

# WATER, MS AND YOU!

Water is the basis of all body fluids, including digestive juices, blood, urine, lymph and perspiration. All cell processes and all organ functions depend on it. It's essential as a lubricant - as the basis of saliva, mucous secretions throughout the body, and the fluids that bathe the joints. Water is needed to keep food moving through the intestinal tract and to eliminate wastes. It helps prevent constipation (especially if eating a large quantity of high-fibre foods) and it can help reduce the tendency for stone formation in the urinary pathways. Water also helps **regulate body temperature** by distributing heat and cooling the body via perspiration.

The body loses and needs to replace, under average circumstances, two or three litres of water every day. Loss of water occurs constantly by way of exhaled air, which accounts for the loss of about 600mls of water daily. Loss of water through perspiration accounts for 600-1200mls daily. If you're exercising or doing physical work in the heat, the loss can be much more. When the body begins to get short of water, heat cramps may occur, or as with some of us, leg cramps during the day or night. In addition, insufficient fluid intake, or dehydration, is a known trigger for an MS flare-up because it often results in a

lack of perspiration, causing a rise in body temperature.

An average of two litres daily goes out through urine. Because of a tricky bladder, however, some people with MS may limit their fluid intake, thereby reducing the flushing action through the urinary tract and often resulting in a low-grade bladder infection, which only makes their bladder problem worse. If the infection persists, a full-blown bladder infection may occur, which could not only bring on further MS symptoms, but may lead to a kidney infection and the possibility of a life-threatening situation. (see Spotlight)

To avoid bladder infection, experts recommend that we drink enough fluids to have at least one reasonably clear urination each day. Prevention is the key to avoiding bladder infections, but it's always wise to seek medical attention at the first sign of infection.

We get some water from the foods we eat, especially fruits and vegetables, most of which are 85% to 96% water. Some water is produced as a by-product of metabolism. But six to eight glasses of liquid -including juices, milk, and soups - are usually needed to make up the balance. Alcoholic drinks, caffeinated and decaffeinated coffee or tea,

and colas containing caffeine are not ideal for this purpose because they have a diuretic effect - that is, they have a tendency to make you lose water. Also keep in mind that laxatives, such as Metamucil, absorb water, pulling it into the large intestine and creating a further need for water.

An additional advantage of water over the other drinks, especially between meals, is that water does not present added calories and often provides a valuable source of minerals such as calcium, zinc and magnesium. Just as the cheapest foods (such as potatoes, carrots, rice, and dried beans) are often the most healthful, so is the cheapest drink - water.

With all the publicity we hear about the variety of beverages available today, it's easy to forget about the many benefits of a glass of **plain water**. Ed

## **NB**

*Some people may have been told by their general practitioner or neurologist that they need to limit their fluid intake for medical reasons such as heart failure, renal failure or other serious illnesses. The advice given here is subject to medical considerations and you need to follow the advice of your doctor in the first instance or if you are uncertain seek your doctor's advice first before increasing your fluid intake.*

*Dr Garry Pearce*

1. Water, MS and you
2. Zanna receives John Studdy Award
3. Political Campaign shows results
4. Human Encounters of the Spiritual Kind • MS Odyssey Committee
5. Twenty years of the Gong ride
6. Lets Talk • Just do it
7. Focussing in !
8. Mr Wisdom's Brain Gain Challenge • Free ID Card

**Pages 9 – 12 Pull out supplement**

- Bladder Management
  - First surgical Transplants Attempted to Repair Myelin
  - About MS Research in Australia
13. Page 13 News
  14. MS Read-a-Thon raises \$650,000
  15. A Fair Go for Australian Carers
  16. Feel Good Experience • Dancing Not Falling
  17. Amanda Thane at St Ives Friendship Group • Aussie Barbecue Facts
  18. New Premises for Kogarah. • Yoga for you
  19. MS Busibody • Temperature is rising • Classified
  20. Behind the Scene

**ZANNA RECEIVES JOHN STUDDY AWARD**

The John Studdy award is MS Australia's most prestigious award and is given annually to an individual in recognition of outstanding, consistent and selfless provision of meritorious service to the Society, at either national or state level, preferably over a period in excess of ten years. The standard of the Service must be such that **"the individual has made a tangible difference"** for the benefit of PwMS or their families

John Studdy was both NSW Society and MS Australia chairman for many years prior to his retirement in 2000. The MS Society, Lidcombe, Western Region Centre Accommodation Unit is to be renamed the **Studdy Centre** in recognition of his service to the NSW Society

As a person with MS Zanna is more than aware of the problems that confront someone who has this disease.

A retired director of the MS Society, President of the NSW State Council of People with MS (PwMS) and a teacher of art to the disabled, Zanna is a very visible person with MS.

Whilst not without her own problems due to MS, Zanna pushes herself often to the point of exhaustion, to fulfill the high demands she places on herself.

Apart from speaking to service clubs, schools and TAFE Zanna is often called upon to be interviewed on television and radio concerning MS.

Zanna is the founder/editor of MagScene which is written by People with MS for People with MS. This 20 page magazine is mailed to about 4000 plus PwMS as well as all NSW MS Society volunteers and senior society executives in all states of Australia. As most people would know, putting together such a magazine on a regular basis is both time consuming and can be very stressful as printing deadlines approach.

Were she paid \$200 per hour for her time this would be too little, but Zanna (on a pension) is a volunteer. She is thus one of the most valuable volunteers that any organization can have and thus thoroughly deserves the John Studdy Award.

Congratulations Zanna! Garry Anderson

# POLITICAL CAMPAIGN SHOWS RESULTS

The plight of younger people with MS who are forced to live in aged person's nursing homes because there is no appropriate alternative accommodation available to them has been raised in both the Federal and New South Wales Parliaments as a result of a lobbying campaign organised by the NSW Council of PwMS and the Multiple Sclerosis Society of NSW.

Several hundred letters and emails have been sent to federal and state politicians as a result of the campaign.

