list of participants to those who sign up for the program. Board member Judy Reese will serve as TEA's networking coordinator.

Other new services being developed or considered:

- 1) TEA members with internet access can view all TEA publications, medical journal articles and more on the website. Since our members without

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New Services (Continued from Page 1)

Internet access don't have that same capability, they will periodically be receiving a catalog of TEA publications that can be ordered, mailed, or faxed to them for a small fee. The list will be included in the TEA quarterly newsletter, FootSteps.

2) Depending on the response to the Networking Program, TEA is considering the development of a special supplement to the quarterly newsletter that will respond just to the issues and concerns to our non-Internet members.

3) Also depending on the response to the Networking Program, TEA is considering the establishment of TEA Chapters around the world. However, TEA will first need to amend our Bylaws to authorize the creation of chapters and define their functions.

Your comments and suggestions are always encouraged and welcome. If you would like to share your thoughts about these new services, please contact our Member Services Representative:
Ray Salza at 24 Pickering Lane, Wethersfield, CT 06109, or call 860-529-5261, 9-5 pm, EST.

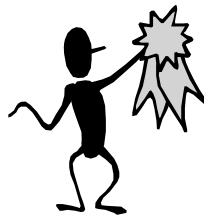


To join the Networking Program, please fill out the form on the last page of the newsletter.

Election Results

Thank you for your support during our elections for the Board of Directors in March and April. The Board of Directors has been confirmed for the 2003-2005 term.

Lennia Machen—President
Beth Coimbra—Vice President
Ray Salza—Secretary/Treasurer
Milt LeCouteur— Board Member
Helen Normandin— Board Member
Judy Reese— Board Member
Gayla Kanaster—Board Member
Kathy Weaver—Board Member



If you would like to join our board and volunteer your time to help in the effort to educate and raise awareness of erythromelalgia, please contact our Member Services Representative, Ray Salza. Email access is required.

New Members

"Make new friends, but keep the old, One is Silver and the other Gold"

The following list is of the members that have newly joined us since March 2003.
And, on this occasion, we would like to extend a great big welcome to them all!

Noah Booth, Francis Gray, Burl Hamilton, Christian-Hoegh Hansen, Russell Keefer, Christine Kiffmann, Erin Morgan, Reginald Noah, Demetrios Papadopoulos, Elizabeth Passage, Linda Pedersen, Andrew Prince, Melinda Pruitt, Dianne Schilling, Madeline Steingut, Steven Withers, Mary Woodard, Ruthella Young, Kagehiro Amano, Mikki Anderson, David Ballard, Elisa Braver, Laverne Buhr, Rhea Cope, Vicky Dennis, Rebecca Fisher, Jeanne Gossmann, Jane Graham, Mr. J H Ruud Grootveld, Jill Johnston, Natalya Matskovich, Michelle Mays, Gail McNutt MD, Faith Payne, Laura Regan, Kathleen Soto, Noreen Sweeney, Robin Wilson, Deborah Winslow, Sheryl Black, David Cowdrey, Rita Furman, Ed Gavaldon, Lisa Guidroz, Lewis Hanson, Lynn Hughes, Donald Ierley, Carol Kaplan, Barbara Kent, Raymond Lambert, Michelle Mattox, Irma Ohlenkamp, Dwight Orton, Mrs. D.F.Parker, Carrie Philpott, Arturo Solis Sanchez, Jodie Stowe, and Kevin Wilcox

Welcome!... we're glad you've joined us!





Tragedy and Silver Linings

By Ray Salza



The Tragedy

In early May, the parents of TEA member Mike Marchio were involved in a fatal auto accident on the grounds of the State Capitol in St. Paul, Minnesota. Mike's mom, Ida Marchio died, and his father Michele Marchio was injured.

