



# BransonGoers Gazette

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

## “Getting To Know You” featuring Karen Collier



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

My name is Karen Collier. I contracted polio in 1952 at age 7. In our small school there were four of us that had polio the fall of 1952. In October, a cousin was taken to Mercy, then me and then my sister. We all had polio and all in the same room. My sister did not have any visible weakness. My cousin had polio again about two years later and she passed away.

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

I was in isolation, had hot packs and therapy. Later I was moved to "the polio floor" for more therapy and attended the hospital "school". I was admitted to Mercy in October 1952 and got to come home for the first time in March or April for a month then back to the hospital for more therapy. This continued for about 2 years.

Then I was hospitalized less and less. I always had exercise to do at home.

One thing that stands out in my mind is --- my parents, grandparents or any visitor always had to stay on the "other side" of a glass partition. Visitors were not allowed to come into our room and there was no physical touch from anyone, only nurses!!!

I had lots of physical and occupation therapy. One exercise we had was swimming, so my parents got a stock tank for out back yard. I was in the water everyday. I could walk in that much water!!

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

My family and community always accepted my limitations and I never felt I was treated different from others my age. I had to learn to do what I could and not worry about doing "things" a little different.

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

As a second grader, I was welcome back and had lots of attention from friends. Pushing my wheelchair was "the thing to do" (even if we did go fast at times). I attended the hospital school, but I had my assignments and books from my school. This way I was always in touch with my teacher and fellow students. I wanted to graduate with my original classmates. This was very important to me. In 1963, I did graduate with my classmates.

When I was a freshman, I began High School in a nearby town. A few rules were bent as students, teachers, the administrator and bus drivers were ready to help. I felt "one of the group". When I wanted to type, teachers and students, plus my parents all worked together for a special "typing desk" so I could type. In our rural area I "mainstreamed" when that was not a word.

***How did polio impact your self-esteem?***

Because I was totally accepted for me with limitations, family, church, school, and the community ALWAYS included me and I now know "responsibilities" and "jobs" were and still are created for me so I can be included.

***What was your occupation?***

I have never totally supported myself. But "jobs" include babysitter, bookkeeper and owner/manager of a Gift Shop. I spent thirty eight years as Township Tax Collector (I collected personal and real estate taxes for our township.

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

Not that PPS has been diagnosed, but I think that is probably what some of my "new problems" are. That is why I am looking for a Doctor.

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

I use a motorized wheelchair. I think it is GREAT! I am able to be very independent. My Service Dog and I live alone and without my power chair, that would not be possible.

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

I teach leather to our county 4-H members. I enjoy sewing, crafts, visiting with people and flowers,

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

As I said before, right now I have not been diagnosed with PPS, but the past year I have less energy and I notice I have lost strength, so my PACE of activities have been reduced.

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***Whenever I feel blue, I just start breathing again!***

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# Medication and Psychotherapy

by Henry Holland

In my experience, any disease process may require a combination of talk therapy and medication or other treatments (surgery, rehab, Pt etc). Most so called mental illnesses are more clearly involving a biological component. The brain is an organ just like the heart, the liver, the intestines, etc. Every disease that affects the human emotions needs more than medication or p rocedures. PPSers have a double problem emotionally. We have all the deja vu memories of the acute polio episode mixed in with the current reality of PPS. We have repressed memories being rekindled by the current problem, hence many emotional factors complicated by the the CNS physiological and psychological effects of PPS. That seems to be the reason we need to talk about our problems and take medication also or whatever treatment works for us.

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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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## Antidepressant Medications

by Henry Holland

I am a little surprised at the concern about the use of antidepressant medications in the treatment of PPS. It rings of the ongoing stigma against individuals who suffer from so called mental illness. I have spent 31 years studying, researching, and treating mental illness. I have a significant family member who spent 20 years in a state mental hospital. When I first began my psychiatric training 31 years ago, schizophrenia was considered a mental illness with probable psychogenic causes. There was even a term used then, namely the schizophrenogenic mother. Today, we know clearly that schizophrenia is a biological brain disease involving disturbances of certain brain bio-chemicals affecting cognitive and perceptive function. There are changes on MRIs and probable genetic factors or predispositions. The same can be said of bipolar disorder (manic depressive illness) and major depression. Some studies indicate that over one third of PPSers before being diagnosed or shortly thereafter meet the criteria for the diagnosis of major depression.

The "boundary" between so called mental illness and physical illness is quite vague and may not exist. The very fact that many medications such as the various types of antidepressant drugs help us and many other individuals with chronic or reoccurring disorders should tell us logically that so called mental illness has definite biological factors and vice versa, that is, a condition such as PPS has definite emotional factors. I know what I have experienced. I have experienced loss of functional status, having to accept disability at a time that I would be at the zenith of my career, fear of what is happening to me and not knowing what really helps except rest, the logical anxiety that this PPS is progressive, and to hear or read that we are all going through this again (deja vu) and the whole experience seems unfair and makes me angry. That anger can get projected when we have our feuds, bash our doctors, and assail various agencies. Don't get me wrong, most of the time our complaints have some merit, and we mostly support each other, but we have been individualists and in control so long that these life style adjustments are tough and can be depressing.

