

POST POLIO NEWSLETTER



September 2013

VOL 24 No 3

poliowa

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*The President and Committee of the
Post Polio Network of WA (Inc.)*

would like to invite

**All polio survivors, family and
friends**

To the formal launch of:

Poliomyelitis in Western Australia: a history

**Poliomyelitis
in Western Australia
a history**



Tessa Jupp

Jan Lord

Lesley Steele

Book launch and speech by Professor Fiona Stanley AC

Second speaker

Mr Kevin Lehane

To be held at the
Para-Quad Industries Hall
10 Selby St, Shenton Park 6008

Please RSVP by 15 September 2013
to

Polio Office (08) 9383 9050

Email: poliowa@upnaway.com.au

SUNDAY 22 September at 2pm
Following AGM which commences 1.15pm

Plenty of easy parking at PQI

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Polio Book Launch

PROGRAM

1 00 pm Doors open

1.15 pm AGM

2 00 pm Book Launch: Prof F Stanley

2.30 pm Speaker: "Jega" Jegasothy
Topic "Future of LEOP - Self direction"

3.00 pm Afternoon tea & chat

Bring plate of food for afternoon tea

Finally - our book is being printed, ready to sell. Everyone is invited to the **GRAND Polio Book Party!**

Bring family and friends. Now is your opportunity to all meet together again.

THANKS FOR THE MEMORIES

We hope many who submitted their stories will come. Our thanks go too, to those who have spent many years birthing this book - fellow authors **Jan Lord** and **Lesley Steele**, historian **Juliet Ludbrook** who stuck with us all these years stirring us on, and **John Richard** who has sweated over many changes to prepare the final version on the special publishing program ready for the printer.

STEM CELL ENHANCER TRIAL (\$55 for 2 months)

We asked people to try this for at least 6 months. One member, Doreen Oates from Albany, tried it for 12 months, then thought she would stop taking it as she had found that over that time her strength had improved, she had less fatigue and generally felt much better. After a month off the Stem and although she was still taking carnitine, magnesium, manganese, taurine and Vit E, Doreen found that she became weaker and her aches and pains got worse again. So she has decided that she is better off staying on the Stem and asked to be sent more again. These are the sort of results we have been looking for. Our bodies normally make stem cells to repair worn-out or damaged parts but as we get older this gets less and less. The Stem helps restore this repair.

e-Cell and Health Central Mt Hawthorn

There has been more interest in using the e-cell. It can be purchased at Health Central or on-line but Sonya Horsman OT is offering a **free first session** (worth \$75) for polios so why not get assessed and get personal instruction (or hire for a try) before outlaying money and not being sure how to use it. **Ring Sonya on 9201 0888.**

See more about e-cell at www.medictechnology.com
Cost: e-cell + vascular \$645. E-cell + 3 cards \$795

The Vascular Card..... opens up pathways to aid the healing process, helping the body clear away debris and toxins around the injured area. Pain and swelling is reduced, kick-starting the body's natural healing processes. It enables the body to set in motion a cascade of natural healing processes.

The Bone Card modulates bone, tissue, tendons & ligaments. Every joint has tendons and or ligaments which the Bone Card is excellent in repairing and rejuvenating. It also aids with fractures and arthritis.

The OA (Osteo-Arthritis) Cardstimulates the rebuilding of cartilage cells lost through years of wear-and-tear and/or involvement in sporting events.

RAFFLE BOOKS

We have had a large framed signed 2011 Eagles jumper donated to us for this raffle. It is worth quite a lot of money and makes a great 1st prize. Tickets are included with this newsletter if you usually take them. If you didn't get any and want to win this prize or have people you can sell to who would really love to win it, ring us at the office to get some or more raffle tickets sent out to you. Drawn at the Christmas Party Sunday 1st December.

CHRISTMAS PARTY

Put this event into your diary now - Sunday 1 December. We will have our usual get-together with lunch, some activity, draw the raffle and afternoon tea. More next time.

Tessa Jupp - CEO Poliowa & RN Polio Clinic

Excerpt from Foreword to the Book by Dr John Niblett.

This book is dedicated to the more than 2000 polio survivors living in WA many of whom have contributed and recorded their experiences with polio and the effect it has had on their lives and those of their loved ones and also to the health personnel who coped with polio both in the acute and recovery stages. Today late effects of polio have emerged as a new and growing problem. So as the numbers of WA polio survivors remaining diminish with the passing of time, this book serves as a timely reminder to future generations, of past battles fought to conquer this virus that left such a devastating and disabling legacy on its victims.

'Old polios' may fade away but here their memories of the polio battle won, linger on.

Dr John Stokes Niblett CSM, MBBS, FRACR, FACHPM

In the current era when poliomyelitis has been eradicated in the majority of the world's nations it seems inconceivable to the present generation that this disease had such a major and sustained impact spanning many decades.

In *Poliomyelitis in Western Australia: a history* the authors tell the story of Western Australian families both urban and rural. Individual cases are presented to illustrate the hardship experienced by the survivors and the impact on their lives and that of their families.

The greater community was involved in the attempt to prevent further infections; care for the patients; support for the families; and, the eventual introduction of major community health initiatives leading to the mass inoculation of a population and the removal of this scourge from Western Australia.

Polio survivors tell their stories through recollections shared with the authors and presented with care to detail and accuracy.

Far from being a tale of self pity, the book relates how individual struggle resulted in triumph over a debilitating condition - the effects of which are still being experienced by many on a daily basis.

Late Effects of Disability Clinic

Open to anyone aging with a long-term physical disability

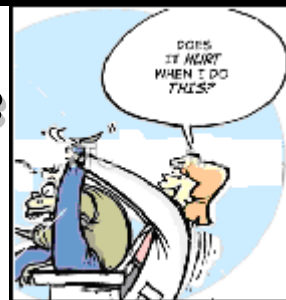
Referral from GP needed to Dr Dade Fletcher at LEDC at RPH - Shenton Park Campus.

Send your referral to Tessa at the Polio Office together with an **update of the Polio Questionnaire** so that they are aware of your current polio status and problems.

