



# BransonGoers Gazette

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If you have anything you would like to be posted concerning your local support group, please contact us.

## **"Getting To Know You"**

*featuring Sharon and Don Hansche*



### ***What is your name and at what age did you contract polio?***

My name is Sharon Hansche. I contracted polio at 6 months of age in 1959 in Houston, TX.

### ***Describe your early treatment for polio.***

Being so young, I really don't remember any treatments and family members don't say a whole lot about it.

### ***How did polio affect your teenage years?***

During my teenage years, I was shy. I really can't say that polio caused this.

### ***How did this affect the way people treated you in school?***

Other kids made fun of me because of my limp.

### ***What was your occupation?***

I have done several things. I opened a computer graphics service in 1995 and later expanded to manufacturing signs. I later let Donald operate the sign shop and I went to work in Austin doing data entry for about a year or so. Realizing I couldn't

continue getting ready and going every morning, I opened a telephone answering service which I operated from within my home.

***Do you have Post-Polio Syndrome (PPS)? If so, when were you diagnosed?***

I was diagnosed with PPS in 2003 by Dr. Carlos Vallbona from The Post Polio Clinic located at The Texas Institute for Rehabilitation and Research in Houston, TX. Dr. Vallbona is the same doctor that saw and treated me when I contracted polio.

***Do you use any mobility aids? If so, how do you feel about using them?***

I use a power chair around the house. If (a big IF) I go shopping, I use one of their scooter baskets when I don't carry my chair with me. I'm glad I have had the opportunity to purchase the power chair. I don't think I could do without it.

***What are your interest, hobbies?***

I like reading and watching TV. I also enjoy researching different things on the internet.

***How does PPS affect your way of life?***

PPS has slowed me down drastically over the past five or so years. I just can't do the things I've always done in the past.

***Are you married, and if so, how did you meet your spouse?***

Donald and I married in 1984 after his first wife left him and his two sons. We had known one another beforehand since I babysat his two boys.

***Any comments to or from your spouse or supporter?***

I have watched Sharon over the years decline in energy. I probably don't pick up my share of the chores, but I have taught her not to worry about them, one way or the other. She's my hero. I doubt I could ever go through the lifestyle she has had to in her lifetime.

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*I've still got it, but nobody wants to see it.*

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## **The Great Crippler: Then and Now**

*by Henry Holland*

The poliovirus is a unique virus. This virus only thrives in humans. It can enter your body by an oral pathway, cause a gastrointestinal illness and leave your body with no apparent residual damage. More people had polio this way and probably never knew it. The other extreme of this virus was its success as the greatcrippler of children. It was also a killer of children. This virus could invade a human body and kill in a few days. Death resulted from respiratory failure or from the overwhelming viral invasion of the entire central nervous system leading to coma and death. The observed and later written observations and descriptions of children dying from acute polio are emotionally draining to read. Most of us who experienced polio did so in childhood and many were left with residual damage that set us apart from our peers. The most commonly used word to describe this damage was "crippled." Many larger cities had hospitals for crippled children. "Crippled" is a painfully accurate word. There Merriam Webster Dictionary traces "cripple or crippled" to the fourteenth century. It means:

1. to be deprived of the use of a limb and especially a leg
2. to be deprived of capability for service or of strength, efficiency, or wholeness

The crippled state of polio survivors could cover a vast range of limitations. It could be something as minor as a visually undetectable weakness in one ankle to a near quadriplegia state requiring the use of a wheelchair or leg braces and crutches. Definition number one above is fairly easy to understand and comprehend. Treating the crippled state of an extremity was often easier to accomplish. Many were fortunate to be able to regain all or almost all of the use of a weakened extremity because of physical therapy and exercise. Of course now we know that undamaged motor neurons were capable of sprouting additional dendrites to innervate more damaged muscle groups and result in increased function of these previously damaged muscle groups. Even when the damage was extensive a well fitted brace would make it possible for a crippled leg to support weight and make it possible for a crippled polio child to get back on his/her feet and return to the world beyond the security of home. Returning to school, socializing with able-bodied friends, going to church, movies, soda fountains, toy stores, and playgrounds were again possible. Many of us are familiar with this pilgrimage.

I am more intrigued by a second part of the definition above. The concept of “wholeness” or a sense of “wholeness” is an important aspect of a young person’s development. If that feeling of wholeness is altered by the reality of being crippled, then the developing child and adolescent has to either withdraw from the risks of socialization or find ways to cope and defend himself/herself out in a world. I am convinced that almost all of us chose the second route; that is we engaged the world around us despite the interpersonal risks. The fruits of taking this risk surround us as we read about the accomplishments of polio survivors, know first hand about the courage and perseverance of polio survivors from our own interaction with them in support groups, and from what the able bodied have said about us.

Almost by necessity, most of us compensated for our crippled state, denied the reality of our crippled appearance, and made every effort to be normal in the normal world around us. If crippled in reality and feeling a lack of wholeness, as adolescents how did we cope with the challenges of relating to the opposite sex? Did we feel inadequate or simply uncomfortable in the social undertaking of dating? By excelling in other areas, many of us compensated and sublimated successfully in an attempt to level the social playing field. Since the vast majority of us married did succeed in our social and employment strivings.