Everyone who has ever lost someone precious or lost a part of their self -esteem or been ill with a chronic disorder knows what depression is like. We take antidepressants and other psychotropic or brain directed drugs because they help some of us. True, the doses are usually lower than for treating most biological

depression in people without PPS. But we do not tolerate most any drug or stress very well. We require less pain meds and even less anesthesia than most. Maybe the antidepressant drugs do help our "depression" in lower doses. I simply do not know, but it would not bother me in the least if they do work that way on us. I feel better and when you feel better, you are usually less depressed.

So if you take Prozac, Paxil, Zoloft, Elavil, Pamelor, Effexor, Klonopin, Ativan, Valium, Xanax, Ambien, Desyrel, Wellbutrin, and on and on, and you feel better, I say be grateful because I am.

I have said enough.

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*Originally published in the Central VA PPS Support Group (PPSG)'s newsletter, The Deja View, February, 1997.*

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.

A study of married couples shows that when given an unpleasant task, pet owners perform better when their animal companions were near than when their spouse or human friends were around.

What's going on here?

Doctors say we try to perceive people are supportive, but instead we think they are evaluating us – causing greater stress during unpleasant tasks. Your pet loves you no matter what!

## **The Parallels of CFS/FMS/Polio**

*Author Unknown*

(Taken from a CFS Blog Site)

Dr. Richard Bruno theorizes that CFS/ME/fibromyalgia and post-polio are the same condition. It has been known for decades that polio and myalgic encephalomyelitis traveled in side-by-side epidemics, and that those affected with ME were later found to be immune to polio. He observes, "If you had paralysis or muscle weakness, you certainly did have myelitis, an inflammation of the motor neurons in the spinal cord."

While Dr. Bruno admitted to me that it's unlikely that those of us born after the polio vaccine became available in the mid-1950s had "polio", the fact is that the vaccine only protects against a few of the worst strains; it is possible that the virus that we had was one of the milder variants not covered by the vaccine. Of course, since polio had been eradicated in the US three decades earlier, no one ever thought to test me for polio, so we don't know what virus I had... only what viruses I tested negative for. (He theorizes that when polio was conquered, it left a vacuum which was filled by another enterovirus; CFS researchers have found an enterovirus.)

While, obviously, I would recommend that the first book a new CFS patient reads is a CFS-specific book (and I put David Bell's "Doctor's Guide" at the top of that list; I recommend Devin Starlanyl's books for a fibromyalgia primer), if you've read all the other literature and are looking for another viewpoint, Dr. Bruno's "The Polio Paradox: What you need to know" is intriguing reading.

I come at this book from two perspectives: at about the time that I developed CFS, a friend was diagnosed with post-polio in arm muscles overused in propelling her wheelchair. The muscle weakness she describes in post-polio sounds a lot like what I describe in CFS; her medical experts nodded sagely and explained, mine told me what I was describing was "impossible". How can the same symptom be both "expected" and "impossible"?! **Dr. Bruno recommends discarding the old "use it or lose it" philosophy and learn to "conserve to preserve."** This has worked for me; I spent much of my career doing production typing – 100 pages a day – and then came home to do a couple hours of needlework, so, like my friend, it was my arm muscles that were overused. When I followed her doctors' advice about setting limits on how much I used my hands/arms, it stopped the problems of ever-increasing weakness and late-day muscle failure.

Dr. Bruno describes PPS patients as "having new symptoms: overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anesthesia, cold and pain, and difficulty swallowing and breathing" and "brain fatigue", including word-finding difficulty. Sound familiar?

Molly, a patient, asks **"Have you ever been so exhausted that eating a meal, let alone cooking it, simply wasn't possible?"** I see every CFS patient out there nodding in recognition, and every non-patient in total disbelief. That may be the best explanation of why calling what we have "fatigue" is the understatement of the millennium. But Dr. Bruno warns against taking pep pills; instead, for your own good, heed your body's demand to rest.

Dr. Bruno was training in Columbia University's Department of Rehabilitation Medicine, studying disorders of the autonomic nervous system when he dealt with a polio patient whose bad arm was always colder than his good arm. Intrigued, Dr. Bruno started researching further.