Tessa will get these straight to Deb or Andrea at the Physio Dept for quick appointment. Follow-up later with Dr Dade Fletcher (currently 2-year wait to see Dade).

This is a **FREE clinic** provided particularly for polio survivors and your GP may not be aware of it.

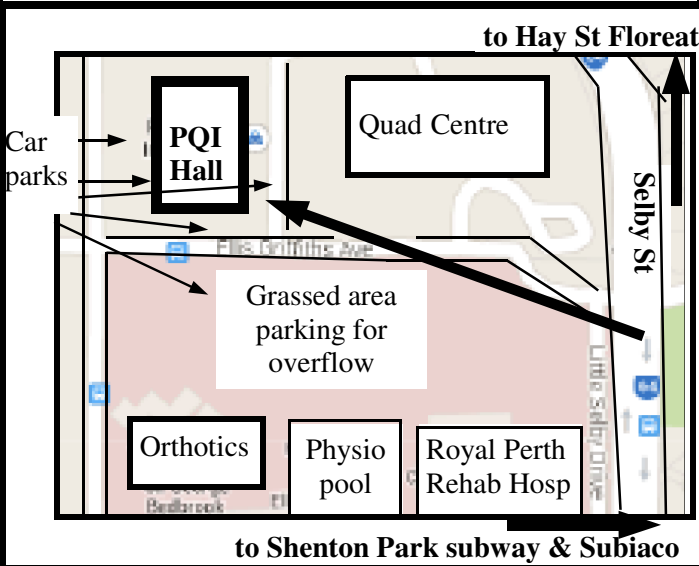
APPOINTMENTS AVAILABLE QUICKLY NOW



Grand Polio Party!

We haven't had a large get-together since the Polio Reunion in 2005 when we were starting to write the book. Now is your opportunity to come and catch up with old friends and meet new ones. This is probably the last opportunity for such a large gathering of polio survivors here in WA. Since 2005 we have lost quite a few. I was so glad that Paul Berry managed to get there in 2005 as he died some months later. Fifty years in an iron lung was some achievement. There is a lot about Paul in the book and about lots of others. We had more than 200 contributors and although a number are no longer with us at least their stories have been recorded for posterity.

So do come for our Grand Party. The maps show you how to get there. We will be in the new Para-Quad hall (now Spine and Limb Foundation) off Selby St, next door to the Royal Perth Rehab Hospital, plenty of parking.



There is plenty of bitumen parking around the hall and disabled bays. There is also grassed area parking if need be. **Come early**, doors open 1 pm, **AGM at 1.15 pm** before **Launch begins at 2 pm**.

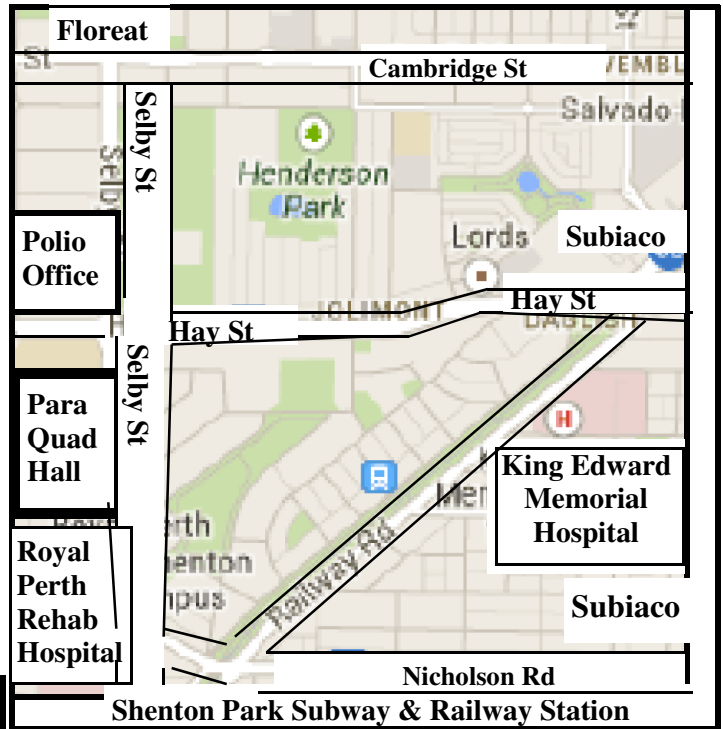
Bring a plate of food to share for afternoon tea. Tea and coffee will be provided. **RSVP please for seats.**

Copies of the **Book** will be available to look at and for purchase - **cost \$35**. It really is worth having a copy. Buy copies for relatives. Buy copies to give as Christmas presents. We have only printed 500 copies so buy now before we run out. They can be posted for an extra \$13 in WA, \$15 to post interstate.

See order form. →

The Polio Book really has turned out as a book worth owning and reading. It has 460 pages and lots of photos. Lots of people get a mention too.

We have been waiting a long time for this and I would really like to see great numbers of our members turn up for this one-off special occasion.



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BOOK ORDER FORM

for
Poliomyelitis in Western Australia: a history
 by Tessa Jupp
 Jan Lord &
 Lesley Steele

Cost: \$35.00 + \$13.00 p & h/book (\$15 interstate)

Please supply me with copy(ies) of the above book and mail to me at the following postal address:

(Dr, Mr, Mrs, Ms, Miss).
Delete whichever is not applicable

Telephone or email:
In case we need to contact you

My method of payment is: (please tick one of the following)

- Cheque made payable to the Post Polio Network of WA
- Australia Post Money Order made payable to the Post Polio Network of WA
- Direct bank deposit to: Post Polio Network of WA;
 BSB 306-050 A/C 562 1119
 (Please allow time for processing)
- Cash: payment can only be made at the Office at the above address, please telephone beforehand.

I have/have not enclosed my payment with this order form.
Delete whichever is not applicable

Kevin Lehane sent me some of his writings recently and in his Preface he wrote the following:

“Now that I’m 77, it is probably understandable that from time to time I reflect back on my life.