Now as older adults we have had once again to face the second part of the definition above. Many of us are physically weaker, less efficient and less capable of providing service. Some probably feel less whole, and thus we are “crippled” again by Post-Polio Syndrome, the second Great Crippler. Most of us had never even imagined such an intensified decline in our overall functional state, as PPS has forced so many of us to accept. Most of us knew that we would get older, but thought that we would age more like our older family members or people we knew in the senior generation. For so many PPS has aged us prematurely. Those of us who may live alone now realize our vulnerability to losing our independence and having to find assistance in areas that most of our able bodied peers are not yet forced to face. Those of us who have able-bodied spouses are discovering that we depend on that spouse for some of the simple tasks of daily living. Our spouses are no longer young and do not always have the energy to carry the extra burden. In simple terms, all of this PPS stuff seems so unfair.

In our initial struggle with the Great Crippler, we were determined, generally optimistic, youthful in spirit, and found our way in the race of life. With this second round with the Great Crippler we are tired, not as optimistic, have to lower our expectations despite our determination, and still find our way at a slower pace in the race of life. We have all read the articles and listened to the lectures by the growing number of PPS experts, most of whom are younger than we are. We are reading more and more about the deaths of old polio survivors in our newsletters. Our numbers will continue to shrink just as veterans of World War II; the survivors of the Holocaust and members of Tom Brokaw’s Greatest Generation will diminish. Hopefully there will be a day in this century when polio and photos of its crippled children will only be recorded in history books and medical texts.

We have not finished the race of life. But what is left for us to do? I think we should tell our stories and share our pilgrimage as a result of this disease. If you cannot tell your story, write about it or if artistically inclined, illustrate it. If we do not, future generations will never know. We probably would do well to establish more oral history collections within our respective support groups. I have often thought that we would do well to have a national or even an international magazine or journal that was personal and historical and not just medical and scientific. The Multiple Sclerosis Society has an excellent periodical. For so many people with the same disability, we are relatively fragmented. There are countless PPS newsletters and websites that often publish some of the same articles. To my knowledge the only national publication that serves us in Post-Polio Health (formerly Polio Network News or Gazette International Networking Institute or GINI). This publication is excellent, but is only published quarterly and is limited in size. I believe that there are many untouched and undiscovered sources of polio witnesses in written form, personal memories, and even in old newspapers. This October I am scheduled to make a Grand Rounds presentation at the Medical College of Virginia (now Virginia Commonwealth University Medical School), the medical school from which I graduated thirty-seven years ago. My topic will be "Polio, MCV, and Me." I will attempt to describe my early experience with polio from my own analysis and the witness of others who will help me with this presentation.

The race is not over. Slow down and share your story. If necessary, get someone else to help you share your story. People will listen or will read. Stories from polio survivors are not fiction. They are real. *The Diary of Anne Frank* has done more to preserve the memory of the Holocaust than perhaps any other single publication. This was a simple but brilliant diary by a teenage girl who told her story as it happened. Time is growing short. Tell your story of human suffering, of your splendor in the grass, and your faith that look past death. William Wordsworth wrote it much better than me.

#### *INTIMATIONS OF IMMORTALITY FROM RECOLLECTIONS OF EARLY CHILDHOOD*

Then sing, ye Birds, sing, sing a joyous song!  
And let the young Lambs bound  
As to the tabor's sound!  
We in thought will join your throng,  
Ye that pipe and ye that play,  
Ye that through your hearts to-day  
Feel the gladness of the May!  
What brought the radiance which was once so bright  
Be now for ever taken from my sight,  
Though nothing can bring back the hour  
Of splendor in the grass, of glory in the flower;  
We will grieve not, rather find  
Strength in what remains behind;  
In the primal sympathy  
Which having been must ever be;  
In the soothing thoughts that spring  
Out of human suffering;  
In the faith that looks through death,  
In years that bring the philosophic mind.

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Dr Henry Holland is a qualified medical officer and furthered his education to become a psychiatrist and has been a great contributor to the PPS world for many years. We thank him for giving us permission to print his articles to the benefit of our members and the public.

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## Polio Feet

By Richard Bruno, Ph.D.

The process that cause "Polio Feet" to turn blue and cold and become difficult to move when it's only cool is the same process that caused paralysis after the original polio . The Polio virus got into the spinal chord and either destroyed or damaged the anterior horn cell motor neurons that transmit the message to move from the brain to a muscle When those neurons were damaged, or especially when they died, they disintegrated and the muscle fibers that used to be turned on by those cells no longer were.

There is another kind of motor neuron that was affected by the virus - the motor nerve that controls the muscle around your blood vessels. When these muscles died, there were no motor nerves to tell the blood vessel to contract; if the blood vessel cannot contract, blood 'pools,' especially in the veins. When the blood pools in the veins, it is going to be blue, because venous blood is not oxygenated.

Polio feet are caused by warm blood that should be in the center of your body, flowing out into the hands, arms, and especially the legs (since gravity is pulling the blood down). The warm blood pools in the surface of your skin, and because the blood vessels cannot contract, the result is "polio feet." The venous pooling causes your blood to radiate heat into the environment. People who had polio keep the world warm, unfortunately at their own expense. The price of this is a thorough cooling of the limbs and all tissues of the limbs.

When heat leaves the veins the motor nerves that lie near the surface of the skin start to cool. The muscles that lies just a bit below the surface starts to cool. The connective tissue that connects muscle to muscle, and muscle to bone starts to cool and stops being elastic so it is harder for it to move.