Mike, his wife Joelle, and other family members then made an incredibly thoughtful decision. Although there is a history of other better known (and better funded) diseases in the family, they decided to ask friends and family to make memorial donations to The Erythromelalgia Association in lieu of flowers. As of mid-June, TEA had received over \$5400 in donations for the Research Fund (see list of donors below).

On behalf of all TEA members, The Board of Directors extends its condolences to the Marchio family and our thanks for such a thoughtful and generous act.

The Opportunity To Remember Loved Ones

Until now, TEA did not have a program to allow members to make donations *in memory of* or *in honor of* others. With this newsletter, TEA is announcing a new program that will allow anyone to make memory/honor donations by mail, or by credit card on our website.

You can honor the memory of a friend or loved one through a gift to TEA's Research Fund. We will send a memorial card in your name to the family of a deceased friend or loved one. When making a memorial gift, please include the name of person to be honored or memorialized, your name and address, and the name and address of the family to whom the card should be sent.

On special occasions like a birthday or anniversary, "in your honor" cards can be sent in your name to the person you wish to honor.

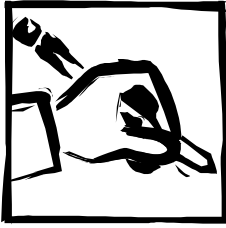
Remember, anyone can make a donation; you don't need to be a TEA member. TEA respects your privacy. The amount of the gift is never revealed. Neither the donor nor the recipient will be placed on a mailing list.

TEA will begin distributing preprinted donation envelopes to all members as part of our regular mailing of newsletters and renewal notices. You may also order a supply of donation envelopes by writing to TEA at 24 Pickering Lane, Wethersfield, CT. 06109, or e-mail memberservices@erythromelalgia.org. You can also make an "in memory of" or "in honor of" donation with your credit card on our website.



Thank you to the following individuals and organizations who have donated to the TEA Research Fund In Memory of Ida Marchio:

George & Irene Nagel; Paul & Catherine Gatto; Erma Lipschultz; Indelco Plastics Corporation; Modern Manufacturing & Engineering Inc.; St. Paul Agency Inc.; Berkley Risk Administrators LLC; Michael & Joelle Marchio; William & Roberta Piazza; Mary Culbertson; Stephanie & Daniel McCauley; Virginia & Michael Dwyer; Scott & Susanne Lawson; Ann Urman; Ahto & Linda Niemioja; Bernard & Magdalene Flanagan; Jeffrey Machacek; Carl Pohlad; James & Linda Shober; Joan Yerke; Robi Inserra; Ann Coluccio; Thomas & Dorothy McCauley; Elizabeth Burke; Katherine & Thomas Baker; Michael & Josie Nemetz; Michael & Dina Salmen; Richard & Dona Dunn; Mary Moynagh; Mary Theno; John & Ann Colucci; Stephen & Sherry Kampa; Thomas & Julie Marks; Mark & Sheila Schwirtz; Michele Marchio; Susan Shaw; Frank Messina; Jerome & Patricia Friedman; Kathleen & James Geske; Roberta Steel; Julie & Joseph Koegel; Sandra Anderson; Genevieve McCarr; James Rowan; Nancy Christensen; Carol & Mark Epstein; Arctic Glacier; John & Janet Gendler; Betty & Bob Johnson; Mary & John Garcia; Royal & Julie Erlandson; Russell & Nancy Nelson; Linda Piazza Harapan; Joel Tilsner; Garry Ruhlmann; Rosa Erlandson; Todd Erlandson & family; Kelly Buchanan; Marie Krueckeberg; Phillip Fantle; Robert & Elizabeth Inserra; Jane Toeniskoetter; Greg & Paula Merth; Paul & Marcia Allen; Laurie Bruley; Co-Operative Plating Co.; The Partners & Staff of Divine, Scherzer, & Brody Ltd.; Wells Fargo co-workers of Tony Marchio; Robert & Thea Lent; Fred & Beda Sander; Jane Thames; Dr. Katherine Mason; Richard Aune; D.S. Killian & F.J. Milnar Jr., Michael & Molly Gantz, -Sarah Craven, Members and staff of the Minnesota House of Representatives.



