The Newsletter dedicated to finding a better way to live with erythromelalgia Volume 4, Issue 3, December 2003, Published by The Erythromelalgia Association

TEA Launches EM Survey



By Lennia Machen

TEA will be contacting its member during January to ask for their participation in a comprehensive survey about EM. It is our hope that each member will take the time to fill out the questionnaire and return it to us in the time frame given. Survey information will provide a comprehensive picture of EM as seen and known by the patients who suffer daily. Survey results will be used as reference information for further research into EM and will provide a helpful and valuable resource to TEA members and the TEA Medical Advisory Committee.

Several years ago, many TEA members participated in a survey created by Dr. Jay Cohen and Karl Granat, volunteering helpful information about their individual cases of EM. This original survey supported Dr. Cohen's article: *Erythromelalgia: New Theories and New Therapies*, published in The Journal of the American Academy of Dermatology, in 2000. The article can be found in the TEA Library, and remains a truly valuable resource in treating EM. It is considered one of our main informational and educational resources.

The new TEA survey will ask members about their pain, their medication successes and failures, how they were diagnosed, and even about helpful various support groups. It is our hope that survey results will paint a very complete and realistic picture of the daily life of people with EM. We have all read many articles in which physicians describe what EM is like, and this is our chance to offer a voice on the reality of the situation from a patient's point of view.

TEA will also ask its members to submit the names and specialties of doctors who may be

capable and willing to treat other patients suffering from EM. Participation is strictly voluntary and members should consult with their doctor prior to submitting any names. As TEA is constantly asked for names of doctors who treat EM, we thought our membership would like to create a list of personal recommendations. While TEA is not able to endorse doctors, we still believe a list of members' postings will help those in need.

TEA Vice President, Beth Coimbra, is in charge of this project, and will be putting in many more hours in the counting and compiling of the data returned. Please feel free to correspond with us regarding your questions about the survey. Beth and the TEA Board are looking forward to distributing the survey to each of you as it has been in the works for several months.

Look for the survey in your mailbox in early January and we encourage you to fill it out and return it in the enclosed envelope as soon as possible.

IN THIS ISSUE:	,
TEA Survey	1
Card Inserts	2
New Members	3
Donors	3
Doing a good job?	4
What Drugs Coast	4
Your Stories	5
Member's Corner	6
Hot Flashes	7
Networking Program Form	8
Article Catalog	.9-10

Greeting Card Inserts... a new way to spread the word

TEA has designed greeting card inserts to be used with holiday or gift cards. If you are sending a greeting card consider enclosing one of the inserts suggesting a donation to TEA's Research Fund. Examples of the cards are shown at right. Full page copies are provided on the web site and are available through the Networking Program.

The designs offer two size formats. The larger card can be copied 4 times on an 8 1/2 X 11 page, then cut, or printed onto note card blanks. The smaller version is sized to be printed onto standard, 10 per page, business card blanks available at office supply stores. Either style can be printed in color or in black and white. (Samples shown at right are actual size.)



Give a gift that says you care Donate to

The Erythromelalgia Association

100% of your tax-deductible gift will go toward much needed Research into finding a cure for the debilitating condition erythromelalgia. You can send your donation directly to TEA, give in honor of someone, or donate online at www.erythromelalgia.org.

Your gift will be truly appreciated by many people who suffer daily from this painful disorder.

The Erythromelalgia Association 24 Pickering Lane, Wethersfield, CT 06109

If you wish to give in honor of someone, please include that person's name and address so TEA may mail them a card announcing your gift.

What a great way to suggest a gift that will be meaningful to so many! The TEA Research Fund is growing and everyone's help is greatly appreciated as we get closer to our goal of finding a solution to EM.

Give a gift that says you care! Donate to The Erythromelalgia Association.

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

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Following is a list of the active members who have given to the Research Fund in the past three months. We thank each one of you for helping us all step that much closer to finding relief from EM.

Andrew Brow, Andrew Jones MD, Joseph Duba MD, Marion Levy,* Sharon Lyons, Marian Forschler, Elaine Blanchette, Elva Rust,* Mary Randa, Patricia LeVasseur, Katherine Pelly, Barbara Klazmer,* Joy Knoll, Dolores Griffith, Morrie Zagha, Sharon Sugar, Barbara Loeffler, Peter Clark, Raymond Salza,* Jane Donald, Karen Eck, Carol Baker, Marsha Turney, Ann Haller, Mimosa Low, Marilyn Wade, Christopher Sharpe.