When the motor nerves aren't functioning well, the muscles aren't going to function well; if the muscles don't function well, there is going to be muscle weakness. We think that muscle weakness and the loss of body heat are causing fatigue; and we think that people who lose all their body heat into the environment are burning calories to maintain their body temperature, so there are fewer calories to keep moving.

People who had polio should dress as if it is 20 degrees colder than it actually is, but you should dress in layers so you can control your body temperature and not pass out from a rapid flow of blood away from your head as your arteries warm.

The bottom line is to keep warm, stay cool and:

- Use polypropylene socks and underwear by Gortex Thinsulate.
- Dress in layers.
- Never wear a skirt after Labor Day (first Monday in September) or before Memorial Day (last Monday in May).

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*If you throw a cat out a car window, does it become kitty litter?*

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# You Don't Look Handicapped

by Don Hansche

I know a man who can walk a very short distance fairly well, but his leg begins to give after walking much more than that. It's the result of polio when he was a child and post-polio syndrome (PPS) now, which has mostly benched him. Still, when he gets out of the car at the grocery store, he knows he'll be doomed for the rest of the day once he gets back home. He's given up most all the activities he's always enjoyed.

But he looks okay to the man behind him in the parking lot. So when he pulls into the handicapped slot, puts his placard on the rearview mirror and climbs out, that fellow revs his engine, swerves slightly toward him, as if to see if it will make him jump, and offers a loud, rude "You don't look handicapped!" The swerve only complicates what happens later, when after too many steps in this needed trip to the store, the man with PPS drags himself back out to his car. Only by following him through the store would the so-called handicapped parking police, previously behind him in the parking lot, see the many pauses for rest, the leaning on the pole by the cash register, the unsafe balance as he lets his shopping cart help support him.

He's getting used to the mean glares and snotty remarks he sometimes gets when he parks in the handicapped slot. He'll probably never get used to the fact that his legs are unreliable. Only by living in his body will the unruly fellow know this man's every step. He's probably thinking to himself, "I guess I told him" and congratulating himself for his rude and abrupt actions.

I also know a woman who wears long pants so her leg brace isn't visible. She's been accused so many times by self-righteous people that she now has to deal with when parking in the handicapped slot at the grocery store, library or wherever she may go, although it makes her life more pleasant and less tiring. The handicapped placard remains unused in the glove box most of the time. Not only does she choose the long pants for fashion, they are also about privacy. She may not want to answer questions from people she doesn't know who somehow feel entitled to ask her to relive, for their education, why she wears a brace. Sharing is something she should be able to decide for herself.

Those who falsely accuse her don't stick around long enough to see the soreness or exhaustion at the end of even a short shopping trip. They don't feel how she sometimes struggles to get her bags into the house. She got that plastic placard that allows her to park in a handicapped slot the hard way; she has a disability that qualifies her. But it's too emotionally exhausting to argue with someone who glances over and decides she's taking advantage somehow. Therefore she struggles even when she's exhausted.

Things aren't always the way they look. This man and this woman have a common 'sin' shared by thousands of others. Their sin is they don't look disabled enough to take advantage of close-in, handicapped parking slots. Is there some level of envision when people should stop making judgments? For whatever reason, there are folks who believe that only someone in a wheelchair qualifies them for 'handicapped' parking.

Severely torn muscles, injured backs, artificial limbs, certain cancers and their exhausting treatments, severe asthma, powerful but episodic seizures, congestive heart failure and a number of other debilitating medical conditions all look the same to the casual onlooker. But they are genuine, legitimate disabling conditions that allow someone to qualify for handicapped, close-in parking, sometimes while they're recovering and sometimes permanently. Remember, it isn't always the driver who must qualify. A parent with a disabled child should also be able to use the placard when transporting that child, as well as someone with a disabled spouse.

No doubt there are people who do take advantage. I guess they have to hope they don't get caught. In such a case, the fines are pretty high. Maybe they should be higher. I'd like to think the sense of shame is more painful than to have to pay a high fine.

But it's troubling to hear what men or women who suffer daily from PPS have to go through in order to keep their ability to do their own shopping, run their own errands or to simply be independent. And the fact that unruly strangers would accuse the disabled of 'taking advantage' based on their own split-second glimpse into their life is outrageous.

Those parking slots are not for persons who will be 'just a minute'. They're a necessity for the disabled population. But anyone who qualifies shouldn't have to justify themselves to the self-appointed parking police, no matter how good they think their intentions are.

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## The Scoop on Poop

*By Tessa Jupp, RN, WA Polio Clinic*

Anyone who has ever been in the hospital will remember the strange question, "Have your bowels moved today?" What business is it of theirs! - such an intimate topic - to anyone else but me?

In ancient times - when we were children - there were such things as a Saturday dose of castor oil. My mother, a nurse, was a bit more enlightened and we got milk of magnesia! People seemed to have an obsession with "being regular". Dad used "Ford Pills". If we kids were lucky we might get "laxettes" (a chocolate aperient). More recent research confirms that yes, the longer feces remain in the gut, and water is reabsorbed making it harder to move it along. With stagnation, more toxins are produced by the bacteria in the gut and these can find their way into the body, causing more problems. So there was some wisdom in "being regular."

As a nurse, learning how to read "poop" was part of our basic training. Many diseases and other problems were portrayed in "the pot" and a nurse's duty was the inspection of a used bedpan. Many polio patients well remember the embarrassment of either constipation and/or diarrhea that accompanied acute polio. Now we may be having problems with our nether ends again.