Contracting polio when I was seventeen was the most traumatic happening in my life. Over the years, I did my best to adjust and get on with my life and my career. However, until recently, I consider that I failed to accept my polio disability without resorting to feelings of bitterness and regret. I have now come to”

Come along to the Book Launch on Sunday 22 September to hear more on this theme.

In the meantime, this little story (not Kevin’s) might help us to put our own lives into better perspective.

She was six years old when I first met her on the beach near where I live. I drive to this beach, a distance of three or four miles, whenever the world begins to close in on me. She was building a sand castle or something and looked up, her eyes as blue as the sea.

'Hello,' she said. I answered with a nod, not really in the mood to bother with a small child.

'I'm building,' she said.

'I see that. What is it?' I asked, not really caring.

'Oh, I don't know, I just like the feel of sand.' That sounds good, I thought, and slipped off my shoes. A sandpiper glided by, serenely wafting with the breeze.

'That's a joy,' the child said. 'My mum says sandpipers come to bring us joy.'

The bird went gliding down the beach. 'Good-bye joy,' I muttered to myself, 'Hello pain,' and turned to walk on. I was depressed, my life seemed completely out of balance.

'My name is Wendy' she said. 'I'm six.' I said 'Hi, Wendy.'

She giggled. 'You're funny,' she said. Despite my gloom, I laughed too, her musical giggle following me as I left.

'Come again.' she called. 'We'll have another happy day.'

The next few days consisted of annoying things. 'I need a sandpiper,' I said to myself, gathering up my coat.

The seashore awaited me. The breeze was chilly but I strode along, trying to recapture the serenity I needed.

'Hello' she said. 'Do you want to play?'

'Let's just walk.' Looking at her, I noticed the delicate fairness of her face. 'Where do you live?' I asked.

'Over there.' She pointed toward a row of summer cottages. 'Strange,' I thought, 'in winter.'

'Where do you go to school?'

'I don't go to school. Mummy says we're on vacation.'

She chattered little girl talk as we strolled up the beach, but my mind was on other things. When I left for home, Wendy said it had been a happy day. Feeling surprisingly better, I smiled at her and agreed.

Three weeks later, I rushed to my beach in a state of near

panic. I was in no mood to even greet Wendy. I thought I saw her mother on the porch and felt like demanding she keep her child at home.

'Look, if you don't mind,' I said crossly when Wendy caught up with me, 'I'd rather be alone today.' She seemed unusually pale and out of breath.

A month or so after that, when I next went to the beach, she wasn't there. Feeling guilty, ashamed, and admitting to myself that I missed her, I went up to the cottage after my walk and knocked at the door. A drawn looking young woman with honey-coloured hair opened the door.

'Hello,' I said, 'I'm Robert Peterson. I missed your little girl today and wondered where she was.'

'Oh yes, Mr Peterson, please come in. Wendy spoke of you so much. I'm afraid I allowed her to bother you. If she was a nuisance, please, accept my apologies.'

'Not at all - she's a delightful child.' I said, suddenly realising that I meant what I had just said.

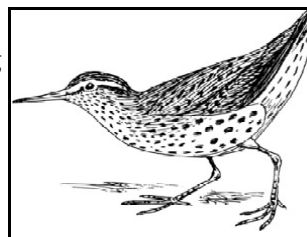
'Wendy died last week, Mr Peterson. She had leukaemia. Maybe she didn't tell you.'

Struck dumb, I groped for a chair. I had to catch my breath.

'She loved this beach, so when she asked to come, we couldn't say no. She seemed so much better here and had a lot of what she called happy days. But the last few weeks, she declined rapidly...' Her voice faltered, 'She left something for you, if only I can find it. Could you wait a moment while I look?'

I nodded stupidly, my mind racing for something to say to this lovely young woman. She handed me a smeared envelope with 'MR P' printed in bold childish letters. Inside was a drawing in bright crayon hues - a yellow beach, a blue sea, and a brown bird.

Underneath was carefully printed:



A SANDPIPER TO BRING YOU JOY.

Tears welled up in my eyes, and a heart that had almost forgotten to love opened wide. I took Wendy's mother in my arms. 'I'm so sorry, I'm so sorry, I'm so sorry,' I uttered over and over, and we wept together. The precious little picture is framed now and hangs in my study. Six words - one for each year of her life - that speak to me of harmony, courage, and undemanding love. A gift from a child with sea-blue eyes and hair the colour of sand - who taught me the gift of love.

This story serves as a reminder to all of us that we need to take time to enjoy living and life and each other. The price of hating other human beings is loving oneself less.

Life is so complicated, the hustle and bustle of everyday traumas can make us lose focus about what is truly important or what is only a momentary setback or crisis.

There are NO coincidences! Everything that happens to us happens for a reason. Never brush aside anyone or any thing, as insignificant. Who knows what they can teach us?

My wish for you - **a Sandpiper.**

"Sitting Kills, Moving heals!"

Written by
Tessa Jupp



What relevance does this have for people like polios who may find it difficult to move around, tend to sit still as it is such an effort to move or need to sit in wheelchairs

This article that I saw in June 2013 is actually picking up on research by a Dr Vernikos on increased aging in astronauts and the clue is gravity. The benefit comes from moving against gravity and this is possible even if you have to sit in a wheelchair. You can still move arms, legs, shoulders, head, whatever part of you that can move, up and down against gravity, even lifting your bottom off the chair by swaying side to side!

The research says: "It's actually *the change in posture* that has the most powerful impact on health, not the act of standing in and of itself; ie the key to counteract the ill effects of sitting is to *repeatedly interrupt your sitting*. Standing up 35 times at once will provide only a small percent of the benefit of standing up once every 20 minutes."

"The good news is that you can prevent, and to a great degree delay, the damage associated with a large portion of biological aging, especially the most crippling, which is pain with movement and loss of flexibility that you had as a youth.

"The key point is to move and shift position often, when you're sitting down. *"Sitting is okay, but it is uninterrupted sitting that is bad for us,"* Dr. Vernikos says. *"We are not designed to sit continuously. It's not how many hours of sitting that is bad for you; it is how often you interrupt that sitting that is GOOD for you!"*

"You may think that the opposite of sitting is standing, but standing continuously is bad for you too. Any retail employee will tell you that they suffer all kinds of consequences of many hours of standing on the job. Even nurses have known this for years: standing on the job is not good for you. Interrupting sitting is not necessarily walking; it is the change in posture that matters.