In a speech to the Senate on September 19, the Australian Democrats spokesperson on Disabilities, Senator Lyn Allison said,

**"The MS Society says that 300 young people with MS are in nursing homes (in NSW).**

**"The solution is not difficult. It simply requires governments to be committed to spending funds to develop alternative accommodation.**

**"The Dutch and Scandinavian countries have such systems designed to provide housing, nursing care and sheltered services for young disabled.**

**"Current assisted living in these countries allows greater**

**independence than nursing homes while providing care and services not available in an independent living situation and they can include medication management, dressing, grooming, bathing, escorts, status checks, socialisation, physical conditioning, community involvement, emergency response, meals, transportation and housekeeping.**

**"Assisted living was originally created for the frail elderly and is patterned after Dutch and Scandinavian systems designed to provide housing and sheltered services.**

**"Similar programs have been trialed in Western Australia with community based accommodation for young disabled. Similar programs of assisted living for younger disabled allow greater independence than nursing homes. As I said earlier, I am touched by the fear and pleading of the letters to me. I am disappointed that I cannot offer these young Australians a greater hope.**

**"This issue remains high on the Democrats' agenda. I call upon the government to**

**develop solutions now and I call on Labor to make a similar commitment," she said.**

The MS Society's Chief Executive Officer, Bill Northcote is scheduled to meet with the Federal Opposition in Canberra shortly. He has written directly to the NSW Minister responsible the Hon Faye Lo Po'. and has met with the opposition spokesman on Ageing and Disability in the NSW Parliament, Mr Brad Hazard, who has also raised the matter during a debate in the Parliament.

The reaction by members of parliament is in no small part due to the agitation by PwMS. Having started the campaign on such a positive note it is now very important that the momentum be maintained. MagScene would therefore encourage any PwMS who has not yet written to their members of parliament to put pen to paper now. A federal election is looming. The opportunity to influence policy and the future of people with MS has never been greater.

The Editor

## HUMAN ENCOUNTERS OF THE SPIRITUAL KIND



Spirituality is widely recognised in current literature to have significant value in the healing process.

Health professionals at the Multiple Sclerosis Society of NSW, have recognised that chronic illness is often a catalyst in the search for meaning, purpose and hope. The specific dimensions of spirituality in practice however, are often difficult to define. *In seeking to answer the question "What are the spiritual aspects of practice in working with people with MS?"* The MS society of NSW in collaboration with Dr. Christine Chapparo, Senior Lecturer in Occupational Therapy, University of Sydney, worked on a qualitative research project.

The research team documented their personal experiences when interacting with clients in clinical practice. The data was collected in written form and analysed for recurring themes. A model was developed from this data to show how spirituality has a place in human encounters.

An implication of these findings is that through reflective practice and acknowledging the existential

needs of the whole person spirituality can be explored. The challenge of supporting individuals with multiple sclerosis on their life journey requires willingness on the part of the health professional to recognise and facilitate the process of discovery in finding new meaning and hope. It also requires a willingness and ability on the part of health professionals to reflect on changes within themselves resulting from their work with clients. To foster this process, organisational recognition of the importance of the spiritual dimension encountered in clinical practice is necessary.

### **Recommendations from the research project include:**

- Acknowledgement of the time required to explore spirituality with clients and the need to factor time into referral and response processes.
- Acknowledgement that the sharing of humanness involving the service provider and the person with multiple sclerosis is needed for the clinical encounters to be meaningful and encompass spirituality.
- Support of the use of reflective practice, stream of consciousness methods and external supervision, in order to develop best practice in providing person-centred services and outcome measures.
- Researching the spiritual aspects of practice from the client's perspective.

Authors: Sharon Lee, Shelley O'Keefe, Marta Hum, Laudy Germanos, Dr. Christine Chapparo

Note:

This article is from the abstract submitted to the Multiple Sclerosis International Federation, International Conference, Melbourne September 30 -October 6, 2001 and was part of a poster presentation at the conference.

Ed

### **MS Odyssey Committee**

is holding a Christmas Cocktail Party on Friday 9th November 2001 at Le Montage, Frazer Street, Leichhardt.

The function will commence at 7.30pm and for the cost of \$50 you will enjoy finger food, drinks, great entertainment, mystery prizes, fun, laughter and dancing.

Dress is smart casual and there is free parking available.

For more details contacts—  
Demetrios Livissianis,  
President of MS Odyssey on  
Ph: 9314 0941 or  
email: demetrios@ozemail.com.au

or

Julianne Miller,  
Events Manager at the  
MS Society on  
Ph: 94144166.

Proceeds to the MS Society of NSW to aid medical and scientific research.

# TWENTY YEARS OF THE GONG RIDE

Ride originator Warren Salomon takes a spin down twenty years of riding to The 'Gong



Finish at Flagstaff Point, Wollongong 1982

How many good things have you done that started with the idea: wouldn't it be good to do that? That's how the Sydney to the 'Gong Bike Ride began.

In 1982 I was publishing the cycling magazine Freewheeling and organising small scale bike rides. I get my kicks by helping people get out and enjoy riding. My good friend Nigel Jenkins had recently returned from a trip to the UK. He had ridden in the London to Brighton Bike ride with about 15,000 others. We thought: wouldn't it be great to organise something like that here. We set about finding a route, tested it out on a group of friends, launched it to Freewheeling readers and ran it on Sunday 21 November 1982. 240 riders and 25 support staff started from Sydney's Belmore Park and

finished in leisurely time at Flagstaff Hill. Most of us caught the specially organised train back, leaving Wollongong at 5:30pm.

We had grand plans. Not for great size (that has its own logistic problems) but

for a memorable and enjoyable experience. We added a morning tea stop with muffins and chat, music and bands, fashion parades, games, swimming and giant lolly-munching marsupials on Lady Carrington Drive. And of course there's some great cycling.

Twenty years has seen an evolution. My photo album from 1982 shows hardly any lycra!

Bike helmets? Wouldn't wear em! Carbon fibre?

Never heard of it. Chrome moly will do me fine.

Since 1982 the Ride, our lives and our bikes have speeded up somewhat. In the early years the afternoon swim at Austinmer was part of the program.

Nowadays most riders swoop down to finish at Flagstaff by 2pm. Some, heaven forbid, even cycle home!

Anyone who has ridden a few Rides will have a weather story. Never two rides alike. Fine one year – foggy the next. Rain and wind in the morning and fabulous sunny skies at the finish.

Who could have predicted that the Ride would grow to 10,000 or that the riders would raise millions of dollars to aid the Multiple Sclerosis Society? I figure that in twenty years well over a hundred thousand people have ridden, volunteered and worked with this wonderful event. Long may the 'Gong Ride prosper.

*Warren*



Start of a recent ride at Moore Park, Sydney

# LET'S TALK

What a momentous September! I



hope that no one was involved personally or had family in the events in America on the 11th September. What with travel and ease of communication these days we all have friends and acquaintances in many countries overseas. My family and I have lived in Europe and Japan for many years, my eldest daughter is married to a Swiss and lives in Switzerland. It is not surprising we know of many who were affected on the 11th (luckily not killed).

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**Coded Reference** 459  
**Male, Age** 34  
**Lives in** Sydney  
**Years with MS** 12  
**Dated** August 2001

I would like to contact other PwMS. I have had MS since 1989 and spend a lot of time on the net. I work part time at the airport for Quarantine and enjoy travel, scuba diving and have a good laugh. I am married and have 2 wonderful boys. I would like to chat with someone in my own age group who is mobile.