My husband had problems breathing if he didn't empty his bowels two or three times a day. With weak intercostal muscles from polio, he needed abdominal space for diaphragmatic breathing. He had a regime of apples and raw cabbage at certain times of the day to make him "go". In the hospital we used to use a variety of aperients, - agarol, senakot, coloxyl, durolax and glycerine suppositories, soap enemas, as well as dietary measures like hot water, prunes, allbran, figs, grapes, dried fruit, to name but a few.

### **Constipation**

In reality, if we have sufficient Vitamin C and magnesium, we will not have any problems with our bowels because too much of either of these (or carnitine) gives us diarrhea. So if we take supplements of both to bowel tolerance we need not ever have problems with constipation again. As well, our bodies will have sufficient of both of these for healthy immune, muscular and peristaltic function. In other words, magnesium allows the gut muscles to push it along and Vitamin C makes it softer and hurries it along!

### **Water**

The other thing we need, is plenty of water to dilute the internal sewerage so it can flow. 8-10 glasses of water - not tea or coffee or soft or hard drinks. Plain water! Granddaddy always had hot water to move

him!

### To have a Good Poop!

1. Drink 8-10 cups of water/day - to liquify the gut residue
2. Enough Vitamin C twice/day - to soften and keep it moving
3. Enough magnesium X 2/day - for peristalsis (gut movement)
4. Exercise - if possible

### So what can we learn from our "poop"?

A normal stool should be soft, may be formed, effortless to pass and should be medium to dark brown in color - does not float - but sinks to the bottom of the toilet bowl.

Constipation - hard pellet like stool, can be an effort or strain to pass; be painful, you can sweat or feel faint.

Diarrhoea - frequent, loose, watery stool; may have difficulty getting to the toilet in time.

**Some Simple Treatments** - for vomiting and diarrhea or food poisoning - boiled water only for 24 hours - may eat freshly grated apple - or sip a dessertspoon of white malt vinegar over 5 minutes - or take 60ml colloidal silver once or twice a day as needed.

### Poop Signs

### Causes

Bright red stool.....	Beetroot if eaten, or lower gut bleed
Red streaks on stool.....	Hemorrhoids, anal fissures, cancer
Pale yellow, floating.....	Too much fat in the diet
Canary yellow.....	All milk diet e.g. normal for babies
Bright yellow.....	If taking Vitamin B2 or multivitamins
Green.....	Gastro-enteritis or food intolerance (new bile)
Pale.....	Jaundice, liver disease
Clay color.....	Lack of bile production, gall bladder
Light brown.....	Mixed meat & vegetable/fruit diet
Dark brown.....	High meat diet, wine or stout
Black (maleana) .....	Old blood i.e. gastric bleed, iron tabs
Jelly coating hard stool.....	Irritable bowel
Ribbon shaped motion.....	Bowel obstruction, polyps?, cancer?
See undigested food.....	Need to chew more or avoid that food
Floating, greasy.....	Excess fat in diet, digestive disturbance
Loose or runny all day, may have tummy pain ...	Gastro-enteritis, food poisoning, too much Vitamin C or magnesium
Loose for several hours.....	Too much carnitine
Loose, blood, mucous, pus.....	Ulcerative colitis, cancer?
Pale, bulky, greasy, foul.....	Poor absorption, celiac disease
Constipation, hard pellets.....	Dehydration, iron tabs, low Vitamin C or magnesium, low fiber in diet, irritable bowel
Alternating loose & hard.....	Bowel obstruction, cancer?
Long worm - segmented, head & body.....	Worms - tape
Looks like earthworm.....	Worms - round
Like white cotton pieces.....	Worms - thread

# **Paying too much for a One Night Stand**

*by Debbie*

We all know we have to pace ourselves and conserve our energy. But have you ever noticed that sometimes you know you are over doing it, but just can't stop. You may have taken extra carnitine before a big night out (nowhere near as big as they used to be!!) You may have sat down most of the time. You may have resisted running the whole show and even accepted a little help with the fetching and carrying. But in the end you are quite pleased with yourself that you managed to get through the event without dropping (figuratively or literally). I had those very thoughts last week after my friend's birthday party.

In the back of my mind I knew that the next day I would pay the price. Surprisingly, I felt okay the next day and I thought I'd dodged a bullet only to find I was actually paying for it the next week. I felt more tired than usual - irritable, clumsy, stumbled, got the shakes, couldn't think straight, etc.

Is this a form of Dr Bruno's "Holiday Syndrome"? - where polio survivors complain that their muscles become significantly weaker in December, after they have done too much Christmas shopping, but have strength return in January after they rest. He warns that something dangerous is happening to cause the transient weakness of "Holiday Syndrome." After polio, we were left with less than half of our motor neurons -- neurons that not only are over-sprouted, but also have cell bodies that are smaller than normal, that have damaged protein-making "factories," and that have been severely overworked for the past 50 years. When we experience transient weakness we may have overloaded our neurons' protein-making factories and drained their reserves. After we rest, the neurons' protein supply increases and we are able to use our muscles again. But every time we drain our motor neurons, we may be doing damage that eventually causes permanent weakness as the drained neurons die.

Prevent transient weakness - and permanent weakness - by resting before your muscles become weak, let alone become completely lame.