"Interestingly, lipoprotein lipase is dramatically reduced during inactivity, and increases with activity, the most effective activity being, *standing up* from a seated position. Lipoprotein lipase is an enzyme that attaches to fat in your bloodstream and transports it into your muscles to be used as fuel. So essentially, simply by standing up, you are actively helping your body to burn fat for fuel. But what is it about the mechanism of standing up that would account for this?"

"These are all movements, almost below-threshold kind of movements, that do not burn up a lot of calories, as we know them, but that are designed to work against gravity," Dr. Vernikos explains.

"In the end, it's really all about structuring your life to incorporate everyday body movements that your parents and grandparents used to do in the course of day-to-day living: ie picking stray socks off the floor, stirring a pot of sauce, reaching up high for an item in a cupboard, getting off the couch to change the channel, walking to the mailbox and back.



"When it comes to interrupting your sitting, you want to stand up around 35 times or so a day to counteract the cardiovascular health risks associated with sitting. This is based on

double-blind research where volunteers would spend four days in bed to induce detrimental changes. She then tested two groups to see which was more effective, walking or standing, and how long would you have to walk or how many times do you have to stand up to get better again?

"Standing up once every hour was more effective than walking on a treadmill for 15 minutes for your heart.

"Sitting down and standing up repeatedly for 32 minutes does NOT have the same effect as standing up once, 32 times over the course of a day. To benefit, the stimulus must be spread throughout the day.

"Non-exercise activities are more important than regular exercise programs, but ideally you would do both." Dr Vernikos states.

According to another lead researcher Thomas Yates, MD: *"Even for people who are otherwise active, sitting for long stretches seems to be an independent risk factor for conditions like diabetes, cardiovascular disease, and kidney disease."*

So don't wait to be moved, how about just standing up, waving your arms around, just raising your bottom to ease the pressure, could do you a world of good.

We don't need endurance to get the benefit - just move often, any way you can.



Questionnaire Answers

by Tessa Jupp RN

We have received 100 questionnaire updates back so far since the last newsletter went out. If you have not filled it out with your updated status please do so ASAP as we are going to draw up stats for all states and for Australia as a whole, in time for the next newsletter. From the other states we have NSW 228, Vic 179, SA 111 and Qld 77.

SO PLEASE RETURN YOUR WA QUESTIONNAIRE

Glancing through the WA ones that have come back I was able to see that a lot of people are still having quite a few problems so I will try to briefly give you some simple remedies you might try or just ring me.

FATIGUE

There are many causes of fatigue, but one solution that we have had a lot of success with is supplemental carnitine. **Carnitine** transports fatty acids into the muscle cells to produce energy. You will get better results from the carnitine we have available at the Polio Office here than what is available in shops.

Ours has an extra grinding process that improves the quality so that it works better. Carnitine is in the diet in red meat and avocado. We need to be eating these foods every day as well as taking extra carnitine.

Iodine helps the thyroid work, do paint test on skin.

INCREASING WEAKNESS

Carnitine is also helping with weakness because if muscles don't have energy they don't work. Other causes are loss of nerve conduction to tell muscles to work. Nerves are supported by carnitine too, and also Vitamin **B6** and **B12**, **glutamine** and **choline**. Choline and glutamine make the main neuro-transmitters.

PAIN - Pain is always a big issue.

MUSCULAR PAIN - For **cramps** (including anal cramps) and **restless legs** the answer is usually **magnesium**. Best taken in chelate form as capsules or powder. Tablets are not well absorbed. Needs to be taken twice a day on empty stomach to bowel tolerance ie just below the dose that gives diarrhoea. (Same method for Vit C.) Take a bit more in between times if you get a cramp, headache or **backache**. Our magnesium chelate powder works within 2 minutes of taking it. It is very concentrated, cheap and effective.

Muscle aches, cramps, can also be caused by **too much calcium**. Eating dairy foods **especially cheese** but also yoghurt, cream, icecream, and any milky foods can overload your calcium, making muscles sore. It can take a whole week for the aches to wear off. It is worth **eliminating all dairy totally from your diet** for a fortnight to see if this improves your pain. We get plenty of calcium in our vegetables. WA soil is high in calcium but low in magnesium.

Dehydration causes cramps too ie **drink more water**.

TENDON PAIN, tendonitis, torn tendons, **frozen shoulder**, tennis elbow, **carpal tunnel** or **any stiffness** particularly after sitting for a while, can be improved by taking chelated **manganese**. Injuries to joints and stiffness commonly requires 3 x manganese chelate 200mg twice a day. For **tinnitus** you need 4 a day. Manganese reduces swollen inflamed tendons and helps to repair them over time. **Gelatine and Vitamin C help with tendon repair too**.

NERVE PAIN is a sharp stabbing or electric-shock type pain, or pins and needles. This can be caused by something pressing on a nerve so you need to identify the cause and stop it. It may be caused by tight muscles, swollen tendons or bony compression.

Vitamin B6 and B12 help with nerve pain. B6 helps the nerve and B12 the myelin sheath which is the outer protective membrane. B12 levels are better raised with B12 injections. If you have good levels of B12 the white moons on the base of your thumbnails will come up a quarter to a third of the way up. If they don't then you need more B12. (B12 is hard to absorb from tablets - take with a little pure lemon juice to help absorb or get B12 injections - I give B12 injections here at the clinic, no script needed.)

Bursitis and spurs respond to extra **B12 injections** as well. Research (and our experience) show that you need 2,000iu every second day by injection for 2-3 weeks or until pain subsides. (Same applies for **shingles**) You will need magnesium and manganese to stop the pressure causing the spurs and bursitis too.

B6 x 200 mg tablets taste sweet or are tasteless when you need B6. They taste really yuk if you don't need it. You may need 400mg - 800mg for a few weeks or months to build levels up. Taste tells you.