*donors to TEA's "in memory of" and "in honor of" programs.

....Our Many Thanks to Each One of You!

TEA Contact Information:

Member Services: Ray Salza, 24 Pickering Lane, Wethersfield, CT 06109.

Or email to: memberservices@erythromelalgia.org 860-529-5261

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

or email to: network@erythromelalgia.org

New Members

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

The following are members that have joined TEA in the past three months.

Victoria Andrews, Paige Boule, James Bronson, Andrew Brow, Candy Colvin, Doug Cotner, Elaine Drogan, Joseph Duba MD, Karen Eck, Jill Erdman, Dixie Erler, John Forbush, Kathy Golden, Shan Guadagnoli, John Haberlin, Elaine Morgan, Hilary Pethybridge, Molly Dee Senn, Christopher Sharpe, Debra Smith-Hicks, Margaret Turner, Carol Yontz, Morrie Zagha.

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





Are We Doing a Good Job?

By Lennia Machen

I ask this question often... are we doing a good job of operating TEA and helping our members? As President of TEA, it's important to me to stay on track with meeting the needs of our members. Sure, we are busy producing new publications, new projects, and thinking of new ways to offer help in the fight for recognition of erythromelalgia, but are we really meeting <u>your</u> needs? And how do I know when we are not?

We learn about negative things through complaints and reports of problems, but we rarely hear from our members about the direction in which TEA should be moving, or what projects and programs you would like to see realized.

You can help us by giving us some feedback. Tell us what your needs from TEA are, and how we may meet them better. Tell us what you like or what is lacking, and help the board of directors do a better job in meeting the goals and objectives that drive our association.

2003 has seen some important steps forward for TEA.

- This past year, our board has worked hard on producing a usable and valuable survey that should provide vital information about how our members deal with their EM.
- For the five years TEA has been in business, we have continued to raise awareness and funds for erythromelalgia research (approximately \$60,000 has been raised).
- We have been in contact with our Medical Advisory Committee and will continue to turn to them for advice and help with medical issues.
- We have increased in membership (400 members), and raised more funds for research.
- This last year, TEA members have participated in the first research project designed to isolate the Primary EM chromosome.

Please consider submitting a few ideas, offering some constructive criticism, or just sending along a few pats on the back... Whatever you would like us to know, we would like to hear. You are why we serve on the board... to offer help.

Help us put up a better fight to find solutions to erythromelalgia.

What Do Drugs REALLY Cost?

Ever wonder what the ingredients in your medications actually cost and why they cost you so much to buy them? Life Extension Magazine printed the actual costs of the ingredients in their magazine in April 2002, and the differences between cost and price tag will shock you. By researching many pharmaceutical companies and drug suppliers around the world, the magazine was able to come up with some of the following information:

Drug	Size	Price for 100 pills	Cost to make	Percent mark up
Paxil	20 mg	\$220.27	\$7.60	2,898%
Prozac	20 mg	\$247.47	\$0.11	224,973%
Zoloft	50 mg	\$206.87	\$1.75	11,821%
Xanax	1 mg	\$136.79	\$0.024	569,958%

For a more complete description and a larger list of medications, go to The Life Extension web site: http://www.lef.org/magazine/mag2002/apr2002_awsi_01.html. The LE magazine is dedicated to reducing the costs of prescription drugs and is published by the Life Extension Foundation.

Your Stories... and everyone has one!

TEA has asked its members to write brief stories about their EM or daily lives, and we would love to hear your story too! Many of you have already written, and we thank you for your effort and time in doing

so. We all enjoy getting to know our fellow members and learning what they have done to live with their EM. This valuable information helps us all. If you feel you are not a write—never fear—we will be happy to help you write or edit your story.

Please send them to Gayla Kanaster, 2556 W. 234th St., Torrance, CA 90505, USA or gaylakanaster@aol.com

In September, 2001, I was diagnosed with Peripheral Neuropathy after experiencing red burning toes for 10 years. My primary care physician referred me to a neurologist who partly diagnosed my problems.