So do take your carnitine, magnesium and other essential nutrients to avoid getting into these situations that cause permanent damage. If the body has all the raw ingredients it needs for normal physiological function, we can use nerves and muscles to a greater degree without causing damage. But we still have to work within our limitations though and not overdo energy expenditure. So start saying *NO* to events that will tire you too much. Of course, you must still go to your daughter's wedding, grandchild's christening, etc, but try to think of ways to minimize the effort it takes and plan for a recovery period.

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*Is it true that cannibals don't eat clowns because they taste funny?*

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## **'Blind' Diet: An Update on Vegetable Oils**

*by Don Hansche*

A research conducted in 2004 by Dr. Paul Beaumont, has found that the increased consumption of margarines and vegetable oils over the last 50 years or so is the main culprit in the increase in Macula Degeneration. Dr. Beaumont, from the Macula Degeneration Foundation, has been horrified at the 10-fold increase in the disease he has witnessed over the last 30 years. In a 2004 TV interview with him, he said "Vegetable oils have crept insidiously into our diet and are present in most processed foods including breads, shop-bought cakes, biscuits, chips, dips, sauces, peanut paste, salad oils, instant dinners and

desserts, tins of fish, packets of currants and dried fruit to stop them sticking together and even in some fruit juices and milks." Dr. Beaumont advises that people go back to using butter, *NOT MARGARINE*. Avoid all margarines including olive oils and soft butters. Use cold pressed Olive Oil only, *NOT CANOLA or SOY* containing products or any sunflower, safflower or any other seed oils. Read your labels and avoid anything that lists vegetable fats or oils.

With that being noted, the following question was asked by a polio survivor.

**Q.** "My optician has told me he thinks I have early stage macular degeneration. He told me to see an eye specialist as soon as possible. How will I manage to keep living in my own place if I am nearly blind? Isn't polio enough? What can I do?"

**A.** Macula Degeneration means there is damage to the central part of the retina at the back of the eye where we focus to see clearly. The damage creates a black empty space in the middle of our vision. I suggest that until you get to see your eye specialist you take a few extra supplements.

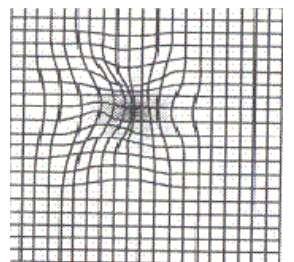
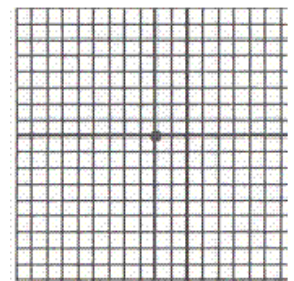
In particular I would suggest taurine to help break down the fatty deposits and we know taurine is needed for a healthy retina anyway. Take cod liver oil to get Vitamin A and the essential fatty acids needed for the rods and cones (the nerve part of the retina that records sight), B2 to help the blood capillaries of the eye that become clogged supplying the rods and cones, also E and C to deal with fat and oxidation damage, zinc to repair cell damage, lipoic acid because it can penetrate the eye tissue and protect the retina from further damage, glutamine and selenium to make glutathione (a powerful detoxifier) and magnesium, which is essential for the optimal function of the retina.

And would you believe that carnitine is useful for the prevention of Glaucoma because it inhibits the cross-linking damage that occurs to the Optic Nerve in Glaucoma patients. And you thought you were just taking carnitine for your muscles! Glucosamine helps to reduce intra-ocular pressure in Glaucoma patients by maintaining the collagen structure of the fluid drain. So that is not just for joint problems either.

And make some changes to your diet. You need to especially avoid all processed plant oils. This means **NO MARGARINES**. Go back to using butter. It is much better for you. Cold pressed olive oil is the only one that is okay. Don't use any of the others like canola, sunflower, peanut etc. If you need to fry or roast you are better using butter or even just water to moisten the pan. If you must use olive oil – use it only once, then discard. Even the old fashioned dripping and lard are better than plant oils. The body is equipped to deal with these but not the new processed plant oils. It is said they are only one step short of turning into plastic. So check the labels on everything you buy for hidden vegetable oils. And, by the way, don't use a microwave either. It changes molecular structure, particularly proteins. Dogs and cats won't eat micro waved food - they're telling us. Eat more of the foods that provide the antioxidants needed for eyes ; ie: brightly colored red, yellow, purple and green vegetables and fruit.

This grid (top right) is what we see with normal vision. To view, do not remove glasses or contacts if normally worn for reading. Hold about 14 inches away in good lighting. Cover each eye in turn concentrating on middle dot with uncovered eye.

If you see wavy, broken or distorted lines, blurred or missing areas of vision as in the grid opposite (bottom right), you should see your eye specialist immediately. There are new treatments now available.



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Santa Fe Eye Protocol to Reverse the Vision Loss of Macular Degeneration , <http://www.reverseamd.com/>

The Eye Digest, <http://www.agingeye.net/>

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## **Airport Search: Nightmare for Polio Survivor**

Diane Kirlin Murphy is an American polio survivor who wears two long leg braces, walks with forearm crutches and when she is at an airport uses a wheelchair. On a recent trip from San Francisco to Philadelphia she was told to wait at the security checkpoint. In a letter of complaint to the Transportation Security Administration (TSA) she described what happened.