JOINT PAIN and ARTHRITIS

There are many different things that can cause joint pain so you need to try to work out what is going wrong. If you get a sharp stabbing twinge or the joint is hot & /or red, swollen, painful, then it is likely that the synovial membrane is inflamed. This will reduce with **extra B6 &/or Vitamin C**.

If the bone is eroded and you have "bone on bone" you need **gelatine to rebuild the cartilage** buffer (including the disks in your spine which are cartilage) You can buy **pure gelatine** in the supermarket or we have 1kg packs at the Polio Office. Add a heaped teaspoon of gelatine to 1 - 4 hot drinks a day depending on severity of your joint pain - takes about 3 weeks to notice improvement. Persevere - may take many months to resolve completely. This is an old remedy. We used to get gelatine in our home-cooked soups and stews, boiling the bones for hours.

ARTHRITIC PAIN

Boron/Borax means the same thing. Boron is the mineral, borax is the powder. **Boron is for bone.** So needed for osteoporosis, arthritis, fractures, after joint replacement surgeries. Again an old but effective remedy. We have pharmaceutical-grade borax here at the Polio Clinic. Dose is by using your own forefinger (your fingers are in proportion to your body size). Lick the top one third of your finger on one side, dip into borax powder, lick off whatever sticks and wash down with a drink. Usually effective within days. Use once a day for arthritic pain, including bunions and gout. Use twice a day with magnesium to take pain out of **fracture** site within 48 hours. Speeds healing too.

A lot of people seem to be on **strong painkillers.** Over time these can cause damage to the liver. Taking **Taurine will help to clean up the liver,** whether from medications or fatty liver. Take 1 - 1½ scoops (1ml) in water each morning. Painkillers can cause **constipation** as well. **Magnesium &/or Vit C** keeps bowels regular.

SLEEPING PROBLEMS

This is a big problem for a lot of polios (and others). Often this is because things keep going round and round in your head. Good news - taking **4 zinc chelate 220mg tablets 30 mins before bed** will shut all that down. Helps get you to sleep and to sleep longer. If you wake later you can take 1-2 more to get back to sleep. **Magnesium** helps to relax you and you sleep better too. A warm or **hot bath**/shower helps to relax you as well.

If **restless legs** keep you awake, try magnesium or Vit E. If pain is the problem try some solutions already written.

SLEEP APNOEA

If you snore you are more likely to develop sleep apnoea but it can also be silent. If you wake with a start or short of breath, or wake with a frontal headache then you should be checked at a Sleep Clinic. Dr Hillman at the Sleep Clinic at **Sir Charles Gairdner Hospital** is familiar with the needs of polio survivors. If you are on a pension you can access financial help for C-PAP and Bi-PAP machines if needed through the CAEP scheme at SCGH.

FALLS and BALANCE PROBLEMS

These are common because of weak muscles and balance centres can be affected by polio. Use aids ie sticks, crutches, walkers, calipers, corsets, wheelchairs to ensure you are more steady on your feet. Have lights to see in the dark - we are more likely to fall if we can't see which way is up! Manganese also helps with balance and carnitine helps with strength and perception of where the floor is. If potassium levels are low we get weak and light-headed, so more likely to fall. Levels should be 4.5 - 5.2mmol/L.

If you do have a fall, Hirudoid cream (chemist) applied as soon as possible to the area, will help with bruising, pain and stiffness. It helps resolve soft tissue injuries fast. Always keep a tube on hand for emergencies.

ALLERGIES and DIABETES

Allergies are treated with cortisone. Our bodies need Vit C and B5 to make cortisone. D3 is also essential for the immune system to work. Blood sugar levels are balanced by taking chromium and biotin together, equal amounts of each. If borderline take 4-6 per day. Diabetes take 6-8.

DIGESTIVE PROBLEMS - Take lemon juice (neat) or apple cider vinegar with meals aids digestion and stops reflux, take carb soda 1-2 hrs after meals

POST-POLIO READY RECKONER

COMPLAINT	REMEDY
FATIGUE	carnitine (+ eat red meat) B12, Iodine - paint on skin
WEAKNESS	carnitine, B6, B12, choline
PAIN - aches, cramps	magnesium, Vit C
stiffness, RSI	manganese
arthritis - osteo, rheumatoid	gelatine, borax, Vit C, B6
nerve - sharp, numbness	B6, B12, B1
spurs, burstitis, shingles	B12, magnesium, manganese
SLEEP - getting to, staying	zinc, magnesium
restless legs	magnesium, Vit E
Balance - bumping into	manganese, carnitine
Falls - soft tissue injury	Hirudoid cream, coconut oil
fractures	borax + magnesium together
Diabetes	chromium + biotin together
Allergy, hayfever, asthma	Vit C, D3, B5, magnesium
Burning Feet	Vit B5, B1
Reflux, GERD, IBS	lemon juice with meals
Constipation	magnesium, Vit C

POLIO CLINIC POWDER SUPPLIES

We have found sources of good quality cheaper powders for polios (we don't exclude non-polios) and you are welcome to buy from us, either by coming in or we can post out to you. Prices are given below. Postage is extra & incl \$2 handling fee. Up to 400G is \$9 all over Australia or \$11 Perth metro area over 400G. WA country areas are more depending on weight. For interstate, over 400G, the cheapest way is by Express Post at \$17 for up to 3 kg. Ring or email orders in. Pay by cheque or direct deposit.

