



SECOND TIME AROUND

A Publication of the Boca Area Post Polio Group

August 2012

"Sharing and Caring Together"

Volume 15 Issue 8

See you in September!



NO AUGUST MEETING!!

Let's Do Dinner . . .

Tuesday, August 14 @ 5:00 PM
Longhorn Steakhouse Restaurant
1562 S. Federal Highway, Delray Beach
561-278-1944 for directions
(NW corner of Federal & Linton Blvd.)



Next Meeting: September 12, 2012
Dining Around: September 18, 2012

JULY '12 MINUTES

An intimate group of fourteen members came to share what "works for them".

Cruise 2013: 18 already signed up!
See Page 6 for details. Don't miss out!

Member update: Phyllis Mass, Ft. Lauderdale Group, passed in June, Geri Gerber is recovering from a broken leg & we celebrated Danny Kasper's birthday with a cake brought in by Nancy Saylor.

Dining Around: Show of hands: 9

Free Scooters/Power Chairs: Contact Jim Veccia 843-837-1230. Must pick up.

New: No July/August meetings & **March** will be anniversary celebration!

NO AUGUST MEETING!

Iliana Kalish, born in Lima, Peru, 1960, contracted Polio at 10 months - no vaccine. Already walking, she developed a fever & started limping. Took several weeks to diagnose, put in quarantine, affected whole body. Received PT at home, went to a regular school, parents encouraged "you can do everything". In 1970, she came to AI Dupont Inst, Delaware, receiving back & hip surgeries for 1½ yrs. Returned to Lima in a w/c, learned to walk again using one brace & crutches. Finished HS, graduated college as an interpreter & played piano. Hard to find a job & get around, moved to US, married and divorced. Lived in HI & Miami, worked in Aviation industry for 20 years. At 40, started feeling weakness, kept working, lots of pain, fatigue and denial. Lost job in 2008, saw a Dr. who Dx PPS, told to relax & take pain meds. Dr. Ference, UM Polio Clinic, made several "livable" suggestions. Iliana now paces herself, loves to swim & tutors piano to children.

Maureen began the discussion on *Aging with PPS – Share what works for you!* with some suggestions that she and Jane had brain-stormed the night before.

The following suggestions stimulated conversation and discussion: go swimming, use a scooter, allow others to help, use assistive devices, think safety, install grab bars, pace yourself, rest, lose weight, unclutter your home, get a shower chair, get rid of throw rugs, install hand-controls/lift/ramp for your vehicle.

Maureen took the microphone around the room where each member had an opportunity to comment on the above in addition to sharing their suggestions.

Biofreeze®, Australian Dream Arthritis Pain Relief Cream® & Capsaicin were recommended for pain.

An involved discussion over the use/overuse of electrode Tens units was held. It was suggested to consult with a health care professional.

Overall, the discussion was well-received & members would like to “share” again in the future on other subjects.

Minutes by Jane McMillen & Maureen Sinkule



Please provide your new/or summer street address or email to be sure not to miss *Second Time Around.*

BAPPG appreciates the generosity of the following people who enable the printing of this newsletter:

Georgia Hall Shirley Leger
Jeanette Moench Corrine Wank
Harvey Finkelstein Renee Brody
Faye Hutcherson Jean Creech
Dr. Edward & Alres Trewick
Frances & Julia Tuseo
Jim & Pat Dougan

WITH MANY THANKS

We wish to thank the many benefactors* who have given so generously to the Boca Area Post Polio Group.

Triad Post Polio Support Group

Dr. Leo & Maureen Quinn

Hansa May

Danny Kasper

Alexander Patterson

Eddie & Harriet Rice

Bruce & Dianne Sachs

Mr. & Mrs. Daniel Yates

Irwin & Annette Silverman

Jeanne Sussieck

Philomena C. Nardozi

In memory of "Aunt Frances" Lisella

Thomas Cannon

Anonymous

Louis & Minnie Nefsky

William & Jane McMillen

In memory of Elio & Julia Cori

David & Arlene Rubin

Theresa Jarosz

Elio Cori & Josephine Hayden

In memory of Julia Cori

Steve Cirker

David & Margaret Boland

Allen & Leta Baumgarten

*Names remain for 1 year.

5 VACCINES YOU NEED TO UPDATE NOW

Millions of American adults forgo lifesaving vaccinations, so *Prevention* asked top infectious disease experts which shots you need most. Consult this chart, then talk with your doctor about caveats: Certain vaccines aren't right for pregnant women or anyone whose immune system is compromised, for example. – LG

For Protection Against . . .	It's Crucial Because . . .	You Need It If . . .
Tetanus and diphtheria (Td), those diseases plus whooping cough (Tdap)	You may have gotten Td before, but immunity wears off, so you need booster shots. Tdap also protects against whooping cough, which is highly contagious. Though not usually serious in adults, it can be deadly in babies, who typically catch it from grown-ups.	*It's been 10 years since your last Td vaccine. *You're under 65 and have never had a Tdap. Get one instead of your next Td. *You're around infants, and it's been 2 years or more since your last Td. Get a Tdap now.
Measles, mumps, and rubella	Though these diseases had almost vanished in the United States, international travel and reduced vaccination rates have	*You were born between 1957 and about 1975 and/or have never had an MMR series – especially if you're around infants (who aren't immunized until after age 1).

	resulted in outbreaks here in recent years, making MMR vaccination essential.	
Pneumonia and its complications, such as meningitis	The pneumococcal vaccine fights pneumonia and its complications, which can be life threatening in the very young, the very old, and those with underlying health problems.	*You're 65 or older. *You have asthma, diabetes, heart disease, liver disease, or other serious health problems. *You smoke.
Shingles	The chickenpox virus, which stays in your nerves for life, can reawaken and cause shingles. Since about 98% of people ages 20 or older were exposed to chickenpox, virtually everyone should get the herpes zoster vaccine eventually.	*You're 60 or older. Shingles is most likely to strike older adults, due to their declining immunity.
Flu	The flu virus changes every year, so you need an updated influenza vaccine annually.	*This one's recommended for all adults.