Your Stories... and everyone has one!

TEA has asked its members to write brief stories about their EM or daily lives. Several members have responded and we are printing one of them here for you. We would love to hear your story too! Please send them to Gayla Kanaster, 2556 W. 234th St., Torrance, CA 90505, USA or gaylakanaster@aol.com

I'm Milt LeCouteur. In the summer of 1996 my feet began to ache and burn following long walks. The symptoms at that time were more like a neuropathy and would pass within a few minutes. Within a few months the red skin and hot touch became a part of the pattern. Of course, when I would go to see my doctor the symptoms would not be present.

By December 1996 the burning pain and foot soaking were very much part of my daily pattern. I read an article in the Portland, OR newspaper (I live in Seattle) telling the story of an 8 year old girl who had been treated and cured of Erythromelalgia using gabapentin (Neurontin) by Dr. Peter Kosek, MD. The article described EM and it sounded exactly like my symptoms.

I made an appointment with Dr. Kosek. He confirmed my condition and it finally had a name. The first medications I used were gabapentin and imipramine. They were both moderately effective until the summer of 1997. By that time I was taking over 3000 mgs of gabapentin and the EM was burning away as if I were not on any meds at all.

Beginning in the Fall of 1997 my wife drove me (as I could no longer drive) each Saturday to Vancouver, BC (Canada)(260 miles round trip) to be treated by Chinese medicine doctors named Wei Yue Jin and Rene Lei Chen . The treatment consisted of herbal teas and acupuncture. (Bev Fontaine had been substantially helped by these doctors and I decided to give it a try.) Though the treatments did help to a small degree, after 11 months I gave them up.

By this time I had made contact with a few other EM people including Karl Granat, Lennia Machen, Amy The and Jay Cohen. After some months of sharing emails, it became clear that if progress was going to be made toward a medical solution for erythromelalgia, some kind of organization was needed. After much debate, TEA was born.

In 1999, I had become a patient of the Pain Clinic at the University of Washington Medical Center. After several months of trying various medications, a decision was made that I would benefit from the use of a Medtronic morphine pump. It necessitated some rather extensive surgery and four days in the hospital. The pump is placed under the skin of the abdomen, close to the ribs. A catheter leads from the pump and is threaded under the skin to my spinal column where it is inserted. I am now receiving about 9.5 mg. of morphine continuously each 24 hours. Compared to oral morphine, this is a very small amount.

In addition to the morphine, I use 600 mg. of neurontin, 75 mg. effexor and 200 mg. Celebrex to control the pain associated with EM. To top it off, I use the XPain-TSE. This device is an electrical method for the relief of various pains. It is somewhat like a TENS unit which is commonly used in the United States but has been found to be ineffective with EM. The XPain device uses two electrodes, one placed high on the back or neck and the other placed at mid spine or lower. The actual device is electrical and I wear it while asleep at night. The consequence of the medication and the TSE nearly eliminates the pain associated with EM. At the present time, I have two ulcers, one on each ankle. Unfortunately , the medications that benefit the EM pain have little or no affect on the ulcer pain. What can one do?

Library Articles Available by Mail

You can now order any of TEA's Library Articles by mail! As part of the new Networking Program, you may request articles as a small charge. The fee is based on mail inside the US, plus the cost of copying. The fee formula is simple.... a minimum of 70¢ per order or 20¢ per page, whichever is greater. If you live outside the US, please write for the charge with the amount in postage rates for International mailing. See the list on the last page of this newsletter.

To order write to our Networking Program Administrator:
Judy Reese, 115 E. Wild Duck Lane, Salt Lake City, Utah, 84117.