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**Coded Reference** 460  
**Male, Age** 48  
**Lives in** Sydney  
**Years with MS** 8  
**Dated** September 2001

I've had MS now for about 8 years. I use a walking stick, have a 12 year old daughter and have just been divorced. Would like to talk to someone in same circumstances.

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**Coded Reference** 461  
**Female, Age** 41  
**Lives in** Lithgow area  
**Years with MS** 3

**Dated** September 2001  
My hobbies are crocheting and word puzzles. I would like to talk to people who have the same interests. I am not working because of my MS that is mainly in the feet.

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**Coded Reference** 462  
**Female, Age** 46  
**Lives in** Far south Coast  
**Years with MS** 6  
**Dated** September 2001

I am married and have 3 daughters aged 18, 16 and 11. I would like to start communicating with a web pal.

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**Coded Reference** 463  
**Female, Age** 47  
**Lives in** Sydney  
**Years with MS** 12  
**Dated** September 2001

I was an infant's schoolteacher. I have two children who are now 24 and 23 but were 17 and 16 when I divorced their father. It was a messy divorce and I now keep myself busy doing voluntary work.

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**Coded Reference** 464  
**Female, Age** 45  
**Lives in** Newcastle area  
**Years with MS** 6  
**Dated** September 2001

As well as MS I have insulin dependent diabetes. I live with my youngest daughter who has been my full time carer for the last 3 years. We have 2 wonderful furry friends. I trust animals more than I do humans. Would like to communicate with people in similar circumstances.

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**Coded Reference** 465  
**Male, Age** 38  
**Lives in** Sydney  
**Years with MS** 6  
**Dated** September 2001

I have been getting MagScene for a couple of years now, but have only gone on line quite

recently. I'm 38 years old and married with two young children (3 years and 7 months). I am working full time, have just done Betaferon and now moved onto Avonex – just love injections! I would welcome contact with anyone in similar circumstances,

**please email me on**  
**garrya@msnsw.org.au**  
**and I will send the address.**

Happy Surfing Garry.

## JUST DO IT!

I am 69 years old and was diagnosed with Multiple Sclerosis 9 years ago.

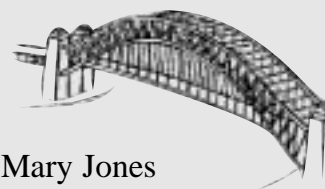
I have wanted to climb the Sydney Harbour Bridge since my husband did it a year ago, but didn't think I would be able to do it. My daughter Helen had different ideas. When the weather forecast for 4th September was perfect, Helen phoned Bridge Climb to see what was available.

I had said I had to be home by 12.30pm to play bridge at Trumps, Spit junction so we had to go early in the morning.

With my luck we got two places at 9.05am and left home at 7.30am to be able to find a car parking place for four hours right at the entrance to Bridge Climb.

A perfect day. After climbing 1429 steps my legs were sore for a couple of days but well worth the effort. The scenery was just perfect.

So do things while you can and enjoy each day.



Mary Jones

# FOCUSSING IN!

Do you sometimes have difficulty paying attention, concentrating or focussing on the job-at-hand?



MS or no MS – we all have difficulty with this sometimes! There are several different types of ‘attention’ including:

## • Focus

(or not being distracted). This is where you need to block out noise and other distractions. This is also known as ‘filtering’. For example, when talking on the telephone, it is necessary to ‘block out’ the noise around you.

## • Sustained attention.

This is being able to pay attention or stay focussed for a period of time. For example, to follow the plot when reading a book, or concentrating during a long meeting.

## • Divided attention.

This is being able to think about, or do more than one thing at the same time. For example, talking to someone while driving.

## • Switching attention.

This is being able to change focus from one task to another and back, without losing track – in other words, picking up where you left off. For example, being interrupted by a phone call when halfway through preparing a meal. You need to be able to continue the meal preparation from where you stopped.

Even though everybody has difficulty with attention

sometimes, some people with MS may have more difficulties than others if there are MS plaques interfering with the ‘attention circuits’ in the brain.

There may be other reasons that contribute to difficulty with staying-in-focus, including feeling tired or fatigued, or feeling overwhelmed by having lots of things to do.

Trying some management strategies may be helpful to assist with any difficulties you may be experiencing.

Give these a go!

- Try to organise ‘thinking jobs’ for when things are quiet. For example, when the kids have gone to school or bed, or when there are less people in the office

- Also, organise ‘thinking jobs’ for when you are less fatigued – take a break before starting and pick your best time of day

- Reduce distractions. Distractions can be auditory (things you hear); visual (things you see) or internal thoughts (brain-chatter!). There are lots of ideas for this:

- ✓ turn off the radio or TV
- ✓ close the door to the office if possible or appropriate
- ✓ find a quiet place like a reading room at the library or in a quiet park
- ✓ put your phone on voicemail

or let the answering machine pick up the call



- ✓ have a tidy and organised work station, whether it’s your desk, kitchen bench or the bathroom cupboard
- ✓ face a blank wall when working
- ✓ wear ear-phones to block out surrounding noise

- Be conscious of only doing one thing at a time. Have a list of jobs you need to do and work on one at a time – this saves you from trying to keep track of all your thoughts and plans all the time

- Break-up jobs into steps and spread the steps out. This means you don’t have to maintain your focus for as long, but you will still get the job done

- Whenever you make a list of jobs or steps, make sure you tick off the completed tasks

From Occupational Therapy and Neuropsychology, Rehabilitation Services, MS Society of NSW



# MR WISDOM'S BRAIN GAIN CHALLENGE

I hope you all had fun with the last Challenge Word.



Helen Bording, of Cootamundra, was the top entrant with an impressive 840 words, for **MUCOPOLYSACCHARIDE**

Anne Bagnall, of Auburn, followed with 793. Anne enjoyed the Challenge, and thoroughly enjoys MagScene, looking forward to each edition. (So do I Anne).

Lorraine Mahe, of Towradgi, submitted 602 words. Doreen Willis, of Eastwood, had 551 words. Doreen now has a computer which she is endeavouring to operate. You did very well, Doreen.

Ronda Maher, of Cootamundra, had 321 words.

Congratulations ladies. These were all individual entries. I should remind readers you can enlist the help of family and friends and send in group entries. Just mark them accordingly.

Your Challenge for this issue is **BARESTHESIOMETER**.

This should determine your sensibility to work and pressure.

The usual rules apply

1. Your listed words must be made up of four or more letters.
- 2: Use only letters from the Challenge Word.
3. No letter must be used more often than it appears in the Challenge Word.
4. No plurals, place names or proper nouns will be accepted.
5. And remember, it's a bigger challenge if you don't use a dictionary.