*“After a full body pat-down, I was told I could not be cleared to fly until I submitted to further inspection of my legs and braces...I was told to drop my pants, while they offered to hold up a sheet...At this point I refused. I cannot physically stand and drop my pants while maintaining my balance...The TSA would not give me my crutches or my handbag because I had not been cleared. I was told that I could not fly if I did not submit to the search and...that I could not go to the bathroom until I was cleared. By now I was swelling with outrage and in tears. I had no choice but to submit to the humiliating and demeaning search by two female security officers. They reluctantly agreed to allow the search to be conducted in an adjoining ladies room.”*

TSA answered Diane’s letter and offered a *“sincere and deepest apology....An investigation of this incident ...revealed that they [the transport security officers] had applied the wrong procedure, explosive trace detection (ETD) sampling to your leg brace...Whenever a person wearing a support appliance alarms the walk-through metal detector, they must undergo additional screening. A visual inspection should be conducted on the exterior accessible area of the support appliance, the areas that can be assessed by a person lifting his/her pant leg, shirt sleeve, or raising a skirt to kneelevel. If no area can be assessed, a limited pat-down will be conducted to ensure no prohibited items can be concealed. At no time during the process , should you be required to remove your support brace or remove your clothing....The exact screening procedure depends on whether the individual can stand and walk, only stand or not stand at all. TSOs are taught to offer a private screening for the pat-down inspection. Walkers, crutches, and canes that can fit through the machine must undergo x-ray screening...TSOs should have allowed you to have your cane once it had cleared to assist you during the screening process. ”*

This incident was reported in the Winter 2007 Edition of Post-Polio Health International and the correspondence is on their website [www.post-polio.org](http://www.post-polio.org).

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*Do they have reserved parking for non-handicapped people at the Special Olympics?*

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## Health and Nutrition

While we have offered a number of health-related articles over the years, we are now adding something new. Beginning with this newsletter, we will offer a section entitled “Health and Nutritional Tidbits”. We plan to offer some segments on healthy foods, life styles, recent medical breakthroughs, technical article summaries, etc. We welcome your comments, and if you’re interested in reading about something specific, please write us at the address on the front page.

**What is that?** – We used to think foods contained vitamins, minerals and fiber, and had proteins, carbohydrates and/or fat. Now we hear about additional substances in foods that can be very beneficial. Here is a brief summary of four that are mentioned often:

*Antioxidants* – Protect against cell damage and found in fruits, vegetables, whole grains, nuts and seeds.

*Flavonoids* – Pigment-producing compounds acting as antioxidants, offering a wide range of protective health benefits and found in plants.

*Phytochemicals* – Work with nutrients to protect against disease, maybe having anticancer properties and found in plants.

*Phytoestrogen* – Chemical compound having similar properties to estrogen and found in plants, such as soy.

**Chocolate** – Thanks to further research, we are now being told that chocolate can be good for us. Scientific studies confirm that chocolate has flavonoids that may act as disease-fighting antioxidants, which can help reduce the risk of heart disease, reduce the “bad” LDL cholesterol, and inhibit the formation of blood clots. Also, chocolate has been shown to raise the levels of serotonin and endorphins, which help give us a feeling of well-being. The best chocolate is dark, containing at least 70% cocoa solids. In the *Journal of the American Medical Association*, the results of a small study showed a small reduction in blood pressure readings from those taking a small quantity of dark chocolate each day (about the size of a Hershey’s Kiss). So far, we should limit the daily intake to an ounce or less, as the calories still haven’t been eliminated!

**Want more energy?** – Although those with PPS can feel drained at times, here are some ways that may help you to become a little more energized....

- Eat something every 3 or 4 hours to stabilize blood sugar (extreme highs/lows tire us)
- Drink water to avoid dehydration and speed nutrients to the cells
- A cup or two of coffee may kick-start your energy levels, provided you can tolerate caffeine
- Have some protein with your meals, especially in the morning, to help increase both energy and mental focus
- Laugh--laughter reduces stress hormones by releasing endorphins which can help us feel better and more energized, and increases blood flow
- Take a break before getting too exhausted to lessen recovery time—accept the need to rest
- As able, exercise in the morning which helps stimulate you for the rest of the day
- Eat a diet rich in complex carbohydrates, such as whole grains, fruits and vegetables to help you feel full longer
- Energize the mind, which may help you to feel more energetic—try reading a new book, putting together a puzzle, learning about anything new, doing crossword or sudoku puzzles, playing cards.

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## The Polio Personality: Does it Exist?

*By Dr. Mary E. Backman*  
(Reprinted from FECPPSG)

People often ask if there is a “Polio Personality”. My simple answer is: “Not that I’ve seen.”

Those with polio come in all stripes, as they say. Some are ambitious, others more laid back, some have up-beat personalities, and some are depressed.

Polio affected people in different ways, physically, psychologically, and socially. Those who got polio came from different home environments. They went to different institutions for treatment and had different treatments. And they also had different educational and social opportunities and experiences. The list goes on and on, with each factor interacting with the others, shaping the person.

That said – the more complex answer recognizes that there is still some common ground that polio survivors share. Although there may not be a specific polio personality or a specific polio self-concept, the stories of others may sound familiar, and you may find yourself reacting in a similar way. Let us look at one personality type that is common, though not universal.

### **THE DOER**

Many polio survivors describe them-selves as Doers. They are the ones that spend a lot of time taking care of others – family and friends. (At this point you may be smiling and shaking your head in recognition.)