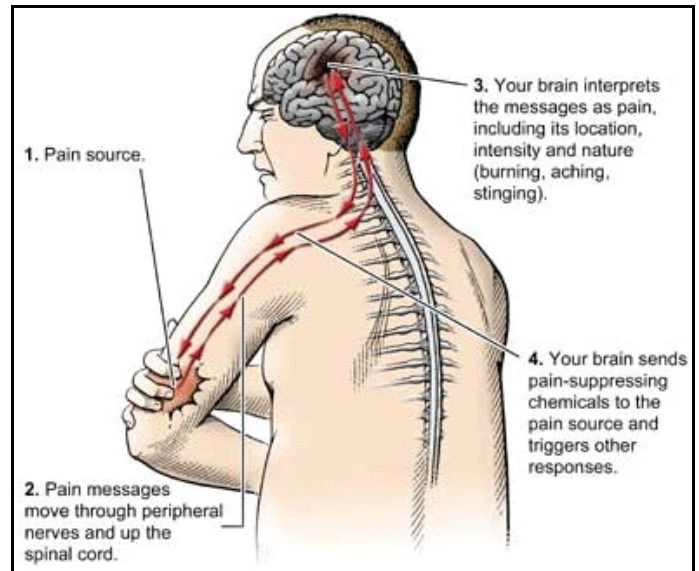
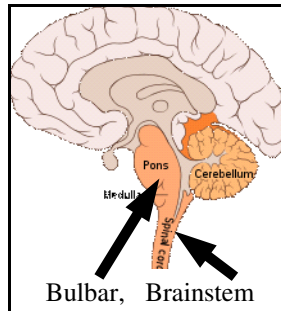
POWDERS	PRICE
Carnitine 50G	\$62
100G	\$110
200G	\$200
Carn capsules 300mg x 100	\$52
Magnesium chelate 100G	\$18
200G	\$33
300G	\$44
Glutamine 100G	\$25
Taurine 100G	\$30
Choline 100G	\$18
Borax 100G	\$10
Bicarbonate of Soda	\$15
Gelatine 1Kg	\$25

Pain is in the Brain

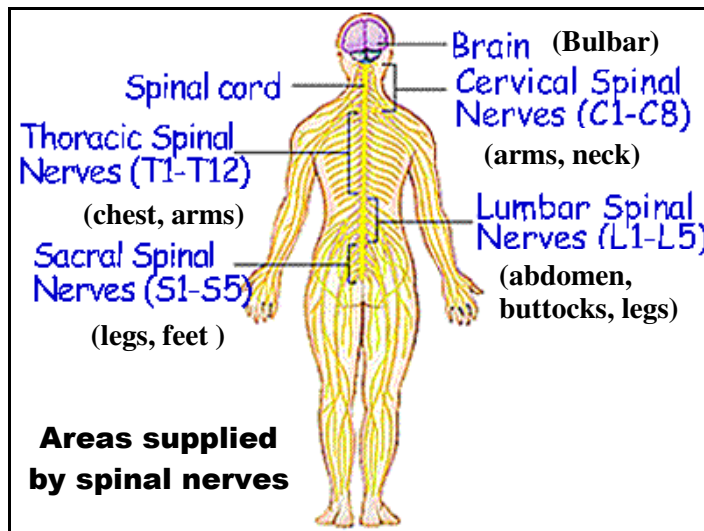
by Tessa Jupp RN

Pain is a big problem for many polio survivors and there can be many causes of pain. To understand what we may be able to do for pain we need to understand how pain works.

Pain registers in the brain but brain tissue is not sensitive to pain! The brain itself does not have any receptors for pain. In fact, most brain surgery is performed using a local anaesthetic only. The meninges (coverings of the brain), however, are very sensitive to pain. This is evident at acute polio where people had massive headaches that may initially have been thought to be meningitis before polio was confirmed. In about 19% of polio cases, the bulbar and brain stem region of the brain was affected. This area affects pain control, regulating the sleep cycle, temperature, & basic functions including heart rate, breathing, swallowing, voice, eating, facial nerves, (including eyes), alertness and intestines. So there are a lot of other areas that can be affected by late effects of polio.



The picture below shows what part of the spinal cord nerves were affected worst by polio depending where you have or had, weakness or paralysis.



We may not like it, but we need pain. Pain acts as a warning system that protects us. Pain says, **"Warning, Warning stop what you doing and do something else"**.

For example, if you have your hand on a hot stove, pain tells you to stop touching the stove and remove your hand. In this way, pain protects your body from injury (or further injury if you have already hurt yourself). Pain also helps healing, because an injury hurts, you rest it, which allows the body to repair the injury.



Our bodies have a vast network of nerve fibres, some for movement, but others that have special endings to sense unpleasant stimuli, such as a cut, burn or painful pressure. There are millions in our skin, bones, joints and muscles and in the protective membrane around our internal organs. They are concentrated in areas more prone to injury, such as our fingers and toes. Muscles, protected beneath our skin, have fewer nerve endings. And internal organs, protected by skin, muscle and bone, have fewer still. Some can also detect inflammation caused by injury, disease or infection.

When a harmful stimulus is detected, a pain message is relayed by electrical impulses along the nerve to the spinal cord and then to the brain. The speed by which the messages travel can vary. Sensations of severe pain are transmitted almost instantaneously. Dull, aching pain such as an upset stomach or an earache, is relayed on fibres that transmit at a slower speed. At the spinal cord, weak pain messages, like from a scratch, may be filtered or blocked so don't register in the brain.

Within our spinal cord, the messages can also change. Other sensations may overpower and diminish the pain signals. This happens when we massage or apply pressure to the injured area. The result is that the warnings sent by the nerves are downgraded to a lower priority.

Our brain also responds to pain by sending messages that promote the healing process. For instance, if I've cut my finger, it signals my body to send additional blood and nutrients to the injury site. It also dispatches the release of pain-suppressing natural body chemicals and sends 'stop-pain' messages to the injury site.

Brain Power - Neuroplasticity

by Tessa Jupp RN

Pain can be acute (warning) or chronic; and acute can become chronic over time if not resolved.

Acute pain is triggered by tissue damage. It's the type of pain that generally accompanies illness, injury or surgery. Acute pain may be mild and last just a moment, such as a sting. Or it can be severe and last for weeks or months, such as a burn, cut, bruise, abrasion, laceration, pulled muscle, torn tendon or broken bone.

When you have acute pain, you know exactly where it hurts. A toothache from a cavity, a burning elbow from a scrape and pain from a surgical incision are examples of acute pain. With treatment of the underlying cause, acute pain generally fades away.

Chronic pain hangs on after the injury is healed (a guarding response). Sometimes, chronic pain is due to a chronic condition, such as arthritis, which produces painful inflammation in your joints, or fibromyalgia, which causes aching in your muscles.

Most chronic pain patients also have other health issues such as diabetes, obesity, heart disease, respiratory disease, addictions, asthma, mental health issues, chronic fatigue, arthritis, depression etc.