Listed below are some cryptic clues for the names of N.S.W towns.

1. SOUPSVILLE
2. SMASHED MOUNTAIN
3. A PUGILIST THROWS THIS ON A DISK
4. TWO COMPASS POINTS ON LARGE STONES
5. A TINY SCOTTISH GEM STONE
6. A MALE SHEEP OWNS THE ENTRANCE

How are you enjoying these?  
Your silence is deafening.

See page 20 for answers

## Have you ordered your Free ID Card

Many people with MS have requested that the Society provide an ID card. Following consultation with PwMS and Societies in other States, a card has been produced which has a photo on the front and on the back says....



*For security, the card will be numbered and laminated.* The address and phone number of the MS Society is also included.

There is no cost other than postage and the provision of a black and white or colour photo.

If you would like to order a card, please forward a **stamped, self-addressed envelope and a "tiny" (approx 3x3 cm.)** or an old Drivers License photograph of yourself to:

**MS Society ID CARD**

**PO Box 1246**

**CHATSWOOD NSW 2057**

## BLADDER MANAGEMENT IN MS

**Catherine W Britell M.D.**  
*Consultant for agencies, businesses, individuals and organizations on health professional and consumer education, research and development, and the medical and rehabilitative aspects of disability, USA.*

The demyelination caused by MS often affects the motor and sensory pathways of the bladder. When a person is affected in this way, he/she is said to have a "neurogenic bladder".

Bladder symptoms can vary in MS, depending which nerves are affected. Also, they can change with time, just as other aspects of the disease change. It has been estimated that 50-80% of people with MS experience some kind of bladder difficulty.

### ***What causes these problems?***

There are three main types of neurogenic bladder symptoms seen in MS, related to the area of the lesion.

The urine seems to want to come out too frequently and too easily. When a person first gets the urge, he/she doesn't have very long to get to the bathroom, and has to go quite often-- more than 6-8 times per day and more than once at night. And, sometimes if a person doesn't make it to the bathroom,

he/she loses control.

The urine just doesn't seem to want to come out. The stream is weak or intermittent, and it's difficult to get it started. And sometimes when the bladder gets full, the urine overflows and starts dribbling out. The person may have frequent infections.

These symptoms can be caused by a variety of functional bladder problems. The bladder wall muscle (detrusor) might contract too hard...or it might not contract hard enough. The sphincter (the muscular valve that normally holds the urine in) may contract at the same time the detrusor contracts, thus keeping the urine in and causing high pressure in the system (That's called "detrusor-sphincter dyssynergy"). Or, the sphincter may not contract when it needs to in order to hold the urine in. Or, some of those can happen together. As one can well imagine, it's sometimes pretty difficult for the doctor to tell exactly which of these things is happening from the symptoms a person is having. Therefore, some diagnostic tests are usually done, in order to determine the best way to deal with this. A "cystometrogram" or "CMG-EMG" is often done in order to tell what's happening to the detrusor and sphincter muscles as the bladder fills and empties. Other tests that are

sometimes performed to further diagnose the problem may include ultrasound of the abdomen, kidney X-rays with dye injected into a vein or dye injected into the bladder via a catheter, measurement of how much urine is left after you've finished voiding, or cystoscopy (looking up through the urethra) if a prostate problem is also suspected to be part of the problem.

### ***How are bladder problems managed?***

The goals of treatment include:

- Maintaining continence
- Preventing infection
- Keeping the kidneys healthy
- Achieving socially acceptable, dignified, convenient and comfortable bladder management.

Treatment will vary depending on what the particular problem is. If there are significant involuntary bladder wall muscle (detrusor) contractions at low urine volumes, anticholinergic medications, such as oxybutinin (Ditropan) and propantheline (Pro-Banthine) are often the first line of treatment. Some of these medications can cause dry mouth, blurring of vision, and severe constipation. If the sphincter also contracts strongly when the bladder wall contracts ("detrusor-sphincter

dyssynergy"), intermittent

catheterization may have to be added in order to get the bladder to empty completely and keep dry.

If the bladder wall doesn't contract well (the bladder is "flaccid") timed voiding by straining or pushing on the bladder (also called crede) is often tried first. If that's not successful, then intermittent catheterization is usually the treatment of choice.

In general, the bladder should be emptied about every 4-6 hours, or every time it has 200-400 cc of urine in it, or more often if the bladder capacity is low. One will generally will make about 800-1,000 cc less urine than the fluid you drink (you lose the rest from sweating and respiration). So, if you drink about six glasses (1800 cc) of fluid per day, you'll make about 800-1000 cc of urine, and will have to void about 4 or 5 times per day if your bladder capacity is 200 cc. The reason for understanding and keeping track of bladder capacity and fluid intake is that if you empty your bladder on a timed basis, rather than waiting until you have to go, you'll often be able to avoid accidents very consistently. Where this gets difficult is when you collect fluid during the day in the form of oedema or swelling of your legs and feet, and then put it out at night. That can make for a difficult problem of having to urinate a great deal at night. Some doctors prescribe a small dose of a diuretic (fluid tablet) in the afternoon so that the fluid will not accumulate so significantly.

### *So, to recapitulate:*

When there are bladder problems, the first step is to see a doctor (neurologist, urologist) who specializes in MS treatment, and have this evaluated. Next, controlled fluid intake and timed voiding are the simplest and most effective first-line treatment. Some tests may help you and the doctor greatly in deciding how best to manage this. Often the doctor will prescribe medications to relax the bladder wall at this time. If this doesn't work, a regimen of regular clean intermittent self-catheterizations (with or without bladder relaxants) is most often prescribed. This is not as difficult as it might seem, and often works quite well on a long-term basis. But what if a person doesn't have good enough hand function to do this, or what if this is just not effective in keeping the person dry?

There are some effective ways of collecting urine externally. In men, an external collecting device (a condom with adhesive at the top and a tube at the bottom connected via a rubber tube to a leg bag) will often work very well. For women, the first option is "padding up". There are a number of special panties on the market with waterproof pockets to hold very absorbent pads. This will often adequately contain the urine.