Reprinted from *Prevention.com*, Dec 2010.

Good Health
Dr. Paul Donohue

WHAT CAN BE DONE ABOUT SLEEP APNEA?

Dear Dr. Donohue: My son has sleep apnea. What causes it? He is 43. I don't want him to die in his sleep. What can be done about this? - C.D.

Answer: Sleep apnea consists of periods during which the sleeper takes no breaths. The condition has this story line with few variations: The patient usually is an overweight male who's a loud snorer. His snoring builds to a deafening crescendo, and then there's an eerie silence. The silence comes about because the snorer has stopped breathing – apnea. The period of no breathing lasts from 10 to 30 seconds and is broken by the snorer grunting with an inhaled breath. Snoring and breathing then resume. These spells recur many times throughout the night.

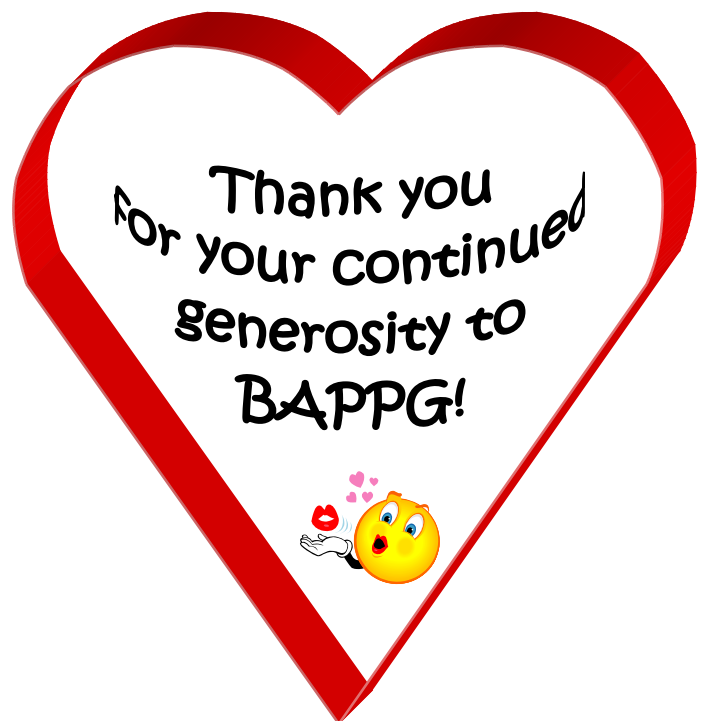
Loose, flabby tissue in the throat completely collapses and blocks the passage of air to the lungs – the apnea phase. The snoring phase comes about from the vibration of those tissues as air passes by them.

Sleep apnea has many complications. Sudden death during sleep is not one of them. But it can lead to a rise in blood pressure. It invites heart attacks and strokes. Daytime grogginess is all but universal. A drop in the snorer's blood oxygen level is the reason why bad things happen.

If your son is overweight, weight loss might be the thing that cures him. A mouth guard that pulls the chin slightly forward keeps throat tissues from collapsing. The family doctor or dentist can direct him to a place that sells these devices. The dentist might be able to fashion one specially for him. CPAP – continuous positive airway pressure – is a device that delivers pressurized air to the patient through a face mask. The pressure keeps the throat opened at all times. In severe cases, surgical or laser removal of the redundant tissue permanently opens the air passageway.

Reprinted from *Sun Sentinel*, FL, 01/02/11.

Contributed by Jane McMillen, member.



From Henry's Desk . . .

POLIO TREATMENT THEN AND NOW

There was a time in the early 1940's when the treatment of polio was controversial. There has never been a cure for polio, and treatment prior to 1940 was generally bed rest and immobilization of extremities to prevent contractures and deformities. Then, along came an Australian nurse named Sister Elizabeth Kenny. She had served as a nurse in the Australian military in WWI. She had her own ideas about polio that resulted in considerable criticism directed toward her by the medical establishment of Australia, Great Britain, and the USA. Her treatment methods did receive greater acceptance in the USA, but particularly at the University of Minnesota.

New articles in the Richmond newspapers in 1942 presented both sides of the controversy. Sister Kenny believed that muscle spasms in the acute stage of the disease were the most damaging occurrence in the early disease process. She recommended the application of hot, moist wool-packs to these affected muscles and passive motion exercises to maintain a "mental connection" with the muscles. In 1942, Dr. Joseph Moldaver of the Columbia University College of Physicians and Surgeons reported in the Journal of the American Medical Association that two of Sister Kenny's concepts were incorrect, namely, that the muscle spasms were not the most damaging aspect of polio and that there was no loss of muscle function due to a loss of association with the patient's mind.

In addition, at a meeting of the American Public Health Association in 1942, Sister Kenny's theories were criticized on a more scientific basis by Dr. H.R. Carrell, a St. Louis orthopedic surgeon. He stated, "The scientific evidence is that the wasting paralysis does not originate in the muscles, but in destruction of nerves in the spinal cord." He said, "Any treatment directed at the muscles themselves is only tinkering with a secondary trouble. The muscles will remain paralyzed regardless of treatment if the spinal nerves are destroyed. I am certain that the one hope of eradicating the disease and its crippling aftereffects lies in immunizing people." With the last statement Dr. Carrell was quite prophetic and accurate.

Among those defending Sister Kenny in 1942 were Doctors R. Plato, Schwartz, and Harry D. Bouman of the University of Rochester School of Medicine and Dentistry. By making 500 graphic records, those doctors proved that muscle spasms occurred among muscles affected by polio and was an integral part of the damaging process.