TEA Member Goes on Local TV Talk Show



TEA Member, Sarah Sundstrom, recently was a guest on a local TV talk show shown in the Seattle, Washington area. The show focused on two guests who each had a rare disorder, and their connections to NORD (National Organization of Rare Disorders, of which TEA is a full member). Sarah and her husband, Steve, were interviewed alongside a young man, Anthony, who has Livido Reticularis, and Anthony's brother.

During the show, Sarah was able to talk about her life with EM, and her desire to raise awareness about the research fund TEA manages. Her husband gave the audience some additional insight in how a person lives with someone afflicted with a debilitating condition. The show also featured a short video about NORD, and a live phone call with NORD's President, telling about the difficulty in raising awareness and funds for rare disorders.

The TV spot came about because Sarah had recently been interviewed by her local newspaper and the TV show folks had picked up on the story. It's due to Sarah's courage and dedication to our cause that she made that initial call to the newspaper and opened her life to help educate their local readers, that this all happened. TEA cannot thank Sarah enough for that courage, and her willingness to openly talk about EM, and what needs to be done to help us all find treatment solutions through research.

Bravo, Sarah!!! We all thank you for your willingness to step outside your comfort zone to help us all step that much closer to the solutions for EM that we all so desperately seek.



Stepping Outside the Box

You too can "step outside the box" of your comfort zone, and make that call to your local media. If you would like to learn how to take a step towards publicity, please give us a call, or write. We would be happy to help you learn more about contacting your media, learn about TEA and erythromelalgia, and to prepare to meet the press in your area. With everyone's help, we can be stepping that much closer to our research goals. For more information, call or write to Member Services, 24 Pickering Lane, Wethersfield, CT 06109 Call 860-529-5261, 9-5 pm EST, or email to memberservices@erythromelalgia.org



TEA Accepts Credit Cards!

You can now use your credit card to join TEA, renew your membership, give a gift, or make a donation to the Research Fund. Look for the page on our website at: www.erythromelalgia.org. **To use over the phone**, call: Member Services Representative, Ray Salza, at 860-529-5261, 9 to 5 pm, EST

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The Erythromelalgia Association, 24 Pickering Lane, Wethersfield, CT 06109 USA or contact us through our official website at <http://www.erythromelalgia.org>.

C The intent and purpose of this publication is to bring information to those suffering from erythromelalgia or their friends and family, and not, in any way, to provide medical advice.

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Scientists Identify a Protein Channel that Mediates the Body's Ability to Feel Frigid Temperatures

La Jolla, CA. April 2, 2003—A group of researchers from The Scripps Research Institute (TSRI) and the Genomics Institute of the Novartis Research Foundation (GNF) have identified and isolated a novel protein that mediates the body's ability to sense cold through the skin.

In an article that will appear in this week's issue of the journal *Cell*, the group describes the "ion channel" protein, called ANKTM1, which is the first noxious (painful) cold receptor identified, and may be an important basic target for pain-modulating drugs.

Despite the fact that researchers at several other laboratories had previously identified receptors that sense hot temperatures, warm temperatures, and cool temperatures, the protein that detects cold temperatures had been conspicuously absent. "This was one of the remaining puzzles," says TSRI Assistant Professor of Cell Biology Ardem Patapoutian, who led the effort with TSRI Research Associate Gina Story.

The cold receptor protein ANKTM1 was overlooked, note Patapoutian and Story, because it is distantly related to the hot, warm, and cool receptors. As such, ANKTM1 has very low sequence homology, or DNA similarity, with these other proteins.

But when they studied it in the laboratory, Patapoutian and Story found that even though ANKTM1 did not "look" like a temperature receptor, it sure acted like one. "We found that if we applied very cold stimuli, the channel would open in response," says Story.

Hot, Cold, and Everything In Between



Humans and other vertebrate animals use specialized sensory neurons to detect temperature, pressure, and other physical stimuli on the skin. These neurons are located in the spinal column and are connected to the skin and organs through long extensions known as axons.