Along with burning feet/toes, I have also have stabbing sharp pains. In 2002, I heard of a neurologist who was highly recommended. He diagnosed my condition as Peripheral Neuropathy and EM, and has helped me immensely with both conditions. I am not afraid anymore. I was experiencing paranoia – like an alien was taking over my body, and I had no control. My neurologist has helped in giving me back a more quality life.

Currently I am taking daily: 900 mg of Neurontin per day, 75 mg of Amitriptyline per day, and 325 mg of aspirin every four hours. It is helpful if I lie down every afternoon for an hour or more. If I keep my feet level with my hips I can mostly avoid burning feet. And, if I stay off my feet a couple of hours each day and take my medicine on time, I can cut down the pain and discomfort. Something I do that seems totally bizarre is soaking my stockings in cool water before I go shopping, walking or even standing for long periods of time. It doesn't seem to matter that I am taking medications — my feet still burn whenever I am on them a lot.

This past year, my hands have been heating up also. I was hoping that the rest of my body would be left alone. But, I am not complaining, really I am very lucky compared to others. In fact, I feel that this is a blessing in my life! Can you believe that I am saying EM is a blessing? Opportunities that have come to me wouldn't have if I didn't have EM. I appreciate my life as I haven't in the past. Before EM, I took too many things for granted. I love the saying (author unknown), "I am not afraid of tomorrow for I have seen yesterday and I love today!"

I enjoy receiving the TEA newsletters. Others' remedies and suggestions are helpful to me. The medical articles are wonderful and informative. It is a relief to find that there are others out there with the same weird disorder. Together we can conquer and be winners! And still be productive happy folks.

I wish to THANK all the volunteers who give so much time and effort on our behalf. I am grateful for this organization and the founders who worked tirelessly to organize TEA for our benefit.

Judy Shurtleff Reese 5

Member's Corner... where your stuff gets printed!



TEA Library Improved

The TEA Library now has over 45 documents available for your reference. Many new medical articles have been added, including several by Dr. Jill Belch of our Medical Advisory Committee. Check out the expanded list at the back of the newsletter or access the library through the web site. Articles are provided free by accessing the library online, or at cost by ordering them through the Networking Program.

In addition to adding more medical articles, all are now available in regular HTML format and not in the cumbersome PDF you may have used in the past. Repairs and adjustments are continuing as this very large task is completed. Your patience is appreciated.

Coming soon will be a better method for sorting and organizing the articles by type. We strive to make this important information more accessible to our members as TEA believes that our suffering is lessened through education and information.



TEA Director Attends NORD Board Meeting

TEA Vice President Beth Coimbra attended the Fall Board of Director's Meeting of the National Organization of Rare Disorders (NORD) in October.

During the meeting there was discussion about a follow-up letter to the U.S. House of Representatives Ways & Means Committee as the House was coming down to the wire on a vote regarding Medicare. The Vice President for Public Policy (Diane Dorman) spends a great deal of time in Washington, D.C., and seems to be well connected. At one point she was speaking casually about a phone conversation she had recently with Senator Edward Kennedy. We can definitely feel our donations are being put to good use.

Also at the meeting, was a discussion about public service announcements that should soon be seen on television. One board member is a filmographer on the West Coast who had made a PSA with a member of the cast of the old "Dynasty" show; but the NORD Board were not happy with certain aspects of the film Everyone was excited when Astra Zeneca called NORD and asked if they could come and talk about doing a PSA with a professional football player whose wife and child have a rare disease. Hopefully NORD will be able to get more well-known in the near future. While NORD's original and highest priority is to rare disorders, NORD has been involved with helping to get drugs to low-income and/or uninsured patients.

Several programs have been developed and are being administered by NORD. The programs are funded by large pharmaceutical companies, and doctors tell their patients to contact NORD. The drugs are usually to treat diseases that are not rare. However, providing drugs gives NORD some notoriety and helps the organization to build relationships with pharmaceutical companies (It is hoped that these pharmaceutical companies will do NORD favors in the future and do research on drugs for rare diseases).

Beth will continue to serve on the NORD Board and attend future meetings for this coming year.

Members Corner For TEA Members

The Members' Corner is for TEA members to send in information such as letters to the editor, news clips, photos, jokes, or anything that you would like to share. We would love to hear from you! Contact TEA Member Services at 24 Pickering Lane, Wethersfield CT 06109, or write to webmaster@erythromelalgia.org

Hot Flashes!