Sister Kenny also defended herself in a 1942 news article. She quoted Dr. Frank Krusen, professor of physical therapy at the Mayo Clinic in Rochester as saying, "Her ideas are original, and she should be given full credit for having developed a new and extremely interesting concept of the symptoms of early poliomyelitis and the proper management of these symptoms." Sister Kenny also reported her own results in which she claimed that 800 out of 1000 patients recovered almost to normal.

Who really knows the effectiveness of her treatment methods? Despite her scientific inaccuracies, there are countless polio survivors who will, to this day, attest to the effectiveness of her methods. Eventually Sister Kenny's treatment methods for acute polio were used nationally and internationally. She died before the development of the Salk vaccine, but for many polio victims, Sister Kenny's name symbolized hope.

As polio survivors with Post-Polio Syndrome (PPS), I do not believe we have a modern-day Sister Kenny to provide hopeful treatment. Fortunately, there are a growing number of physicians and allied health professionals who are interested in PPS. However, often there is no uniformity of treatment for PPS or there might be controversy, especially in regard to exercise. I am among those who believe that most of us get adequate exercise with the activities of daily living.

When I reflect on the treatment of PPS, it really does not differ that much from the treatment of polio. That treatment was bed rest, Kenny hot packs, and range of motion exercises. Of course, many polio victims had to rely on braces, crutches and wheelchairs after a program of vigorous and painful physical therapy and rehabilitation. The generous application of rest, staying warm, and maintaining as much range of motion as possible seems to be helpful and practical treatments for PPS. Maybe PPS is nothing more than polio growing old, and a Sister Kenny type of hope is our best ally.

Source: *Richmond Newspapers* archives, 1942

(This is a repeat of a very informative article and deserves a second reading.)
Reprinted *Polio Deja View*, VA, Feb/Mar 2011.

CRUISE 2013 WE ARE GOING, AGAIN!!!

Join BAPPG on our tenth trip – an exciting 7-night cruise to the Western Caribbean. Celebrity's *Silhouette* will depart on **Sunday,**

January 13, 2013 from Port Everglades [Ft. Lauderdale, FL] visiting Mexico, Grand Cayman, Jamaica & Hispaniola.



Twenty-six (26) accessible staterooms are reserved. Ship is accessible as seen by my eyes!

All inclusive stateroom rates **begin at \$932** Inside; \$1182 Ocean View; \$1131 Balcony; \$1230 Concierge & \$1982 Sky Suite, all based on double occupancy.

GOOD NEWS!! – *Celebrity* will hold these staterooms until Sept. 1. So, if you just think you'd like to go, a deposit will hold your stateroom.

Contact Maureen at 561-488-4473 or BAPPG@aol.com for questions, roommates, scooter rentals & onshore tours.

Call Judith at 561-447-0750, 1-866-447-0750 or Judith@travelgroupint.com for booking/transfers/hotels & mention BAPPG.

Eighteen people are already booked!

Deposit is 100% refundable until October 1, 2012.

BACKYARD GRANNY PODS

By Fredrick Kunkle

America's booming elderly population may soon live happily next to loved ones.

The Reverend Kenneth Dupin, who leads a small Wesleyan church in Salem, Virginia, has a vision: As America grows older, its aging adults could avoid a jarring move to a nursing home by living in small, specially equipped, temporary shelters close to relatives. So he invented the MEDcottage, a portable high-tech dwelling that could be trucked to a family's backyard and used to shelter a loved one in need of special care.

Skeptics have a different name for Dupin's product: the granny pod. Protective of zoning laws, some local officials warn that Dupin's dwellings – already authorized by the Virginia state government – will spring up in subdivisions all over the state, creating not-in-my-backyard tensions with neighbors and perhaps being misused. “Is it a good idea to throw people into a storage container and put them in your backyard?” asked one local official. “This is the granny pod. What's next? The college-dropout pod?”

The idea, Dupin said, came to him after years of leading humanitarian missions to developing countries, and it was encouraged by a growing sense of his own mortality. But he also said it just might make a lot of money, since the nation's elderly population is set to double in about 20 years as more and more baby boomers hit retirement age.

Surveys by AARP and others also show that large majorities prefer to live in their own homes or with loved ones rather than in retirement communities.

So Dupin hit on the idea of the remote-care pod. The MEDcottage would be equipped with the latest technology to monitor vital signs, filter the air for contaminants, and communicate with the outside world via high-tech video. Sensors



The portable MedCottage, sits adjacent to a home. Technology inside monitors vital signs & may detect occupant's fall.

(Photo By Thomas Becher)

Sensors could alert caregivers to an occupant's fall, and a computer could remind the occupant to take medications. A video system would monitor the floor at ankle level, so the patient would have privacy, but a caregiver would know if there was a problem.

A lift attached to a built-in track in the ceiling would help a caregiver move a patient from bed to bathroom if necessary. Knee-high lighting would illuminate the floor and help occupants avoid tripping – the most common cause of falls. Technology could also provide entertainment, offering a selection of music, reading material, and movies.

The dwelling would take up about as much room as a large shed and, like an RV, could connect to the electrical and water supplies of a single-family house. The cottage could be leased for about \$2,000 a month, a cost Dupin hopes will be borne by health-care insurers.

Source: *The Washington Post*, July 20, 2012

Reprinted from *Readers Digest*, 12/10 - 01/11.

Contributed by Jane McMillen, member.

WHY SO FEW AFRICAN-AMERICAN PPSers?