If the bladder doesn't drain adequately and external collection isn't enough to maintain a healthy bladder some kind of mechanical emptying is needed. Sometimes, if a person

does not have adequate hand function to perform self-catheterization an indwelling catheter (one that stays in the bladder) is often an effective way to manage bladder dysfunction, though most doctors generally prescribe this only after having tried other measures. It used to be that catheters were always pretty awful and led to a great many infections, but with modern materials and management, complications are not as frequent. Catheters can be inserted through the urethra (tube where the urine normally comes out of the body) or through an opening made below the belly button called a "suprapubic cystostomy". Often for women, the latter is recommended because of greater ease of management and not having to sit on a catheter or stretch out the urethra. It also has an advantage in men and women of interfering less with sexual practice. The catheter is a rubber tube with two passages in it...one going to the end to drain the urine and the other going to a balloon near the end that holds the catheter in place when filled with sterile water. The catheter is connected to a drainage tube which then goes under the clothing to a latex or polyethylene bag that is strapped to the lower leg under the pants and has a valve on the bottom to open and drain the bag as necessary under the pants cuff. When one has an indwelling catheter, the doctor usually encourages high fluid intake...3 to four liters of fluid per day...to keep bacteria and crystals washed out. Usually the catheter is changed about every two weeks,

and the tubing and leg bag are washed out daily with diluted chlorine bleach and hung to dry.

### ***How can one prevent infections?***

There is much information around about how to prevent infections that occur in patients with MS, and there is still a fair amount of disagreement about the very best way to do this.

First, it's really important not to get dehydrated. When the urine becomes concentrated and flow slows down, the bacteria grow and infections often occur. Of course, that's difficult, particularly when traveling or attending a family reunion or other important social function. Who wants to drink fluids and risk an accident? The wisest thing is, if possible, to maintain a fluid intake of about 2 litres per day (more if you have an indwelling catheter) and try to make provisions to empty your bladder frequently, no matter where you are or what you need to do. Sexual activity is another thing that sometimes predisposes to infections. In both women and men (more in women) coitus tends to introduce some normal skin bacteria into the urethra.

Cranberry juice and/or Vitamin C...are they any good? Well, if you look at the scientific literature, there have been studies on this with spinal cord injury, and the conclusions are that it does nothing to prevent symptomatic infections. Despite this, many individuals with MS believe that cranberry juice or Vitamin C significantly reduce

infections. The only drawback to cranberry juice is the sugar (bad for diabetics or those with weight problems) and if aspartame ("Nutra-sweet") is added instead, it seems to cause an inordinate amount of gas. And Vitamin C will cause diarrhea when taken in large doses.

If you are having frequent infections, it's important to find out why this is occurring, and to treat the problem specifically and directly. Most physicians believe that one should give antibiotics only when infections occur, and then a very specific antibiotic aimed at the organism found in the urine when a culture is performed. Long-term antibiotic use or frequent use of broad-spectrum antibiotics (with more germ-killing power than you actually need) can lead to the development of severe, resistant infections and hospitalization in some cases.

As with most health issues, it's vital to have a physician who understands MS and can follow you carefully, performing urine cultures if you get symptoms and treating infections appropriately. Your doctor needs to be aware of this problem and how you are managing it so that he/she can help you be as healthy and infection-free as possible. Most rehabilitation centers that specialize in MS care have associated with them a rehabilitation nurse specialist. This person can be very helpful in the practical everyday issues of bladder management.

### ***In conclusion***

Bladder problems in people with

MS are frequent, occur for a number of reasons, and may differ among individuals. There are a number of ways to approach bladder issues, and it's vitally important to form an alliance with a health care professional who understands the pathophysiology of these problems, knows how to treat them, and maintains sensitivity to your emotional needs and lifestyle.

### ***First Surgical Transplants Attempted To Repair Myelin***

July 25, 2001

Yale University has issued a press release describing the first known surgical attempt to repair an MS brain lesion by cell transplantation.

The press release states that one woman with MS underwent brain surgery to transplant myelin-making cells into a lesion in her brain. The myelin-making cells were taken from the patient's own peripheral nervous system, specifically, the sural nerve in her ankle. The Yale team, led by Dr. Timothy Vollmer, stated that the purpose of the procedure is to determine whether it is safe and whether Schwann cells (myelin-making cells from the peripheral nervous system) can survive and repair myelin in the central nervous system.

The woman will be followed with magnetic resonance imaging and clinical exam over the next six months and at the end of this period, the investigators will biopsy her brain to examine the MS lesion

that received the transplant to see whether the cells survived and whether they made myelin. The surgery took place on July 17 and 18. Dr. Vollmer has stated that the patient appears to be doing well. It is our understanding that no additional transplant procedures will occur until the results from this first procedure have been assessed. The investigators plan to perform the procedure in a maximum of five individuals under the current protocol to determine whether additional testing of this procedure is warranted.

At this time there is no way of knowing whether this potentially high-risk procedure will be safe or effective for treating multiple sclerosis.

The Summer 2001 issue of "Research Highlights" (released the week of July 23, 2001 and on our Web site:  
<http://www.nationalmssociety.org/Highlights-ReplacingCells.asp>)

describes the background research, some of which was funded by the US National MS Society, which led to this clinical trial. The trial itself is not funded by the Society.

National MS Society USA

### ***About MS research in Australia***

Research into the cause, cure and treatment of multiple sclerosis is going on all around the world. Australian scientists are playing a significant part in MS research and much of this research is supported and coordinated by the Medical Research and Advisory Board (MRAB) of Multiple Sclerosis, Australia.

The Medical Research and Advisory Board consists of leading medical research scientists in Australia. It aims to encourage and to recommend the funding of high quality research relevant to multiple sclerosis, following assessment

of applications by a peer review system. It also provides advice to the National Multiple Sclerosis Society of Australia on medical and scientific aspects of multiple sclerosis.

Each year, the MRAB invite researchers to submit their applications for funding to the MS Research Office, by mid May. This year all the information for submitting applications is available on this website.

The function of the MS Research Office is to collate, and facilitate assessment of research applications and to assist in the coordination of the Medical Research and Advisory Board and the organisation of Research Progress Meetings.

**Further information can be found on the MS Australia Website**  
**<http://msaustralia.org.au>**

### **The pull-out-and-keep SPOTLIGHT on MS supplement, which will appear in each MagScene, highlights current medical articles on MS in a condensed form.**

Twice yearly, a GP FOCUS on MS newsletter is mailed directly to nominated GP's, Neurologists, Specialists and Health Professionals. If you would like your GP to receive this advanced clinical material, send your GP's name, address and phone number to MagScene:

**P O Box 1246, Chatswood 2057**

The NSW Multiple Sclerosis Society is proud to be a source of information about MS. Comments are based on professional advice, published experience and expert opinion, but do not represent individual therapeutic recommendation or prescription. For specific information and advice, consult your personal physician.

The Multiple Sclerosis Society of NSW or its servants or agents will have no liability in any way arising from material or advice that is contained in this supplement. The statements or opinions that are expressed herein reflect the views of the author(s).