On the surface of these axons are the protein channel molecules, like ANKTM1 and its cousins the hot, warm, and cool receptors, which span the axon's membrane, connecting the inside with the outside. These receptors act like "molecular thermometers" by opening and closing according to the temperature. At a particular temperature, the receptors open. This allows an influx of calcium ions into the axon, and this electrical signal is relayed through the neuron to the brain.

The existence of specialized hot- and cold-neurons had been known for years, but the molecules that actually sense the temperatures and signal back to the neuron through the axon were a complete mystery. That changed in 1997 when a group cloned the first sensory molecule, a type of transient receptor potential (TRP) channel called TRPV1. TRPV1 opens when it senses hot temperatures—above 42 C (108 F). That discovery opened the floodgates for identifying temperature-detecting proteins. Within a few years, several laboratories had identified additional temperature-detecting proteins.

Last year, Patapoutian and his TSRI and GNF colleagues identified and cloned a protein called TRPM8, which is the first-known signaling molecule that helps the body sense cool temperatures. The channel becomes activated below 25 C (77 F). Similarly, the group also identified a type of TRP channel called "TRPV3" that makes skin cells able to sense warm temperatures. It is activated around 33 C (92 F).

How Low Can You Go?

In their current study, Patapoutian and Story demonstrate that the channel ANKTM1 is inactive at room temperature and higher, and only becomes active at "noxious" cold temperatures. Below 15 C (59 F), the channel opens and allows an influx of positively charged ions into the axon, an electrical signal which is then communicated to the brain.



(Continued from previous page)

Biochemically, ANKTM1 is a bit of a puzzle because proteins are normally more active at higher temperatures. Even more bizarre is the fact that these cold-sensing ANKTM1 proteins are coexpressed with their cousins, the hot-sensing TRPV1 proteins on the same neurons. This means that the same neuron may be responsible for detecting hot and cold temperatures. Scientists had long assumed that different neurons would detect different stimuli and be responsible for communicating those separately to the brain. But if the same neurons detect hot and cold, how does the brain tell the two stimuli apart? The answer, while unclear, may explain an old psychologist's observation that humans cannot tell the difference between a hot needlepoint and a cold needlepoint on their hand.

Significantly, ANKTM1's neuronal neighbor TRPV1 is involved in inflammation and in communicating pain to the brain, and several compounds that block TRPV1's action are currently under investigation for chronic pain indications. Since ANKTM1 is expressed in the same neurons, it, too, may be a target for pain therapeutics.

"This protein may be an important therapeutic target," says Patapoutian, "because, like these other TRP channels, it may be involved in inflammation and pain-mediation."

The research article "ANKTM1, a TRP-like Channel Expressed in Nociceptive Neurons, Is Activated by Cold Temperatures" is authored by Gina M. Story, Andrea M. Peier, Alison J. Reeve, Samer R. Eid, Johannes Mosbacher, Todd R. Hricik, Taryn J. Earley, Anne C. Hergarden, David A. Andersson, Sun Wook Hwang, Peter McIntyre, Tim Jegla, Stuart Bevan, and Ardem Patapoutian and appeared in the March 21, 2003 issue of *Cell*.

The research was funded by the National Institutes of Health and by a grant to TSRI from Novartis.

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Aspirin-responsive painful red, blue, black toe, or finger syndrome in polycythemia vera associated with thrombocythemia