By Richard Bruno, PhD

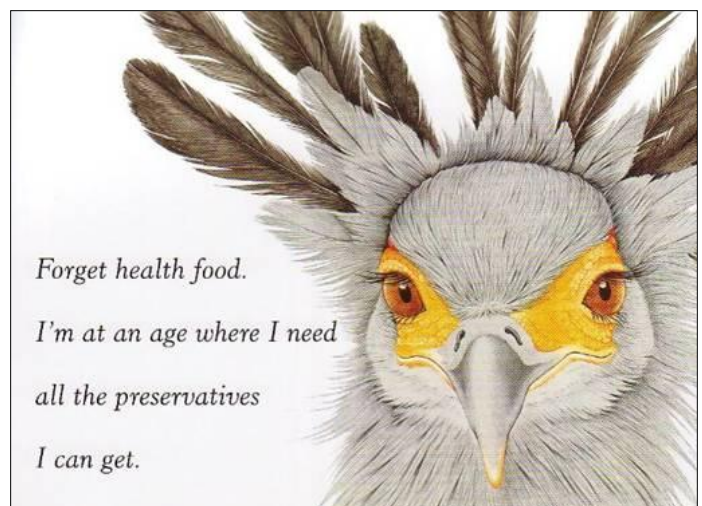
Q: I have attended three of your post-polio conferences in the South and am a member of a large Southern post-polio support group. I was the only African American at those conferences and am the only black person in my support group. In fact, I've never met another African-American who had polio. Could it be that few black people got polio?

A: It has always been amazing to me that I have met only a handful of African-American polio survivors during the past 18 years as I've spoken to post-polio conferences across America. It is also remarkable that only about two percent of the patients treated at the The Post-Polio Institute are African-American. This poses the fascinating possibility that there is something about race, something in the genes, that makes some people less likely to get polio.

In 1935 the U.S. Public Health Service canvassed 200,000 households asking about polio. The survey found that 265 percent more white than African-American children had contracted polio. This striking difference could not be explained by greater poverty among African-Americans. In Hawaii between 1938 and 1947, whites had almost three times more polio than Japanese, about four times more polio than Chinese and nearly six times more polio than Filipino residents. And there's another decidedly genetic factor associated with polio: The 1935 survey found that 40 percent more males than females got polio.

There are many ways your genes could have made you more susceptible to polio. If the immune system were less active or responded less quickly when the poliovirus entered the bloodstream, you might not as quickly have made the number of poliovirus antibodies needed to stop neurons from being infected. An even more intriguing genetic factor is the fact that a poliovirus receptor (PVR) must exist on a neuron in order for poliovirus to get inside that neuron and do damage. It may be that the PVR gene, which is on chromosome 19, is more active in white males and least active in African-American females. Of course there are a host of non-genetic factors that determine who will get polio: the strength of the poliovirus, how much virus get inside of you, as well as both physical and emotional stress. And, as evidenced by your own experience and the fact that polio is still epidemic in Africa, neither African-Americans nor Africans are immune from polio. One of the promises of genetic engineering is the possibility of turning off the PVR gene. Without poliovirus receptors there could be no poliovirus infection of neurons and no need for a polio vaccine.

Reprinted from *The Seagull*, VA, Nov/Dec 2010.



ASK DR. OZ

Q: My doctor put me on thyroid medicine, and I've heard that I'll be on it the rest of my life. Is this true? What would happen if I stopped taking it? - Nancy, Cheboygan, Mich.

We won't sugarcoat this: You could slip into a coma, suffer heart failure or worse. Everything else we say may seem kind of minor, but actually, the rest is all pretty good.

As many as 8 percent of women and 3 percent of men have what you have: hypothyroidism, which means you have an underactive thyroid gland. It isn't making enough hormone to regulate your metabolism, which can cause cold sensitivity, depression, fatigue, sluggishness, dry skin and hair, joint or muscle pain, weight gain, constipation, anemia, abnormal heart beats and cholesterol problems.

So when does the good part start? Right now. Because it's easy to treat what would otherwise be a highly risky condition. Just take the thyroid hormone replacement drug you were prescribed (the most common is levothyroxine). Your doc will monitor you and may tweak the dose from time to time, especially if you become pregnant and as you age. Otherwise, that's pretty much that. If only curing the common cold were so easy.

Oh, yes, you will probably be taking the drug for life, but don't even think of not taking it. It's like asking for nerve damage, heart disease, infections, depression, infertility, miscarriage and birth defects, not to mention the heart failure, coma and situations that are serious medical emergencies. Just take your meds. Go on

and have fun. P.S., This key medicine is generally inexpensive.

The YOU Docs, Mehmet OZ and Mike Roizen, are author of "You: On a Diet." Want more? See "The Dr. Oz Show" on TV (check local listings). To submit questions, go to RealAge.com.

Reprinted from *Sun Sentinel*, FL, 10/10/10.

Contributed by Jane McMillen, member.

THE PIRATE . . .

A pirate walked into a bar, and the bartender said, "Hey, I haven't seen you in a while. What happened? You look terrible."

"What do you mean?" said the pirate, "I feel fine."

"What about the wooden leg? You didn't have that before."

"Well," said the pirate, "We were in a battle, and I got hit with a cannon ball, but I'm fine now."

The bartender replied, "Well, OK, but what about that hook? What happened to your hand?"

The pirate explained, "We were in another battle. I boarded a ship and got into a sword fight. My hand was cut off. I got fitted with a hook but I'm fine, really."

"What about that eye patch?"

"Oh," said the pirate, "One day we were at sea, and a flock of birds flew over. I looked up, and one of them shit in my eye."

"You're kidding," said the bartender. "You couldn't lose an eye just from bird shit."

"It was my first day with the hook."

Reprinted from *Polio News*, AB, 1st Quarter 2011.



WHY IT'S SMART TO BE OPTIMISTIC

By Meryl Davids Landau

Expecting good things can make you healthier and might even lengthen your life, says researcher Suzanne Segerstrom, PhD, author of *Breaking Murphy's Law*. Segerstrom is coauthor of a recent review of studies on the benefits of a positive attitude – and has experienced them herself. We asked her about optimism's principles and payoffs.