Z Barron: Editor

Dr Garry Pearce: Medical Editorial Consultant, Medical Director MS Society of NSW, Specialist in Rehabilitation Medicine  
ISSN 1323 4005

# Page . 13

# NEWS

Compiled by Katie Booth

## CARE FOR CARERS

**WEEK** is being recognised by Springwood Volunteer Carers Service with a special luncheon on the 24th October at the Springwood Neighbourhood Centre. The theme - "Listen to Carers".

The occasion will be launching the support groups and education sessions to follow.

Beverley Hayly, the Coordinator of the newly formed Care for Carers Project said that their aim is to ensure personal and practical support for primary carers of frail and aged or disabled people. There are many different care situations, but most carers take on caring responsibilities because a family member or friend needs support and assistance. Carers perform whatever tasks are necessary to assist the person they are caring for. These tasks can include supervising, feeding, bathing, dressing, toileting, transferring, administering medications, providing transport or managing finances. Carers also provide emotional support day in and day out for some of the most vulnerable, isolated members of our community.

Many carers are chronically tired and desperately in need of some time out with no caring responsibilities so they can

refresh themselves and regain a sense of well-being. Some of the services to be provided by 'Care For Carers Project' include: A series of education / workshops for carers, aimed at reducing their stress levels:

- stress management / caring for yourself
- medical education / information sessions, e.g. dementia, disabilities, MS, arthritis, Down's syndrome, schizophrenia.
- practical care giving tips e.g. patient lifting
- Support groups for carers; Respite (provided by volunteers) to enable carers to attend workshops and support group sessions Transport (provided by volunteers) for carers to and from these workshops and sessions
- Respite (provided by volunteers) up to 3 hours per week) to enable carers to attend to practical and personal matters outside the house.

For more information on Care for Carers Project and the "Listen to Carers" luncheon, call Beverley Haley on 4751 3033

## POTTERY

The MS Pottery group recently had entries in a competition run

by the Ceramic Art Association of NSW at Liverpool on 21st and 22nd July. Rosemary Williams of Eastwood won a first and a second prize for two decorated plates. Heather Casey of Putney won a Merit Award for her whimsical ceramic armchair and footstool. Roger Blake of Greenwich also won a prize for a decorated pot.

The Pottery group meets on Tuesday mornings at "Centrehouse" Lane Cove with teacher Gwen Whitie helping people turn out interesting and satisfying ceramics.

## ILLAWARRA AREA NEWS

MainStream lives again! The bi-monthly newsletter for PwMS in the Illawarra area has been revived. It is circulated only to local PwMS who are listed with the PwMS branch. (If you get MagScene but have not received MainStream, you are not on the Illawarra PwMS mailing list.) Pauline Reynolds is the brave soul who has taken on the job of Editing MainStream and ensuring it is produced. Like the previous Editor, Pauline counts on your interested support. News items, jokes, handy hints, short articles will all be gratefully received and will be published if possible. Contact Pauline on 4285 7358 or email; pauline\_reynolds@uow.edu.au

Readers are invited to e-mail contributions for 'Page 13 News' to the editor of MagScene at: pwms@msnsw.org.au or snail-mail to:

MagScene, PO Box 1246  
Chatswood 2057

# MS READ-A-THON RAISES \$650 000



Elli Fookes, \$3610, Benjamin Shand, \$3245, Damien Smith, \$15,075

Nine thousand participants from 1500 schools throughout NSW read over 220,000 books and raised \$650,000 in the 2001 MS READ-a-thon.

The Multiple Sclerosis Society of NSW honoured the top 100 fundraisers with an award presentation party at the Featherdale Wildlife Park on Sunday 19 August. Most of the award recipients range in age from 6 to 13 and came from 90 schools throughout NSW to attend the presentation.

Awards were presented by the Minister for Education and Training, Mr John Aquilina and hosts of Network Ten's Cheez TV. Aileen Feeney and Bill Northcote attended on behalf of the MS Society.

The Manager of the READ-a-thon, Anne-marie Keleher said "The success of this year's READ-a-thon is due to the combined efforts of entrants and our corporate sponsors. The MS READ-a-thon is supported by

people all over NSW, I recently received a letter from a 10 year old in a NSW country town who said "even though our town is a small town we all have big hearts to help others"

She said the award presentation was attended by 300 guests and the top 100 fundraisers received awards from sponsors including book vouchers, tennis racquets, television sets, watches, books, movie passes, pens and games.

The top fundraiser in NSW is Damien Smith who raised \$15 075.

Schools as different as Sydney Grammar School Edgecliff Preparatory, the Neutral Bay Public School and the School of the Air in Broken Hill have also won awards in this year's MS READ-a-thon.

The school with the most books read in NSW is the Sydney Grammar School Edgecliff Preparatory where students read 1822 books.

The winner in the category for schools with more than 500 students is Neutral Bay Public School where students read 1737 books. The top three reading schools will receive a cheque for \$1000 from the Commonwealth Bank, a Big Macquarie Dictionary from the Macquarie Library and a Reader's Digest educational

book pack

The MS READ-a-thon, held in NSW between 2 April and 11 May, encouraged children to read as much as possible while seeking sponsorship from friends, family and business.

Many of the entrants showed great creativity and determination in reaching their fund raising goals with one entrant organising speeches at community clubs to raise awareness about MS.

This year marks the Twenty Third anniversary of the MS READ-a-thon, one of the most successful education programs for children throughout Australia and a major fundraiser for the Multiple Sclerosis Society of New South Wales. At the same time it raises awareness in the community of the challenges faced by people with Multiple Sclerosis.



Education Minister John Aquilina presents Danielle Lee with her certificate for raising over \$1000

# A FAIR GO FOR AUSTRALIA'S CARERS

Carers are not getting “**a fair go**”. Conservative estimates show Australia's 2.3 million carers who provide care at home save our economy **\$16 billion annually**, yet carers include some of the poorest and most disadvantaged people in the community. Welfare reform has ignored the needs of carers, many of whom barely subsist and report difficulties with meeting basic living costs such as utilities, home maintenance and transport. Income support, which is inadequate and severely restricted, needs a complete *overhaul* in recognition that carers save *the wider community from the immense costs of institutional care*.

## What Needs to be Done

A coordinated national approach within the framework of a National Carers Support Policy is essential to address the following needs:

### 1. More Equitable and Adequate Income Support

through

- a restructured Carer Payment system
- recognition of the high costs of care: as an interim measure, doubling the existing Carer Allowance of \$41 per week
- the introduction of a Transport Allowance to help overcome

the disadvantage of carers who cannot use public transport;

### 2. Comprehensive Carer Support Services

that include

- measures to streamline and address fragmented carer services
- comprehensive assessment and tailored 'packages' of support services for carers, the person they support and their families
- flexible respite care, in-home support, counseling, 'hands on' education and quality residential care.