..."hot tips" and news items just for people with EM.



Networking Program is Going Great!

There are 18 TEA members in our Networking Program.
They have received an address list of their fellow TEA
Networking Program Members and expect to start writing and receiving letters soon.

Don't miss out on the opportunity to get connected to others who have EM and share your successes and EM information for treatments, therapies, and even doctors. If you are a member who does not have a computer or email, you may enjoy communicating with other TEA members just like you. If you have a treatment or therapy that works, why not share the information and help others like yourself?

To sign up for the program, use the application form on the back of this page or contact:
Judy Reese
1155 E. Wild Duck Lane
Salt Lake City, UT 84117

Who Knew?!?!

TEA has been in business for only five years and already has over 400 members in 17 countries. Our hard working members and their friends have contributed almost \$60,000 towards research in EM.

Be a Library Contributor

Do you have EM articles at home that you would like to share? Contact the TEA Library and learn how you can be a contributor to the growing library of articles about EM. Our goal is to become the definitive resource for EM information for you, our fellow sufferers, and the medical community. Contact Member Services, or email webmaster@erythromelalgia.org.

Welcome To Isabelle Davis

TEA welcomes Isabelle onto the Board of Directors and as a writer and assistant editor for FootSteps. Isabelle brings 20+ years of experience in writing and producing newsletters and other publications to TEA, as well as 14 years of full-time employment in Public Relations at the University of Pittsburgh Medical Center. Isabelle has worked as a free lance writer since moving to Michigan in 1994.



New Approaches to Treatments for Neuropathic Pain

Up to 50% of primary care providers consider nonsteroidal anti-inflammatory drugs (NSAIDs) an appropriate first line treatment for neuropathic pain. But "NSAIDs are not effective for this type of pain, and they pose a significant risk for side effects," said Dr. Argoff, a faculty member at New York University Medical School. However, patients with comorbid nonneuropathic pain may benefit if an NSAID is added to the treatment regimen, he said.

One option is an opioid drug. "Old teachings that neuropathic pain is resistant to opiates is nonsense," Dr. Argoff said. When an opiate is used as treatment for medical conditions, "it is extraordinarily unlikely that the patient will become a drug addict."

The five percent lidocaine patch (Lidoderm, Endo Pharmaceuticals) is FDA approved for treatment of postherpetic neuralgia, or shingles. "A large multicenter trial has also showed that it could be used for low back pain," Dr. Argoff added, and he has found it useful for the treatment of other localized pain conditions.

If physicians are not comfortable with treating neuropathic pain, Dr. Argoff advises referral to "a neurologist, an anesthesiologist, or a podiatrist —anyone with skill in pain assessment, diagnosis and treatment." Arch... Neurol 2003;1524-1534,1537-1540. 7

TEA Networking Program Application Form

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

- 1. You must be a member of TEA, and annual dues paid up to date.
- 2. You must sign and submit the form 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 Program members who write to you.

Signature.		
Name Dat	te	
Street Address State/Province Zip/Posta	101	
City State/Province Zip/Posta	al Code	
Country (optional) Phone (
(optional) E-mail address		
Mail this form to:		
Judy Reese, 1155 E. Wild Duck Lane, Salt Lake City, U	T 84117	
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TEA Articles—Order Form	Document #	Charge
Name:		
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City		_
State/Province:Zip/Prov.:		
Country: Date:		
Are you a TEA Member? 「Yes 「 No		
Are you a TEA Network Program Member? Tyes Tyes		
Method of payment: (Make Checks payable to TEA.)		
Check enclosed Other:		
Í VISA/MC		
Credit Card Number:		
Exp. Date:	Cost Sub-Total	
Mail to: Judy Reese, Networking Program	Non-TEA Member Charge (If you are <u>not</u> a member of TEA, there is a service charge of \$5.00 for each	
1155 E. Wild Duck Lane Salt Lake City, UT 84117	Total (Total may be adjusted if shipped outside the U.S.)	