- ✓ **Feeling well helps when you're not well.** “When researchers look at people who have similar medical conditions, they can predict who's likely to live longer: the one who feels his health is better. There's something about that feeling of wellness that's important, even – maybe especially – if you're ill. Optimism also seems to help buffer you against stress. I've been studying first-year law students for 16 years. That's a very stressed group, but in my most recent study, each time a student's optimism increased one point on a five-point scale, his immune response to an injected virus or yeast improved by 20 percent.
- ✓ **Optimism is something you do.** “Anxiety and other negative emotions are known to be detrimental to the body, especially to your cardiovascular and immune systems, and having an optimistic nature seems to protect against those effects. In addition, research shows that people who are optimistic about their future behave differently. They exercise more, are less likely to smoke, and follow a better diet. And if they get sick, they're more apt to actively participate in their treatment. I've seen that myself – I have

back pain from arthritis, but I think my willingness to do whatever it takes has helped a lot.”

- ✓ **Not happy? Don't worry.** “Happiness is a feeling; optimism is a belief that aspects of your future will turn out well. Happiness can fluctuate a lot, but an optimistic disposition is usually pretty stable. If you're not optimistic, you can try creating a 'positive events' log. Good things happen to everyone, but pessimists often don't take notice; spending a few minutes every day writing about at least three positive things may help you expect them more often. Or instead of trying to be optimistic, do what optimists do: Work hard to reach your goals. Each accomplishment should make it easier to be hopeful about the next one.”

Reprinted from *Readers Digest*, 12/10- 01/11.

Contributed by Jane McMillen, member.



In Memory of . . .

Mrs. Phyllis Mass
June, 2012
(BAPPG member)

Mr. Al Leonard
July 19, 2012
(BAPPG cruiser since 2004)

ASPARAGUS, WHO KNEW?

This is from a friend

My Mom had been taking the full-stalk canned style asparagus that she pureed and she took 4 tablespoons in the morning and 4 tablespoons later in the day. She did this for over a month. She is on chemo pills for Stage 3 lung cancer in the pleural area and her cancer cell count went from 386 down to 125 as of this past week. Her oncologist said she does not need to see him for 3 months.

THE ARTICLE:

Several years ago, I had a man seeking asparagus for a friend who had cancer. He gave me a photocopied copy of an article, entitled, Asparagus for cancer 'printed in Cancer News Journal, December 1979. I will share it here, just as it was shared with me: I am a biochemist, and have specialized in the relation of diet to health for over 50 years. Several years ago, I learned of the discovery of Richard R. Vensal, D.D.S. that asparagus might cure cancer. Since then, I have worked with him on his project. We have accumulated a number of favorable case histories. Here are a few examples:



CASE NO. 1, a man with an almost hopeless case of Hodgkin's disease (cancer of the lymph glands) who was completely

incapacitated. Within 1 year of starting the asparagus therapy, his doctors were unable to detect any signs of cancer, and he was back on a schedule of strenuous exercise.

CASE NO. 2, a successful businessman 68 years old who suffered from cancer of the bladder for 16 years. After years of medical treatments, including radiation without improvement, he went on asparagus. Within 3 months, examinations revealed that his bladder tumor had disappeared and that his kidneys were normal.

CASE NO. 3, a man who had lung cancer. On March 5th 1971, he was put on the operating table where they found lung cancer so widely spread that it was inoperable. The surgeon sewed him up and declared his case hopeless. On April 5th he heard about the Asparagus therapy and immediately started taking it. By August, x-ray pictures revealed that all signs of the cancer had disappeared. He is back at his regular business routine.

CASE NO. 4, a woman who was troubled for a number of years with skin cancer. She finally developed different skin cancers which were diagnosed by the acting specialist as advanced. Within 3 months after starting on asparagus, her skin specialist said that her skin looked fine and no more skin lesions. This woman reported that the asparagus therapy also cured her kidney disease, which

started in 1949. She had over 10 operations for kidney stones, and was receiving government disability payments for an inoperable, terminal, kidney condition. She attributes the cure of this kidney trouble entirely to the asparagus.

I was not surprised at this result, as 'The elements of materia medica', edited in 1854 by a Professor at the University of Pennsylvania, stated that asparagus was used as a popular remedy for kidney stones. He even referred to experiments, in 1739, on the power of asparagus in dissolving stones. Note the dates! We would have other case histories but the medical establishment has interfered with our obtaining some of the records. I am therefore appealing to readers to spread this good news and help us to gather a large number of case histories that will overwhelm the medical skeptics about this unbelievably simple and natural remedy.

FOR THE TREATMENT, asparagus should be cooked before using, and therefore canned asparagus is just as good as fresh. I have corresponded with the two leading canners of asparagus, Giant and Stokely, and I am satisfied that these brands contain no pesticides or preservatives.

Place the cooked asparagus in a blender and liquefy to make a puree, and store in the refrigerator. Give the patient 4 full tablespoons twice daily, morning and evening. Patients usually show some improvement in 2-4 weeks. It can be diluted with water and used as a cold or hot drink. This suggested dosage is based on present experience, but certainly larger amounts can do no harm and may be needed in some cases. As a biochemist I am convinced of

the old saying that 'what cures can prevent.' Based on this theory, my wife and I have been using asparagus puree as a beverage with our meals. We take 2 tablespoons diluted in water to suit our taste with breakfast and with dinner. I take mine hot and my wife prefers hers cold. For years we have made it a practice to have blood surveys taken as part of our regular checkups. The last blood survey, taken by a medical doctor who specializes in the nutritional approach to health, showed substantial improvements in all categories over the last one, and we can attribute these improvements to nothing but the asparagus drink.

As a biochemist, I have made an extensive study of all aspects of cancer, and all of the proposed cures. As a result, I am convinced that asparagus fits in better with the latest theories about cancer.