The need to take care of others may come from guilt felt over the years, for having relied on others so much. “Doing” may be a defense that is intended to lessen the sense of guilt and help you feel accepted. In moderation “doing” can be a good thing, but when it takes on a life of its own and becomes “over-doing”, it can become a problem unto itself.

Maria, a self-reported Doer, says that even when she gets tired, she is not able to stop herself:  
*“I just keep on “doing”, until I’m fatigued – and then I become resentful.”*

*“I do too much for people and come on too strong.”*

*“I try to fix others. If I can fix others, I don’t have to focus on myself.”*

### **Helping the Doer not to Over-Do**

Take a piece of paper and write down the WHYS and WHATS:

1. Why do you feel you have to keep going?
2. What are you afraid of?
3. What do you think others will think of you if you don’t keep going and “doing” more?
4. Why do you care?
5. What would happen if you weren’t so helpful anymore, if you just stopped?
6. What may you be avoiding in looking at yourself?

### **THE TYPE A PERSONALITY AND PPS: FACT OR WHAT?**

Let us not confuse the Doer with the Type A personality. Do polio survivors have Type A personalities? Some seem to think so, since many of those who survived polio are real strivers and doers – so to speak. But before we reach any conclusions we need to understand what is meant by Type A.

### **Type A and Type B Personalities**

People typically think of those with Type A personalities, as very active, ambitious, hardworking, and successful. But this is not the whole story.

The Type A personality is characterized by  
aggressiveness,  
competitiveness, and  
impatience.

It has been described as the “hurry sickness.” Those so classified are easily moved to  
anger

And show frequent displays of  
irritation, and  
hostility,

Particularly when things are not moving fast enough nor going as they would like.

This is in contrast to the Type B personality, which is more relaxed and more accepting of life and of others.

## **RESEARCH FINDINGS**

Early studies of Type A personality looked at the relationship of this personality syndrome to heart attacks. The implication of the findings was that a person's Type A personality caused the heart attacks. That is still the idea in the popular press, even though more recent research is showing the issue to be much more complex.

Results are mixed and seem to depend upon the different questionnaires and interview techniques used to assess Type A traits. It does appear, however, that certain traits, such as *anger, hostility, cynicism, and suspiciousness* affect a person's tendency to succumb to some illnesses.

The polio literature often refers to those with post-polio syndrome (PPS) as having Type A personalities. If we accent this, we are then saying that those who had polio are typically hostile and an gry, cynical and suspicious? I think not. Some may be, but is this the rule? Having a little bit or some of the traits does not mean one is Type A.

Amongst those who had the gumption to try psychotherapy with me, some survivors did exhibit Type A traits. But I cannot say that this was in greater proportion than in the general population. And there were certainly those with more "laid back" attitudes and behaviors, typical of the Type B personality.

More research needs to be done before one can make s tatements with confidence about the relationship between personality and PPS. In so doing, we must be careful that our surveys are not biased.

Those who participate in research studies are quite possibly a select group. Because of their character traits, survivors with Type A traits are the ones most likely to turn up at support groups or to seek help from clinics and physicians. They are more assertive, for example, than those who stay home and do not seek help for their problems. They are also more likely to answer questionnaires in greater numbers than their Type B counterparts, who are, thus, not well represented in our data.

## **Why is This Important?**

One reason is the common belief that over-doing it physically may have contributed to post-polio symptoms. After all, the treatment early on was to exercise, exercise, exercise, and exercise. And throughout life for many there was the continued pressure to be like others, to succeed, if not excel, in the mainstream. Do; do more; do more and more.

Still some hearing about the possible association between Type A and polio may worry: Did I cause my post-polio symptoms? Did all that exercise and activity throughout my life lead to PPS?

## **A BAD RAP**

The Type A personality has been given a bad rap. It is not something to be ashamed of, not is it necessarily something to be changed. In some cases, it may be a very good type of personality to have, as long as certain traits, such as hostility and anger, are kept under control.

Persons with Type A are often very successful in their lives, and in terms of heart attacks do much better than their counterpart Type B's when it comes to surviving a second heart attack. Some think it is the very Type A traits that enable people to take better care of their health following the first attack. Thus, it may be a good thing that some survivors of polio have the assertiveness and energy so common to the

Type A; this may be what makes them seek better medical care and be active in keeping the medical profession on its toes.

### **PPS AND TYPE A**

So what does this mean in terms of the person who has had polio? Did the earlier efforts in treatment cause people to become Type A's? Certainly there was pressure to exercise and to be reintegrated into society at large. Yet in my clinical experience I cannot say that all those who had polio or have PPS fit the classic Type A description. Indeed, many lead successful busy lives, but others were not so fortunate. Those who were successful may have been ambitious, but not necessarily hostile or angry.

Having polio or developing new symptoms can make one angry at times. Being frustrated by physicians who do not understand can bring out hostile feelings, even in the most even-tempered. But these feelings or behaviors alone do not make a Type A. In fact it may be the keeping in of hostile feelings that compromise one's health. The issue is very complex. As we've said before.

Labeling may be useful in research when one is grouping large numbers of people for studies. But labeling individuals can be misleading, inaccurate and possibly harmful. If people who had polio – or for that matter, cancer, MS, or other diseases – are made to feel that their personalities are the cause of their physical problems, that is another burden put upon them.

By overusing the term Type A, we obscure what the experience and behavior of those with PPS is really about – interfering with our deeper understanding of the late effects of polio.