J. J. Michiels, Z. Berneman, W. Schroyens, and H. van Urk

Abstract Five patients with red, purple blue, or black toes or fingers due to thrombocythemia associated with polycythemia vera (polycythemia and thrombocythemia vera) in four and essential thrombocythemia (thrombocythemia vera) in one are described. The microvascular erythromelalgic syndrome of thrombocythemia was overlooked and progressed to cold blue swollen and painful fingers or black toes in three patients with polycythemia and thrombocythemia vera due to arteriographically documented occlusions of digital or large peripheral arteries with no evidence of preexistent atherosclerotic vascular disease. Concomitant erythromelalgia of the hand palm could be confirmed by the histopathological findings of arteriolar thrombotic lesions in the reticular dermis in two patients with polycythemia and thrombocythemia vera. The increased hematocrit in the presented patients with polycythemia and thrombocythemia vera contributed to the progression of the microvascular syndrome of thrombocythemia to major occlusive ischemic events of the extremities. Standard therapy with oral anticoagulants and reduction of the hematocrit to normal by bloodletting did not affect the platelet-mediated microvascular erythromelalgic, ischemic symptoms in the patients with polycythemia vera because thrombocythemia vera persisted. Complete relief of pain and restoration of the ischemic acral circulation disturbances in patients with thrombocythemia vera or thrombocythemia associated with polycythemia vera in maintained remission by bloodletting could be obtained by long-term treatment with low-dose aspirin

Editor's Note: Dr. Michiels is a member of The Erythromelalgia Association's Medical Advisory Committee and has written many articles on topics closely related to erythromelalgia.

Hot



Flashes!

... "hot tips" and news items

New EM Chat Group

For your information, a new group has been started just for the support and help of those with erythromelalgia. Find the new group online at EMSupport@yahoogroups.com "This group invites those people with Erythromelalgia and their friends and family members a warm, supportive environment to share information regarding this debilitating disease. We are a self-moderating group which typically discusses both the physical and emotional stresses that come with coping with chronic illness. We often share medical information such as where to find the best health care provider treating EM and successful and unsuccessful treatments. (Although, medical information is openly shared, keep in mind, that it is always important to discuss all treatment, including alternative medicine, with your physician.)"

"Network For Good"

Finds Difficulties

In the past TEA has suggested our members use the Network For Good credit card services.

Presently, this organization has found difficulties and TEA now suggests members use the TEA credit card services instead, found on the website, or call our Member Services, Ray Salza, at 860-529-5261, 9-5 pm, EST.

Watch Those Side Effects!!

Did you know that Doctors report only 15 to 10% of adverse drug reactions experienced by their patients to FDA's MedWatch service. The FDA has extended an invitation to the public to submit adverse drug reaction reports directly to the agency: <http://www.fda.gov/medwatch/report/consumer/consumer.htm>

TEA Networking Program Application Form

Yes, I want to participate in the EM Networking program and I give TEA permission to distribute my contact information to other members of the program.

Signature: _____

Name _____ Date _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ (optional) Phone (_____) _____

(optional) E-mail address _____ @ _____

Mail this form to:

Judy Reese, 1155 E. Wild Duck Lane, Salt Lake City, UT 84117

List of Library Articles Available at Current Costs, from TEA:

Based on postage in the United States, and copy charges. For orders outside the US, please contact us for the exact charges. Write to Judy Reese, 1155 Wild Duck Lane, Salt Lake City 84117.