**Carers Australia will be running a campaign during the Federal Election** to be held later this year. This election gives us a unique opportunity to push for substantial gains for all carers. The campaign “A Fair Go for Australia's Carers” is a joint effort by the national, state and territory associations to raise the profile of carers and carer issues.

### How can you help in our campaign?

You can:

- Contact the Federal MP and main candidates in your

electorate and discuss our election platform with them. Have a list of questions ready and ask them what they are going to do for carers.

- Ring our national line on **Wednesday 24 October - Listen to Carers Day** (LC Day) and tell the person on the line the one thing you would like that would make a real difference to your life. The number is **1800 242 636**. You could ring or fax your local MP on that day and tell them the same thing.
- Telephone your favourite radio station during talk back sessions and tell them what caring is like for you.
- Write letters to your local and daily newspaper and say how you would like things to change for you.

Good luck and happy campaigning - lets see what we can do together to have carers concerns heard.

Carolyn Gray

National President

Carers Association of Australia

# THE MS SOCIETY IS OFFERING A "FEEL GOOD EXPERIENCE" FOR ONE HUGE DAY

On Sunday 4th November 2001, over 500 people will be needed to assist the 20th annual Sydney to the 'Gong Bike Ride for MS.

Volunteers will be helping the MS society of NSW achieve its target of raising over \$200,000 for people with multiple sclerosis by ensuring this year's 'Gong Ride is a huge success.

The 'Gong Ride is the largest one-day recreational bike ride in Australia with up to 10,000 cyclists taking part.

Volunteers assist in all areas of event preparation and organization including bike lift management, registration, event photography, route marshalling, bike repair and motorcycle marshalling. All volunteers receive morning tea and lunch as well as a T-shirt, cap and prizes. MS Outdoor events volunteers are fully supported by staff and mobile relief crews.

Riders choose either a 92km course from Moore Park in Sydney or a 58km course from Cooper Street Reserve in Engadine. On average, the 92km ride takes five and a half hours to complete while the 58km ride takes three and a half hours. All riders have until 5:00pm to complete the course.

Riders help the MS society achieve its fundraising target by obtaining sponsors for their ride,

selling raffle tickets, and collecting donations on behalf of the Society.

The money raised from this event will be used to provide specific purpose housing for younger people with Multiple Sclerosis. About 200 younger people with MS currently live in aged-care nursing homes because there is no other option available to them. All of these younger people require very high levels of care which can no longer be provided by family and friends.

To address this inequity, the MS Society has launched a capital works campaign to build a specialist community-based residential unit.

Who do you know who could be encouraged to volunteer to help with the 'Gong Ride and enjoy a "Feel Good Experience"?

Volunteer application forms are currently available from the MS Outdoor events office and the MS Society of NSW website <http://www.msns.org.au>

For further information about volunteering or to request a volunteer application form, please contact:

Carolyn Weir  
Volunteer Coordinator  
MS Outdoor Events  
Ph: (02) 9413 4166

## DANCING NOT FALLING

Sandy Lyons

I would like to thank those readers who have ordered copies of my diary "Dancing not Falling" as featured in the July/August MagScene.

**Recently my husband and I travelled with friends to both Ireland and Germany via Singapore.**



That's all I'm telling you about our trip for now and of course the tale of the cantankerous wheelchair: all in the next issue.

**I must mention that a very capable girl from NRMA travel, Burwood, Sydney, arranged our trip. She organised for me to be met at each airport by a wheelchair right at the exit door of the plane.**

This was especially helpful at Heathrow where there was a mile walk to the luggage carousel. British Airways also have a small fleet of electric golf buggies, one of which whisked us, luggage, minder and all to the relevant loading gate.

For a copy of my diary to be posted to you send your cheque or money order for \$9.95 to CD & SL Lyons "Hesperia", PO Box 10 Tooma, NSW 2642

# AMANDA THANE AT ST. IVES MS FRIENDSHIP GROUP

Amanda, Phillip and Betty  
Opera lovers will no doubt have heard of Amanda Thane. What



they probably don't know is that Amanda's parents Phillip and Betty live in Belrose and Phillip is a regular attendee at functions organized by the MS Northern Region Centre.

Amanda, who lives in London,

was recently in Sydney to perform in concerts at the Opera House and Conservatorium of Music. The St Ives MS Friendship Group was very honoured to have Amanda perform at a meeting on the 17th August. It was a wonderful day for PwMS and volunteers to have the opportunity to hear Amanda sing a range of songs. The performance brought tears to many eyes.

Amanda has sung in opera and concerts all over the world to places in Europe, Japan, Korea, USA, UK and Australia. Some of the many lyric soprano roles she has sung include Mimi in La Boheme, which she sang

recently at the Royal Opera House Covent Garden, Violetta in La Traviata, Madam Butterfly and Tosca. Apart from her performing, and working and travelling with her husband, Amanda is very busy teaching which she does privately and at the London College of Music. Amanda's husband Glenn Winslade recently sang the title role of Lohengrin for Opera Australia.

MS has not prevented Phillip from travelling to the UK to see Amanda perform at Covent Gardens.

Thank you Amanda and Phillip and the accompanist Helen Short for making such a marvelous day possible.

Lesley Cameron Recreational Officer

## AUSSIE BARBECUE FACTS

The barbecue actually originated in the Caribbean where the Indians used a grating of green wood over a slow fire to cook strips of meat.

Charring or blackening of meats is thought to produce cancer causing chemicals. If the barbecued meat is not blackened it is safe to eat.

Barbecued food can be delicious and nutritious

### Tips for a Healthy Barbecue

- Marinate meats to increase tenderness and reduce the likelihood of charring.
- Reduce the quantity of meat served by increasing vegetables and fruits. Try kebabs with vegetable or fruit chunks between meat pieces
- Seafood is the ideal barbecue food as it cooks quickly and is nutritious and tasty.
- Serve plenty of fresh, crisp salads, vegetable dishes and a selection of breads to accompany the barbecued food to increase food variety.
- Experiment! try cooking a range of vegetables and fruits on the barbecue.

Be innovative by creating new, healthy options for the traditional barbecue

**Nutrition week 2001 is to be held 14 – 20th October.**

With the interest in low fat diets for PwMS some of the above ways to lower the fat in barbecues should be of interest.



# NEW PREMISES FOR KOGARAH

Readers will be aware from previous editions of MagScene, that the MS Society has had an option for the sale of its office in Kogarah, from which the Southern Region MS Service has been operating for the past 13 or so years.

The Society exercised its option for sale, and the Kogarah office was sold in July. The staff vacated the office in early September to take up rented premises in Miranda. The decision to rent at this stage, rather than buy, provides flexibility for the Society to assess a suitable location to relocate to on a more permanent basis and to assess what size premises and what office facilities may be needed longer term.