Asparagus contains a good supply of protein called **histones**, which are believed to be active in controlling cell growth. For that reason, I believe asparagus can be said to contain a substance that I call **cell growth normalizer**. That accounts for its action on cancer and in acting as a general body tonic. In any event, regardless of theory, asparagus used as we suggest, is a harmless substance. The FDA cannot prevent you from using it and it may do you much good. It has been reported by the US National Cancer Institute, that asparagus is the highest tested food containing **glutathione**, which is considered one of the body's most potent anti-carcinogens and antioxidants.

Source: *Pathlighter*, Jan 2009.

Reprinted from *The Sunshine Special*, FL, Nov/Dec 2010.

YES! I'M A SENIOR CITIZEN!

Senior citizens are constantly being criticized for every conceivable deficiency of the modern world, real or imaginary.

We know we take responsibility for all we have done and do not blame others.

HOWEVER, upon reflection, we would like to point out that it was NOT the senior citizens who took:

The melody out of music,
The pride out of appearance,
The courtesy out of driving,
The romance out of love,
The commitment out of marriage,
The responsibility out of parenthood,
The togetherness out of the family,
The learning out of education,
The service out of patriotism,
The Golden Rule from rulers,
The nativity scene out of cities,
The civility out of behavior,
The refinement out of language,
The dedication out of employment,
The prudence out of spending,
The ambition out of achievement, or, God out of government and school.

And we certainly are NOT the ones who eliminated patience and tolerance from personal relationships and inter-actions with others!!

And, we do understand the meaning of patriotism, and remember those who have fought and died for our country.

Does anyone under the age of 50 know the lyrics to the Star Spangled Banner?

Just look at the Seniors with tears in their eyes and pride in their hearts as they stand at attention with their hand over their hearts!

YES, I'M A SENIOR CITIZEN!

Reprinted from *The Sunshine Special*, FL, Nov/Dec 2010.



A RAINY MORNING

A young woman in a wheelchair,
wearing a black nylon poncho
spattered with rain,
is pushing herself through the morning.

You have seen how pianists
sometimes bend forward to strike the keys,
then lift their hands, drawback to rest,
then lean again to strike
just as the chord fades.

Such is the way this woman
strikes at the wheels,
then lifts her long white fingers,
letting them float,
then bends again to strike
just as the chair slows, as if into a silence.

So expertly she plays the chords
of this difficult music she has mastered,
her wet face beautiful in its concentration,
while the wind turns the pages of rain.

Ted Kooser

Reprinted from *Polio News*, AB, 1st Quarter 2011.

SLEEP DEBT!!!

By Tessa Jupp RN

Sleeping problems have become a big issue for polios in WA according to our stats. In 1993, 43% of polios were concerned about sleep. By 2007 this number had grown to 79%. That is 4 out of every 5 polios is not sleeping well.

The number who have received breathing assistance has increased from 0.6% to 2% and I suspect that may be higher by now. More people in the general population as well, are using C-PAP machines. C-PAP means continuous positive airway pressure, air blowing to stop the throat collapsing.

If you have swallowing problems or weakness from your polio that involves your arms or upper body, it is even more likely that you may have weak throat muscles that collapse cutting off your airways when you are asleep. When we are asleep, all of our muscles relax a bit more, and that includes breathing and throat muscles.

YOU DON'T HAVE TO SNORE TO HAVE SLEEP APNOEA. Other signs as well as snoring include, restless sleep, nightmares of falling or drowning, waking with a start, waking short of breath, waking even more tired, waking with a headache across the front of your forehead.

To minimize sleep apnoea, don't get overtired, don't eat a heavy meal at night or drink alcohol at night, sleep on your side, not your back. Sleep in the fetal position, curled up so that all muscles can relax. Have a firm comfortable mattress and a pillow that keeps your head in line with your spine.

GETTING TO SLEEP. Pain and restlessness keep people awake. Solve your pain problems with magnesium, manganese, gelatine, borax, Vit C, B6 or Hirudoid. Restless legs and cramps need magnesium. Burning feet need Vit B5. Cold feet need warming up – hot water bottle, socks, blanket.

Make sure you are warm all over, not cold – but not too hot. A hot bath or shower just before bed warms you up and makes you sleepy. Wind down, do something calming – like listening to music, read a book, have supper, take your pills. Taking zinc half an hour before bed will shut down a mind that won't stop thinking so that you can sleep. Zinc is also needed for memory when we first go to sleep.

If all this fails – try drinking a whole glass of water, then put a few grains of sea salt on the end of your tongue and hop into bed before it melts – it should put you straight to sleep.

When we first go to sleep, we go into a very deep sleep, and that is when all the repair work goes on. I think of it like the night-packers in the supermarket coming in to stock up the shelves, clean the floors and empty the bins ready for the next day. This is what our bodies do while we are asleep. Dreaming, memories are laid down, recent and past memories are sorted – like defragging the memory on a computer, creating more link-ways, rearranging, making more room, problem solving in our subconscious, healing emotional trauma and stress we have had.

This process makes us more acidic as the night progresses. We need to be alkaline

to sleep well. Try some carb soda. Research has shown that for your body to properly detoxify during sleep, it must be alkaline, and high electromagnetic fields lead to acidity so turn off clock radios, lights, phones.

HEALTH ISSUES FROM LACK OF SLEEP. Six to eight hours per night seems to be the optimal amount of sleep for most adults, and too much or too little can have adverse effects on our health.

Lack of sleep may cause far more serious problems than a tendency to nod off the next day. Not only are we likely to fall asleep driving the car or when stopped at the lights, people who do not get enough sleep on a regular basis may become less sensitive to insulin which, over time, can raise the risk of diabetes. Other health problems from sleep debt include obesity, high blood pressure and cholesterol, cancer, heart attacks, strokes, stomach ulcers, constipation and mood disorders like depression.