Occasionally, chronic pain may stem from an accident, infection or surgery that damages a peripheral or spinal nerve. This type of nerve pain that lingers after the original injury heals is called neuropathic ie a damaged nerve, not the original injury, is causing the pain. Neuropathic pain can also result from diseases such as diabetes.

Nerve pain can be caused by a multitude of reasons, such as nerve inflammation, nerve degeneration, nerve pressure and nerve infection. If ignored, neuropathy can lead to numbness, pain, weakness and incoordination. 30% of neuropathy cases are linked to diabetes. Other common causes of nerve pain include autoimmune disorders, tumours, hereditary conditions, nutritional imbalances, infections or toxins. **Damaged nerve fibres send incorrect signals to other pain centres.**

It is said that "**Pain is an awareness created by the brain.** Over time a strong memory of pain is created so future pain may be easier to feel because the message gets through more quickly." ie more pain!

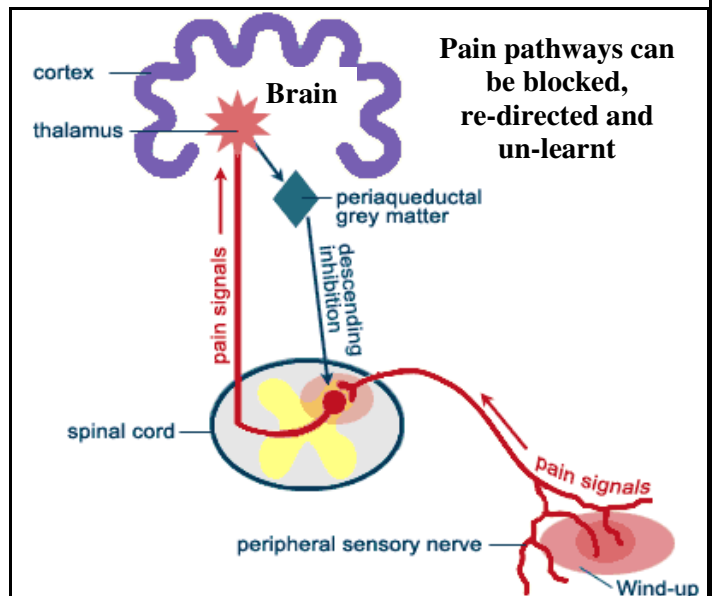
"We know with icebergs that what we see is only a small part of the whole, there is a lot going on underneath the surface and so it is with the body, what presents may only be the final result of other problems and focusing only on what presents may miss other problems that may solve the whole.

This approach is not about putting a Band-Aid on the problem but finding the root cause."

Greg Diamond, a physio who began his career at RPH in 1982, is now operating a Cottesloe clinic.

Greg is working with neuroplasticity, a new concept that the brain and nerves can be renewed and re-wired to improve function and eliminate pain. At a talk I attended in June 2013, Greg demonstrated that chronic pain pathways that have become a "learned and automatic" response can be re-directed through a different pain pathway to break this pain-chain. This was achieved by finding other more distant "iceberg" pain spots and applying pressure to these spots for 30 seconds with an 80% pain level a few times, enabling the body "to forget" old chronic pain pathways.

Memories, emotions, thoughts, and especially expectations are now known to have an enormous influence on how people perceive pain. In fact, it has been shown that the anticipation of pain activates areas in the forebrain and midbrain and that just anticipation of pain can produce and enhance pain.



This blocking can be stimulated in the brain, the spinal cord or via peripheral nerves. This is how painkillers give temporary relief. Other research has shown when pain receptors are activated, they "pop" the Magnesium (Mg) ion that is blocking the receptor thus opening the gate and allowing pain to proceed to the brain. The more Mg is popped the greater the pain. This begs the question - **would taking more magnesium help to reduce pain?** We know Mg works with cramps and muscle relaxation. Is this an answer to the "**wind-up**" pain response? Carnitine assists nerve function as does choline. Vitamin C is a natural anti-inflammatory. How about using them?

OTHER PAIN TREATMENT OPTIONS	
Magnesium	Treat disease process
Manganese	Accupressure points
Vitamin C	Hirudoid cream
Vitamin B6	Carnitine
Vitamin B12	Choline

Need Salt to sleep?

If saliva drips from your mouth wetting your pillow while you are asleep – you are low in salt.

People were amazed when this was part of a lecture I gave on my Polio Clinic tour of Queensland in 2010. Some tried the next tip and came back the next day saying *“Hey! You were right. That tip of putting sea-salt on my tongue gave me a good night’s sleep.”*

Before getting into bed drink a full glass of water then as you get into bed put a few grains of salt on your tongue and let stay there. You will fall into a natural deep sleep! (Don’t take salt without the glass of water – it can make your nose bleed.) Salt is vital for sleep regulation.

If you have too little good salt, you will have an excess of a too-watery form of saliva, almost to the point of drooling, because the saliva must lubricate your alimentary pathway to the stomach.

But, when your salivary glands sense there is too little good-salt, they start triggering the storage of water in nearby tissues. This produces the famed double-chin (which is really a warning flag that you are deficient not only in salt, but interestingly, that you are dehydrated, too.)

So, to reduce a double-chin, normalize your sea-salt and water intake.

- Diabetics need salt to balance blood glucose
- A little salt on the end of your tongue stops a persistent dry cough
- If your salt level is low you can feel faint and breathless
- Low salt levels lead to osteoporosis

Sea-salt creates the ability for nerve and brain cells to operate and to communicate for every moment that you are alive.

Water lowers blood cholesterol.

High cholesterol levels are an indicator of early drought management by the body. Cholesterol is a clay-like material that is poured in the gaps of some cell membranes to safeguard them against losing their vital water content to the osmotically more powerful blood circulating in their vicinity.

Water prevents and cures high blood pressure.

Hypertension is a state of adaptation of the body to a generalized drought, when there is not enough water to fill all the blood vessels. Water and some salt intake can bring blood pressure back to normal!