The southern region service, whilst operating out of Miranda for the next 12-18 months, will continue to provide the same level of service and support to people with MS. Our outreach and recreation staff are largely community based and their presence across the eastern and southern parts of Sydney will not change. We will continue to use a wide range of community venues for our programs to ensure programs are delivered close to where people live. There will be increased opportunity for

people with MS living in the Illawarra/Sth Coast area to access MS Society rehabilitation and specialist services by appointment at the Miranda office.

We do plan to set up a smaller satellite office in the Eastern Suburbs and will seek shared accommodation with another service over the next 6 months.

The address and contact details for our new office in Miranda is:

## **MS Southern Region**

**23/28-30 Urunga Parade**

**Miranda 2228**

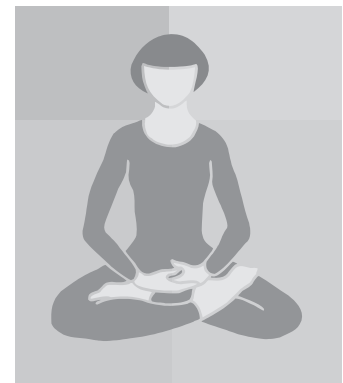
The centre is within walking distance of Miranda Fair and Miranda railway station. There is plenty street parking close-by.

All clients in the region will be advised of the new telephone number when it becomes available.

## **Yoga for You ?**

Yoga is an ancient system of mind body awareness that can be helpful in managing chronic inflammatory conditions. By learning how to stretch and consciously relax, and how to focus on your breath, you allow your nervous system to function at its optimum. A regular yoga practice reduces susceptibility to

stress, and increases mental and physical ease. It can be adapted to suit your particular needs and varied according to your energy levels. Sarah has been practicing for 15 years, and teaching since 1994. Individual lessons are \$45 or \$30 per hour with concession card.



For enquiries ring 9698-9259 (Surry Hills) or email [swalls@ihug.com.au](mailto:swalls@ihug.com.au)

Sarah Walls

## **L.I.S. Library & Information Services**

Our Library and Information Service is now staffed on Mon. Tues. and Thur. only.

However should you need something just phone us on 02 9287 2929 or email on [library@msnsw.org.au](mailto:library@msnsw.org.au)

Cate Dawson  
Manager

# From the Desk of MS Busibody



During the last few months I've become aware that more and more seniors are taking up

the challenge of computer know-how. Internet enlightenment has become a must for many seniors in order to converse with their offspring in the universal computer lingo.

I'm not quite ready to declare my own seniority, but hereby confess to being a TAFE Outreach "JUNKIE". The Grannies to whom I have spoken at various computer classes are eager to sign up for yet more classes; Exploring the Internet, Keyboard Skills, e-commerce, Excel, Publisher, MS PowerPoint, etc.

Oldies are mouse-clicking so much, that it is rapidly becoming the number one pastime for retirees, overtaking gardening, fishing and even bowling.

Where I hang out, the TAFE Hunter Institute 'outreach' runs a mature worker program which includes over thirty different courses, all free and conducted during the day. The latest one is called "IT'S Time" (Internet Technology' Seniors Time). Not exactly a course but a location where seniors can access computers and volunteer computer junkies will guide them through the net.

Similar set ups and courses are being run everywhere; Neighbourhood Centres, Community Groups, etc. Even the Wesley Centre, Pitt Street Sydney conducts daytime courses for mature people who wish to become 'computer junkies'.

I suggest you contact your local TAFE if you are interested.

On a more serious note, I would like to comment on a recent media report on a 'miracle' cure

for MS, on Channel 9, ACA. I didn't see it as a miracle but merely a coincidence that the prayer and the remission happened in the same week.

While I agree that an instant cure is highly preferable to wheelchair dependency, I strongly disagree that wheelchair dependency represents "THE END".

Ms Busibody

## The Temperature is Rising

There are lots of places still available in the Community Aquatic Program as outlined in the last MagScene issue. Funding has been obtained to assist with transport, personal care and pool entry.



This is a wonderful opportunity.

If you are interested please contact Garry Chamberlain at Lidcombe, ph 9646 0691, fax 9643 1486, email [gchamberlain@msnsw.org.au](mailto:gchamberlain@msnsw.org.au)

or complete the expression of interest form in last MagScene.

### DO YOU NEED A FACIAL?

Beauty Therapist Judy Wade (a PwMS) offers mini facials, manicures, pedicures and some massage at very reasonable prices for both men and women.

In some cases she could manage home visits in the Northern Beaches area.

For more details call Judy 9939 1990



Congratulations readers on your response to my call for help for young PwMS in nursing homes. For a full report on your efforts please turn to page 3.

In this MagScene you have a two page readership survey. The previous one in 1996 supplied us with valuable information. Again I ask you to help us by spending 10 minutes to answer the questions we have compiled.

Your answers are essential, more so now, as production costs have risen. We have to make some decisions whether to continue, reduce the number of issues per year, charge a small subscription or try to sell advertising. What do you think?

Your opinion as to the value and importance of MagScene is vital.

I invite everyone to fill in

the survey and return it in the prepaid envelope supplied. Thank you.

I read recently that in the United States there is an increasing interest in the role that prayer and spirituality may play in health. This interest in, and popularity of, religion and health have led to clinical research studies

The possible influences of spirituality on MS have not been rigorously studied. However it is one of the abstract studies presented at the MS International Conference held in Melbourne 30th September to 6th October 2001. See page 4.

I am just back from this conference. It has been six days filled with the latest in medical research, MS News and personal experiences from the world of MS. I met world-renowned doctors, brave PwMS and I became totally overwhelmed by the

depth of information.

The Council of PwMS Australia held their two day committee meeting where we shared the positive and negative of state issues.

I complement the Victorian MS Volunteer staff for their care, understandcind and friendly manner to us all which made the whole event so memorable.

See you next issue.

Zanna Barron Editor

The answers to Mr Wisdom's cryptic place names from page 8 are:1. Campbelltown 2. Broken Hill 3. Punchbowl 4. South West Rocks 5. Wee Jasper 6. Ramsgate

**Deadline for December issue is 12th November 2001**

**MS INFORMATION LINE Freecall 1800 042 138**

**Mon-Fri 9:00am to 5:00pm. An info line only – Not a crisis line.**

*MagScene*

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P O Box 1246  
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Technical / Editorial Consultant:  
Garry Anderson  
Email: garrya@msnsw.org.au

Phone: (02) 9411 4522  
Fax: (02) 9411 1712

Proof Reader: Wal Simmonds