TEA Library Articles and Documents Page 1

Article #	Title, Author, Date	# Pages	Cost	Order?
M001	Erythromelalgia: New Theories and New Therapies, Jay Cohen, 2000	13	\$2.60	
M002	Erythromelalgia, Dr. Mark Davis, 2002	19	\$3.80	
M003	Erythromelalgia: A Clinical Study of 87 Cases, Kalgaard, Seem, Kvernebo, 1997	11	\$2.20	
M004	Reduced Skin Capillary Density During Attacks of Erythromelalgia Implies Arteriovenous Shunting as Pathogenetic Mechanism, Mork, Kvernebo, Asker, Salerud, 2002	1	\$0.70	
M005	High-Dose Oral Magnesium Treatment of Chronic Intractable EM, Jay Cohen, 2002	11	\$2.20	
M006	EM: a condition caused by microvascular arteriouvenous shunting, Kvernebo, 1998	53	\$10.60	
M007	AAPM: Lidocaine Patch Enhances Chronic Pain Therapy, Bruce Sylvester 2003	2	\$0.70	
M008	Erythromelalgia: A Mysterious Condition? Mørk, Kvernebo, Archives of Dermatology, 2000	9	\$1.80	
M009	Refractory Primary EM in a Child Using Continuous Epidural Infusion, Pain Clinic, 1996	2	\$0.70	
M010	The Primary Erythromelalgia-suseceptability Gene is Located on Chromosome 2q31-32 2, Drenth, Finley, Breedveld, Testers, Michiels, Guillet, Taieb, Kirby, and Heutink, 2001	9	\$1.80	
M011	Erythromelalgia Caused by Platelet-Mediated Arteriolar Inflammation and Thrombosis in Thrombocythemia. Michiels, Abels, Steketee, Huub, VanVliet, Vuzevski 1985	10	\$2.00	
M012	Histopathy of EM in Thrombocythemia, Michiels, Abels, Vuzevski 1983	10	\$2.00	
M013	Pathological C-fibres in patients with a chronic painful condition. Rastavik, Weidner, Schmidt, Schmels, Hilliges, Jorum, Handwerker, Torebjork, 2003	1	\$0.70	
M014	Prevention and treatment of thrombotic complications in essential thrombocythaemia: efficacy and safety of aspirin. Van Genderen, Mulder, Waleboer, Van De Moesdijk, Michiels, 1996	10	\$2.00	
M015	A Way to Understand Erythromelalgia, Zoppi, Zamponi, Pagni, Buoncristiano, 1985	5	\$1.00	
M016	Autonomic Innervation of the Skin in Primary Erythermalgia. Uno, Parker, 1983	10	\$2.00	
M017	Coexistance of Raynaud's Syndrome and Erythromelalgia. Slutsker, 1990	2	\$0.70	
M018	Erythromelalgia: Case Report and Literature Review. Levine and Gustafson, 1987	6	\$1.20	
M019	Erythromelalgia Pain Managed with Gabapentin. McGraw, Kosek, 1997	5	\$1.00	
M020	Erythromelalgia: Symptom or Syndrome? Belch and Mackay, 1992	11	\$2.20	
M021	Impaired Skin Vasomotor Reflexes in Patients with EM. Littleford, Khan, Belch, 1999	10	\$2.00	
M022	Nitroprusside Treatment of EM in an Adolescent Female. Stone, Rivey, Allington, 1997	6	\$1.20	
M023	Pharmacotherapy of Raynaud's Phenomenon. Belch, Ho, 1996	2	\$0.70	
M024	Refractory Idiopathic Erythromelalgia. Rauck, Naveria, Speight, Smith, 1996	8	\$1.60	
M026	Temperature-associated Vascular Disorders: Raynaud's Phenon. and EM. J. Belch, 2001	34	\$6.80	
M027	Treatment Regimens and Patient Review. Text book excerpt (no date)	8	\$1.60	
M028	Unexpected Healing of Cutaneous Ulcers in a Short Child (with EM). Climaz, Rusconi, Fossali, Careddu, 2001	3	\$0.70	
M029	Erythromelalgia: Response to serotonin reuptake inhibitors. Rudikoff, Jaffe, 1997	4	\$0.80	_
M030	Efficacy of IV Magnesium in Neuropathic Pain. Brill, Sedgwick, Hamann, Di Vadi, 2002	6	\$1.20	
M047	One Size Dose Does Not Fit All. Dr. Jay Cohen, 1999. Discusses prescription dosage	2	\$0.70	

Please use the order form on the previous page to order the above documents.