Tragedy: Not recognizing hypertension as one of the major indicators of dehydration in the human body, and treating it with diuretics that further dehydrate the body will, in time, cause blockage by cholesterol of the heart arteries and the arteries that go to the brain. It will cause heart attacks and small or massive strokes. It will cause brain damage and neurological disorders, such as Alzheimer’s disease.

Are you drinking filtered water?

Filtering may take out the bad things in our water but it also takes out the good natural things like minerals that we need. So we have to put them back. Our body can’t use plain filtered water. In hospital an IV drip puts (0.9%) normal saline into you not plain water. Drinking water needs to be like the water in springs and streams, gathering minerals from the earth it passes through.



To restore filtered water back so our bodies can use this “cleaned filtered water”, **fill your water bottle ¾ full with your filtered water then add a pinch of good quality celtic sea salt** (with 84 minerals from the sea) ie from a health food shop not the supermarket.

Taste the water and keep adding a pinch of salt and tasting until you can just taste the salt. Then fill the bottle up to the top and you won’t taste the salt but will have enough minerals back in the water so your body can use it.

A simple test of your level of dehydration is to soak in the bath. If the pads of your fingers crinkle badly you are dehydrated. If they are hardly affected by a ½ hour soak you are not dehydrated.”

We all have different needs for mineral content so what doesn’t taste salty to you may be salty to someone else. So we each need to “salt”our own bottles to our own “taste”. Get to know how many “pinches of salt” your bottle needs.

Alternatively buy good quality spring water that has its own natural mineral content.

More on coconut oil

An interesting study was done by researchers at Auburn University. They fed lab animals a vitamin B deficient diet leading to beriberi - a fatal vitamin B1 (thiamine) deficiency disease. However, when coconut oil was added into the diet it prevented the disease. Coconut oil does not contain vitamin B1, so it did not supply the missing nutrient directly. What it did was make what little vitamin B1 that was already present more absorbable, thus supplying enough of the nutrient to prevent the disease. Other oils did not have this same effect.

A number of studies have found that coconut oil improves the absorption of not only the B vitamins but also vitamins A, D, E, K, beta-carotene, lycopene, CoQ10, and other fat soluble nutrients, minerals such as calcium, magnesium, and some amino acids - the building blocks for protein. What this means is that if you add coconut oil to a meal, you will get significantly more vitamins, minerals, and other nutrients out of the food than if you used any other oil or no oil at all. Simply adding coconut oil to a meal greatly enhances the food’s nutritional value. Another win for unrefined coconut oil!

"Old Enough"



My neighbour was working in his yard when he was startled by a late model car that came crashing through his hedge and ended up in his front lawn.

He rushed to help an elderly lady driver out of the car and sat her down on a lawn chair.

He said with excitement, *"You appear quite elderly to be driving."*

"Well, yes, I am," she replied proudly. *"I'll be 97 next month, and I am now old enough that I don't even need a driver's licence anymore."*

"The last time I went to my doctor, he examined me and asked if I had a driver's licence. I told him yes and handed it to him. He took scissors out of the drawer, cut the licence into pieces, and threw them in the waste basket, saying, 'You won't need this anymore.' So I thanked him and left!"

PARKING THE CAR!

On a bitterly cold winter's morning a husband and wife in were listening to the radio during breakfast. They heard the announcer say, *"We are going to have 8 to 10 inches of snow today. You must park your car on the even-numbered side of the street, so the snowploughs can get through."*

So the good wife went out and moved her car.

A week or so later while they are eating breakfast again, the radio announcer said, *"We are expecting 10 to 12 inches of snow today. You must park your car on the odd-numbered side of the street, so the snowploughs can get through."*

The good wife went out and moved her car again.



A few days later they were again having breakfast, when the radio announcer says, *"We are expecting 12 to 14 inches of snow today. You must park"* Then the electric power went out. The good wife was very upset, and with a worried look on her face she said, *"I don't know what to do. Which side of the street do I need to park on so the snowploughs can get through?"*

Then, with the love and understanding that all long-married husbands possess, he replied,

"Why don't you just leave the car in the garage this time, dear?"

An American decided to write a book about famous churches around the world.

So he bought a plane ticket and took a trip to Orlando in Florida, thinking that he would start by working his way across the USA from South to North.

On his first day he was inside a church taking photographs when he noticed a golden telephone mounted on the wall with a sign that read "\$10,000 per call".



The American, being intrigued, asked a priest who was strolling by what the telephone was used for.

The priest replied that it was a direct line to heaven and that for \$10,000 you could talk to God on the golden phone.

The American thanked the priest and went along his way.

Next stop was in Atlanta, Georgia. There, at a very large cathedral, he saw the same looking golden telephone with the same sign under it.

He wondered if this was the same kind of telephone he had seen in Orlando and he asked a nearby nun what its purpose was.

She told him that it was a direct line to heaven and that for \$10,000 he could talk to God.

'OK, thank you,' said the American.

He then travelled all across America, Europe, England, Japan, New Zealand.

In every church he saw the same looking golden telephone with the same "\$US10,000 per call" sign under it.

The American decided to travel to Australia to see if Australians had the same phone.

He arrived at Sydney in Australia and again, in the first church he entered, there was the same looking golden telephone, but this time the sign under it read '50 cents per call'.

The American was surprised so he asked the priest about the sign.

'Father, I've travelled all over the world and I've seen this same golden telephone in many churches. I'm told that it is a direct line to Heaven, but in all of them the price was \$10,000 per call. Why is it so cheap here?'

The priest smiled and answered, *'You're in Australia now, son. This is "Heaven" - so it's a local call!'*

POST POLIO MEMBERSHIP is by Donation to the Network (due 30 June each year)

All Donations to Post Polio Network are Tax-deductible

We need to set up a fund to use for an assistant for Tessa to help run the Polio Office so she can do more clinical appointments to assist polios and their families and do more clinical research.

I would like to pay a donation membership to the Post Polio Network of WA

suggested PPNWA Membership Donation \$20 or more \$.....

Pensioner Membership Donation \$10 or more \$.....

I would like to also pay a Donation for a PA to assist Tessa \$.....

Total amount enclosed \$.....(receipt in next newsletter)

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