Dr. Eve Van Cauter at the University of Chicago found that chronic sleep deprivation – 6 ½ hours or less of sleep a night, had the same effect on insulin resistance as aging.

When your body becomes stressed from lack of sleep, it releases hormones that cause your heart rate and blood pressure to increase. Your muscles get tense, your digestive processes stop and certain brain centres are triggered, which alter your brain chemistry.

Sleep deprivation can cause changes in your brain activity similar to those

experienced by people with psychiatric disorders.

Too little sleep can alter your metabolism and make you gain weight, cause your brain to stop producing new cells, and increase your risk of cancer by altering the balance of hormones in your body. Cancers will grow two to three times faster in people who are sleep deprived. Studies have shown that insufficient or irregular sleep increases the risk of colon cancer and breast cancer.

A sleep debt may put your body in to a state of high alert, increasing stress hormones and driving up blood pressure. Lack of sleep may also decrease melatonin in your body. Melatonin fights cancer, and it increases blood levels of substances that indicate a heightened state of inflammation, which is a risk factor for many illnesses. Your body makes melatonin when it is exposed to bright sunlight during the day and releases it when it is totally dark at night. Melatonin helps us to sleep. If we are not making enough Melatonin, it is available on script from the chemist; but try these simpler methods for sleeping first.

The more sleep we can get, the better our bodies can function. I have found that as the time I sleep increases, the more my weight reduces overnight. With less sleep I start the day with a higher weight increase. The only difference is the time I get to sleep. We can be so busy that we don't leave enough time for sleep. Getting a good night's sleep is very important. End results are more than just being tired.

Reprinted From *Post Polio Newsletter*, Western Australia, Dec 2010.

STAY SHARP

By Jean Carper

Did you know that 25% of us have the Alzheimer's gene? So, we searched science for advice. The result: 10 surprisingly easy tactics that might save our brains.

I admit I was shocked to discover I have the ApoE4 gene that triples my odds of developing Alzheimer's disease. My two younger sisters and a brother have the gene, too. So do about 25% of all Americans.

But genes are not destiny. Millions of Americans without a genetic susceptibility develop Alzheimer's, and many with the genes do not.

"The idea that Alzheimer's is entirely genetic and unpreventable is perhaps the greatest misconception about the disease," says Gary Small, MD., director of the UCLA Center on Aging. Researchers now know that Alzheimer's, like heart disease and cancer, develops over decades and can be influenced by lifestyle factors including cholesterol, blood pressure, obesity, depression, education, nutrition, sleep and mental, physical and social activity.

The big news: Mountains of research reveals that simple things you do every day might cut your odds of losing your mind to Alzheimer's.

In search of scientific ways to delay and outlive Alzheimer's and other dementias, I tracked down thousands of studies and interviewed dozens of experts. I put the results in a new book *100 Simple Things You Can Do to Prevent Alzheimer's and Age-Related Memory Loss* (Little, Brown; \$19.99).

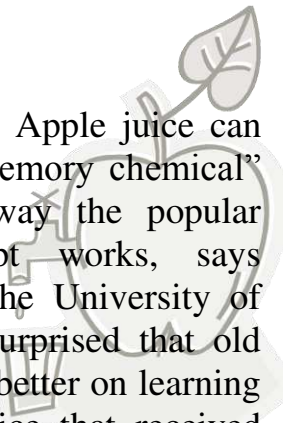
Here are 10 strategies I found most surprising.

HAVE COFFEE. In an amazing flip-flop, coffee is the new brain tonic. A large European study showed that drinking three to five cups of coffee a day in midlife cut Alzheimer's risk 65% in late life. University of South Florida researcher Gary Arendash credits caffeine: He says it reduces dementia-causing amyloid in animal brains. Others credit coffee's antioxidants. So drink up, Arendash advises, unless your doctor says you shouldn't.

FLOSS. Oddly, the health of your teeth and gums can help predict dementia. University of Southern California research found that having periodontal disease before age 35 quadrupled the odds of dementia years later. Older people with tooth and gum disease score lower on memory and cognition tests, other studies show. Experts speculate that inflammation in diseased mouths migrates to the brain.

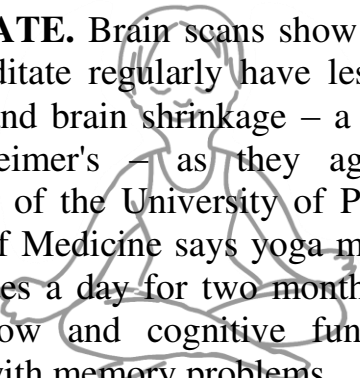
GOOGLE. Doing an online search can stimulate your aging brain even more than reading a book, says UCLA's Gary Small, who used brain MRIs to prove it. The biggest surprise: Novice Internet surfers, ages 55 to 78, activated key memory and learning centers in the brain after only a week of Web surfing for an hour a day.

GROW NEW BRAIN CELLS. Impossible, scientists used to say. Now it's believed that thousands of brain cells are born daily. The trick is to keep the newborns alive. What works: aerobic exercise (such as a brisk 30-minute walk every day), strenuous mental activity, eating salmon and other fatty fish, and avoiding obesity, chronic stress, sleep deprivation, heavy drinking and vitamin B deficiency.



DRINK APPLE JUICE. Apple juice can push production of the “memory chemical” acetylcholine; that's the way the popular Alzheimer's drug Aricept works, says Thomas Shea, Ph.D., of the University of Massachusetts. He was surprised that old mice given apple juice did better on learning and memory tests than mice that received water. A dose for humans: 16 ounces, or two to three apples a day.