TEA Library Articles and Documents Page 2

Article #	Title, Author, Date	# Pages	Cost	Order?
M031	Hot Feet: Erythromelalgia and Related Disorders. Robert Layzer, 2001	7	\$1.40	
M032	Red Skin Re-read. Schechner, 2002	3	\$0.70	
M033	Treatment of Raynaud's Phenomenon with the Selective Serotonin Reuptake Inhibitor Fluoxetine. Coleiro, Marshall, Denton, Howell, Blann, Welsch and Black. 2001	10	\$2.00	
M034	Serotonin Reuptake Inhibitors, Raynaud's Phenomenon and erythromelalgia. Rey, Cretel, Jean, Pastor, Durand, 2003	2	\$0.70	
M035	Skin Blood Flow in Adult Human Thermoregulation: How it works, when it does not, and why. Charkoudian, 2003	15	\$3.00	
M036	Topical Antidepressants: the new local anesthetics? Strumper, Durieux, 2003	4	\$0.80	
M037	Topical amitriptyline in healthy volunteers. Gerner, Kao, Srinivasa, Narang, Wang, 2003	7	\$1.40	
M038	Impaired Neurogenic Control of skin perfusion in EM. Mork, Kalgaard, Kvernebo, 2001	10	\$2.00	
M039	Treatment of erythromelalgia with a serotonin/noradrenaline reuptake inhibitor. Moiin, Yashar, Snachez, Yashar, 2002	3	\$0.70	
M040	Lidocaine patch for pain of erythromelalgia. Davis, Sandroni, 2002	5	\$1.00	
M041	Erythromelalgia an endothelial disorder responsive to sodium nitroprusside. Chan, Tucker, Madden, Golding, Atherton, Dillon, 2002	3	\$0.70	
M042	Poxviruses isolated from epidemic EM in China. Zheng, Zhang, Hu, Lui, Zhu, 1988	2	\$0.70	
M043	Skin Perfusion in patients with erythromelalgia. Littleford, Khan, Belch, 1999	9	\$1.80	
M044	Treatment of primary erythromelalga with cyclosporine. Sano, Itami, Yoshikawa, 2003	2	\$0.70	
M045	Resolution of refractory symptoms of secondary erythermalgia with intermittent epidural Bupivacaine. Sticker, Green, 2001	5	\$1.00	
M046	Microvascular arteriovenous shunting is a probable pathogenetic mechanism in EM. Mork, Asker, Salgerud, Kvernebo, 2000. Reply, Davis, Rooke, Sandroni, 2000.	11	\$2.20	
M049	Natural history of erythromelalgia. Davis, O'Fallon, Rogers. Rooke, 2000	12	\$2.40	
M050	Aspirin Responsive painful syndrome in polycythemia vera associated with thrombocythemia. Michiels, Berneman, Schroyens and Van Urk, Abstract only, 2003	2	\$0.70	
P001	Disease has Midlander Crusading for Awareness. Templeton, 2002	2	\$0.70	
P002	Current Treatment for Erythromelalgia. Jay Cohen 2002	2	\$0.70	
P003	Lynnwood Woman Hobbled by Chronic Burning Foot Pain. O'Harran 2003	3	\$0.70	
P004	Causative Symptoms in Erythromelalgia Identified. Veronica Rose, 2002	1	\$0.70	
P005	Fighting Pain with Fire: Hot Chili Peppers Offer Relief—Capsaicin. Mike Field, 1994	1	\$0.70	
T001	TEA Introduction Letter. TEA, 2002	4	\$0.80	
T002	2002 TEA Financial Report	2	\$0.70	
T003	TEA Information Flyer, 2002	1	\$0.70	
T004	TEA Brochure (full color) 2003	2	\$1.50	
T005	TEA Bylaws. The complete bylaws used to operate TEA. 2003	10	\$2.00	
T006	TEA Policy & Procedure. Supplement document to the bylaws for the operation of TEA. 2003	7	\$1.40	
T007	TEA Christmas Card Insert, Business card size, color, 2003	1	\$1.50	
T008	TEA Christmas Card Insert, Note Card size, 4 1/4 X 5 1/2, color, 2003	1	\$1.50	

Please use the order form on the previous page to order the above documents.