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*Prevent sagging; Eat until the wrinkles fill out.*

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## **Scientists Think They Know What the Appendix Does**

*by Seth Borenstein, Associated Press*

(Reprinted from Daytona Beach News-Journal, October 6, 2007)

Washington – Some scientists think they have figured out the real job of the troublesome and seemingly useless appendix: It produces and protects good germs for your gut.

That's the theory from surgeons and immunologists at Duke University Medical School, published online in a scientific journal this week.

For generations the appendix has been dismissed as superfluous. Doctors figured it had no function. Surgeons removed them routinely. People live fine without them.

And when infected the appendix can turn deadly. It gets inflamed quickly and some people die if it isn't removed in time. Two years ago, 321,000 Americans were hospitalized with appendicitis, according to the Centers for Disease Control and Prevention.

The function of the appendix seems related to the massive amount of bacteria populating the digestive system, according to the study in the *Journal of Theoretical Biology*. There are more bacteria than human cells in the typical body.

But sometimes the flora of bacteria in the intestines die or are purged. Diseases such as cholera or amoebic dysentery would clear the gut of useful bacteria. The appendix's job is to reboot the digestive system in that case.

The appendix “acts as a good safe house for bacteria,” said Duke surgery professor Bill Parker, a study co - author. Its location – just below the normal one-way flow of food and germs in the large intestine in a sort of gut cul-de-sac – helps support the theory, he said.

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## Three Little Words

I suppose some degree of commerce would grind to a halt if telephone solicitors weren't able to call people at home during dinner hour. But that doesn't make it any more pleasant.

Now Steve Rubenstein, a writer for the San Francisco Chronicle, has proposed "Three Little Words" based on his brief experience in a telemarketing operation that would stop the nuisance for all time. The three little words are "**Hold On, Please.**" Saying this while putting down your phone and walking off instead of hanging up immediately would make each telemarketing call so time-consuming that boiler rooms would grind to a halt. When you eventually hear the phone company's beep-beep-beep tone, you know it's time to go back and hang up your handset, which has efficiently completed its task. This might be one of those articles you'll want to tell your friends about. Three little words that eliminate telephone soliciting.

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*It's scary when you start making the same noises as your coffeemaker.*

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## Funny Health Tips

**Q:** I've heard that cardiovascular exercise can prolong life. Is this true?

**A:** Your heart is only good for so many beats, and that's it... don't waste them on exercise. Everything wears out eventually. Speeding up your heart will not make you live longer; that's like saying you can extend the life of your car by driving it faster. Want to live longer? Take a nap.

**Q:** Should I cut down on meat and eat more fruits and vegetables?

**A:** You must grasp logistical efficiencies. What does a cow eat? Hay and corn. And what are these? Vegetables. So a steak is nothing more than an efficient mechanism of delivering vegetables to your system. Need grain? Eat chicken. Beef is also a good source of field grass (green leafy vegetable). And a pork chop can give you 100% of your recommended daily allowance of vegetable slop.

**Q:** Is beer or wine bad for me?

**A:** Look, it goes to the earlier point about fruits and vegetables. As we all know, scientists divide everything in the world into three categories: animal, mineral and vegetable. We all know that beer and wine are not animal, and they are not on the periodic table of elements, so that only leaves one thing, right? My advice: Have a burger and a beer and enjoy your liquid vegetables.

**Q:** How can I calculate my body/fat ratio?

**A:** Well, if you have a body, and you have body fat, your ratio is one to one. If you have two bodies, your ratio is two to one, etc.

**Q:** What are some of the advantages of participating in a regular exercise program?

**A:** Can't think of a single one, sorry. My philosophy is: No Pain - Good.

**Q:** If I stop smoking, will I live longer?

**A:** Nope. Smoking is a sign of individual statement and peace of mind. If you stop, you'll probably stress yourself to death in record time.

**Q:** Aren't fried foods bad for you?

**A:** You're not listening. Foods are fried these days in vegetable oil. In fact, they're permeated in it. How could getting more vegetables be bad for you?

**Q:** What's the secret to healthy eating?

**A:** Thicker gravy.

**Q:** Will sit-ups help prevent me from getting a little soft around the middle?

**A:** Definitely not! When you exercise a muscle, it gets bigger. You should only be doing sit -ups if you want a bigger stomach.

**Q:** Is chocolate bad for me?

**A:** Are you crazy? Cocoa beans... another vegetable. It's the best feel good food around!

I hope this has cleared up any misconceptions you may have had about food and diets. Have a cookie... flour is a veggie!

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## Sudoku

	4		3			8		
						3		
5	3		9			2	4	
	9		7				8	
7				4				2
	6				8		5	
	2	8			5		9	1
		7						
		4			6		2	

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*These days about half the stuff in my shopping cart says , "For fast relief."*

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# February Celebrations

## Birthdays

3<sup>rd</sup> Linda Booth  
6<sup>th</sup> Betty Richards  
8<sup>th</sup> Jane Poindexter  
Linda Conway  
12<sup>th</sup> Sarah Ferrell

14<sup>th</sup> Bill Welle  
Carlos Crump  
25<sup>th</sup> Ruth Hamdorf  
Shirley Watts

## Anniversaries

7<sup>th</sup> Irma & Kenith Launius  
22<sup>th</sup> Roma & John Wing  
24<sup>th</sup> Sharon & Don Hansche  
29<sup>th</sup> Margaret Walker