PROTECT YOUR HEAD. Blows to the head, even mild ones early in life, increase odds of dementia years later. Pro football players have 19 times the typical rate of memory related diseases. Alzheimer's is four times more common in elderly who suffer a head injury, Columbia University finds. Accidental falls doubled an older person's odds of dementia five years later in another study. Wear seat belts and helmets, fall-proof your house, and don't take risks.



MEDITATE. Brain scans show that people who meditate regularly have less cognitive decline and brain shrinkage – a classic sign of Alzheimer's – as they age. Andrew Newberg of the University of Pennsylvania School of Medicine says yoga meditation of 12 minutes a day for two months improved blood flow and cognitive functioning in seniors with memory problems.

TAKE D. A “severe deficiency” of vitamin D boosts older Americans' risk of cognitive impairment 394%, an alarming study by England's University of Exeter finds. And most Americans lack vitamin D. Experts recommend a daily dose of 800IU to 2,000 of vitamin D3.

FILL YOUR BRAIN. It's called 'cognitive reserve.’’ A rich accumulation of life

experiences – education, marriage, socializing, a stimulating job, language skills, having a purpose in life, physical activity and mentally demanding leisure activities – make your brain better able to tolerate plaques and tangles. You can even have significant Alzheimer's pathology and no symptoms of dementia if you have cognitive reserve, says David Bennett, M.D., of Chicago's Rush University Medical Center.

AVOID INFECTION. Astonishing new evidence ties Alzheimer's to cold sores, gastric ulcers, Lyme disease, pneumonia and the flu. Ruth Itzhaki, Ph.D., of the University of Manchester in England estimates the cold-sore herpes simplex virus is incriminated in 60% of Alzheimer's cases. The theory: Infections trigger excessive beta amyloid “gunk” that kills brain cells. Proof is still lacking, but why not avoid common infections and take appropriate vaccines, antibiotics and antiviral agents?

SHOULD YOU GET TESTED FOR THE ALZHEIMER'S GENE?

If you are screened for cholesterol, blood pressure, blood sugar and risk of lung, breast, colon and prostate cancer, why not be screened for this other chronic disease of aging.

A simple blood test for the major Alzheimer's gene, ApoE4, costs about \$200 and can be combined with a cholesterol test.

In my opinion, people who carry the gene would be safer if they knew their susceptibility and could take extra precautions. To cut the risk of Alzheimer's for ApoE4 carriers: avoid situations in which you could receive head injuries, restrict saturated fats, keep cholesterol normal, exercise regularly, and stimulate your brain with learning.

Reprinted from *USA Weekend*, September 17-19 2010.
Contributed by Jane McMillen, member.



COMMENTS

Professor Mike Kossove, Whitestone, NY: Received the [June, 2012] newsletter. As usual, it's a masterpiece.

Bruce Naman, Hawthorne, NY: Nice [July, 2012] newsletter. Congrats on your 16th anniversary!!!

Barbara Colling, Ridgefield Park, NJ: Just wanted to let all know how much I have benefited from your newsletter. Also wanted to let you know I have changed my email address. Hope everyone is keeping cool during this hot spell. Look forward to receiving the newsletter as I miss all the good info.

L. Benjamin Patrick, San Luis Obispo, CA: I would like to be on the newsletter email list. Thank you.

George & Alres Trewick, Tamarac, FL: Just a note to say thank you for faithfully sending us "Second Time Around" monthly. You do a beautiful job imparting "medical" information, telling life stories and sharing humor. Enclosed is a small contribution to its publication. God bless you all.

Renee Brody, Pembroke Pines, FL: I just want you to know how much I enjoy the monthly newsletter that is sent to me each month. I find it most informative. Enclosed please find a small contribution to show my appreciation. I can't wait to receive the next copy.

Frances & Julia Tuseo, Brooklyn, NY: Happy, Happy 4th of July!! A small something from my sister-in-law Julia and I. Enjoy reading your monthly paper. Please keep them coming.

Jean Creech, Lititz, PA: I am learning and enjoying this *Second Time Around* publication. I am benefiting from a cranio-sacral therapist for PPS. She is reading my newsletter and wished to be on your mailing list. I am enclosing her name and address and my donation to help with mailing expenses. Thank you.

Dee Curtis, Greensboro, NC: Enclosed is a check from the Triad Post Polio Group. Since we have discontinued our newsletter we have used your E-Mail newsletter to distribute to our Group. We hope you will be able to keep up your fine newsletter for a long, long time. Best wishes to you and your group.
- *TPPSG Treasurer*



MARK YOUR CALENDAR!

BAPPG– No August 2012 meeting!
We will get together for dinner on August 14th at 5 PM.

MISSION STATEMENT

- To help polio survivors become aware that they are not alone and forgotten.
- To share our thoughts and feelings with others like ourselves.
- To network with other support groups.
- To share information and encourage each other to carry on.
- To educate the medical profession in diagnosing and treating Post Polio Syndrome.
- To always maintain a positive attitude.

Boca Area Post Polio Group collects no dues and relies on your donations. If you would like to make a contribution please make your check payable to **BAPPG**.

Thank you for your support!

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Flattery will get you everywhere!
Just give us credit:
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SPREAD THE WORD. We would love to hear from you. If you know of someone who would like to receive our newsletter, send us the information below and we will gladly add them to our growing mailing list.

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Comments _____

BOCA AREA POST POLIO GROUP
11660 Timbers Way
Boca Raton, FL 33428

**FREE MATTER FOR THE
BLIND OR HANDICAPPED**

RETURN SERVICE REQUESTED

MONTHLY MEETING

11:30 – 1:30 PM

Second Wednesday of each month
Spanish River Church

2400 NW 51 Street, Boca Raton
(corner of Yamato Rd. & St. Andrews Blvd.)

Sunset Room of Worship Center
Entrance and parking on west side

BOCA AREA POST POLIO GROUP

A Ministry of Spanish River Church

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Carolyn DeMasi Maureen Sinkule

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