Title	Description	Cost
TEA Introduction Letter	The informative letter that is sent to all new TEA members telling about symptoms, treatments and facts. (TEA 2002) (4 pages)	\$.80
2002 Financial Report	Financial Report for TEA for the year of 2002. (2 pages)	\$.70
Erythromelalgia: New Theories and New Therapies	Written by Dr. Jay S. Cohen. Published in the <i>Journal of American Academy of Dermatology</i> 2000. (13 pages)	\$2.60
Disease has Midlander Crusading for Awareness	A newspaper article about TEA member Nancy Mabry. <i>The Midland Reporter</i> , Shay Templeton, author. (2 pages)	\$.70
TEA Information Flyer	A printable flyer that may be used to share information about TEA. Share it with your doctor, family or friends, or for fund raising. (1 page)	\$.70
Current Treatment for Erythromelalgia	Updated summary of treatment information by Dr. Jay S. Cohen, 2002 (2 pages) TEA document	\$.70
Erythromelalgia	An informative article by Drs. Mark Davis, and Thom Rooke of Mayo Clinic. Published in <i>Current Science</i> 2002 (16 pages)	\$3.20
Erythromelalgia: A Clinical Study of 87 Cases	An article written by Drs. O.M. Kalgaard, E. Seem, and K. Kvernebo. Published in <i>The Journal of Internal Medicine</i> in 1997. (6 pages)	\$1.20
Reduced Skin Capillary Density During Attacks of Erythromelalgia Implies Arteriovenous Shunting as Pathogenetic Mechanism	Article written by Drs. Mork, Kvernebo, Asker, and Salerud. Published in <i>Invest Dermatol</i> , Oct. 02. (1 page)	\$.70
High-Dose Oral Magnesium Treatment of Chronic Intractable Erythromelalgia	Written by Dr. Jay S. Cohen. Published in the <i>Annals of Pharmacotherapy</i> , in Feb. 2002. (15 pages)	\$3.00
Erythromelalgia: a condition caused by microvascular arteriovenous shunting.	Written by Dr. Knut Kvernebo, published in <i>VASA, Journal of Vascular Medicine</i> , Nov. 1998. (36 pages)	\$7.20
Lynnwood Woman Hobbled by Chronic Burning Foot Pain,	Written by Kristi O'Harran, <i>Everett Herald</i> , Mar. 2003. Written about TEA Member Sarah Sundstrom (3 pages)	\$.70

Library List Continued

Title	Description	Cost
Causative Symptoms in Erythromelalgia Identified	Written by Veronica Rose, published in <i>The Journal of Investigative Dermatology</i> , Nov. 2002 (1 page)	\$.70
Fighting Pain with Fire: Hot Chili Peppers Offer Relief—Capsaicin	Written by Mike Field, published in the <i>Gazette</i> , Johns Hopkins University, July 25, 1994. (1 page)	\$.70
AAPM: Lidocaine Patch Enhances Chronic Pain Therapy	Written by Bruce Sylvester, published in <i>Doctor's Guide News</i> , Feb. 2003 (1 page)	\$.70
Erythromelalgia: A Mysterious Condition?	Written by Drs. Cato Mork, and Knut Kvenebo, published in the <i>Archives of Dermatology</i> , Mar. 2000. (7 pages)	\$1.40
Treatment of Refractory Primary Erythromelalgia in a Child Using Continuous Epidural Infusion	Published in <i>The Pain Clinic</i> , 2000 (2 pages)	\$.70
The Primary Erythromelalgia-suseceptability Gene is Located on Chromosome 2q31-32 2	Written by Drs. Drenth, Finley, Breeveld, Testers, Michiels, Gullet, Taieb, Kirby, and Heutink. Published in <i>The American Journal of Human Genetics</i> , 2001 (6 pages)	\$1.20
Erythromelalgia Caused by Platelet-Mediated Arteriolar Inflammation and Thrombosis in Thrombocythemia.	Written by Drs. Michiels, Abels, Steketee, Huub, Van Vliet, Vuzeski. Published in <i>The Annals of Internal Medicine</i> , Apr. 1985 (6 pages)	\$1.20
Histopathy of Erythromelalgia in Thrombocythemia	Written by Drs. Michiels, Ten Kate, Vuzevki, and Abels, published in <i>Histopathy</i> , 1983. (10 pages)	\$2.00
Pathological C-fibres in patients with a chronic painful condition.	by Drs. ORstavik K, Weidner C, Schmidt R, Schmelz M, Hilliges M, Jorum E, Handwerker H, Torebjork E. Published in <i>Brain</i> 2003(1 page)	\$.70
Prevention and treatment of thrombotic complications in essential thrombocythaemia: efficacy and safety of aspirin	By Drs. Van Genderen, Mulder, Waleboer, Van De Moesdijk, and Michiels. Published in <i>The British Journal of Haematology</i> , 1997 (6 pages)	\$1.20