In his investigations, Dr. Bruno came on some startling information – the plan to award Disability benefits for post-polio was "shelved in favor of benefits for those with AIDS. **Disability should not be an either-or proposition**" and that the **patients "reported 50% more Type A behavior on average than did nondisabled individuals."** Three British researchers concluded that **"highly motivated patients who pushed themselves beyond the competence of their damaged bodies were most likely to develop late-onset problems."**

He observes that for most patients **"it's more important to appear normal ... to protect themselves from criticism and failure than it is to ... care for themselves."** Just what some people have suggested about CFS: that it occurs in Type A people who cannot and will not stay home until they are completely recovered from the virus; I went back to work the day after I first sat up for an hour propped up with pillows. I pushed myself (I still do) to my limits (and sometimes beyond) because that's the type of person I am, and I paid the price in the long run, and now take criticism for not pushing even further past my limits in order to continue to appear normal.

Pathologist David Bodian observes that the non-paralytic forms "may be associated with severe neuron damage in the spinal cord. [And] some with non-paralytic poliomyelitis do not have any damage in the spinal cord but have characteristic damage in the brain. ... [The virus] is capable of producing an encephalitis, with or without symptoms." Again, similarities with CFS. The Type II virus (documented in the 1948 Iceland outbreak of what is thought to be CFS, as well as by Dr. Sabin in Cleveland the year before) is least likely to cause paralysis but seems to damage the brain stem just above the spinal cord, while preventing infection by the high-virulence Type I virus. Coxsackie virus, which has been found in CFS patients, "can cause damage to the brain and spinal cord that is *identical* to polio." Dr. Bruno comments on viral proliferation in the throat; I often have throat problems just before I relapse. The evidence for the CFS/polio connection keeps mounting.

In 1934, a disease resembling the later "Iceland Disease" felled 150 doctors and nurses in the polio ward of Los Angeles General Hospital; identical symptoms were documented among 300 doctors and nurses at

London's Royal Free Hospital in 1955. At that time, infectious disease specialist Melvin Ramsey stopped calling it "atypical poliomyelitis" and started calling it "Myalgic Encephalomyelitis". Like polio, the symptoms included headache, pain, fever, and weakness. "Some ME patients reported fatigue, that they were 'not as quick or incisive in thought' as before their illness, 'a decreased ability to learn, and a decline in their short-term memory' that lasted for decades." Some patients never recovered. "Of more than a dozen ME outbreaks before the introduction of the polio vaccine in 1954, nine occurred during or immediately after outbreaks of polio, and several involved hospital staff who cared for polio patients." After the polio vaccine, "the number of ME cases went through the roof." Dr. Bruno's theory is that nature abhors a vacuum, and when poliovirus was eliminated, another enterovirus filled the void; other doctors point out that the Sabin vaccine prevents only the 3 worst variants.

There is the fiction that if a test shows normal strength, there's nothing wrong. However, "no manual muscle test measures your endurance, effort, or the time it takes for you to recover strength after activity." In both CFS and PPS, stamina is an issue, you "can do almost anything once." Dr. Bruno warns that every time patients "exhaust their motor neurons, they are doing damage that will eventually result in permanent weakness"; this push/crash roller coaster is another thing patients have in common. **"The only cause of progressive muscle weakness is [patients] not taking care of themselves."** Let me repeat that: you can avoid deterioration by honoring your limits. His advice is "if anything causes fatigue, weakness or pain, DON'T DO IT! (Or do much less of it.)" For both conditions, the recommendation is to do half the amount of work or exercise that triggers symptoms; I'm proof that you can maintain full strength with CFS, because I can still lift (though only once) the same amount I used to. "Deconditioning is one of the red herrings that doctors who know nothing ... try to feed you." (Another red herring is that your symptoms will disappear if you lose weight; research found no correlation between weight and any PPS symptom.)

**Dr. Bruno observes that patients "were confronted by doctors' ignorance about PPS, their disinterest and disdain. Many physicians dismissed new symptoms as psychosomatic. ... Even after the publication of scores of medical journal articles, international conferences, and acceptance of PPS by the American Medical Association ... [patients] are still being told by doctors that they're lazy, crazy, fat, old or just plain lying," a situation which will sound familiar to CFS patients as well.** Rather than admit that they don't know what they're talking about, doctors will throw out those red herrings like deconditioning, weight, depression, and prescribe exercise ... which is guaranteed to make you feel worse. Then you risk developing real depression, which he notes is triggered when patients "can no longer meet other people's expectations and do what they think they 'should'." It's a result, not a cause, and the medical profession must take responsibility that sometimes the cause for the patient becoming depressed is their bullying the patient to do more than the patient is physically capable of.

He found 2/3 of patients reported muscle weakness was triggered by cold temperatures, and "specific triggers for their pain" including cold exposure, which explains why patients feel worse in winter. It is not, as some have suggested, Seasonal Affective Disorder: I used to live somewhere with very little difference in the length of the days, but certain months were cooler and damper, and those were the months I felt worse. He also tells the story of a patient who, like me, worked in an over-air-conditioned office, cold to the point that the staff complained, "She became weaker and more fatigued as her overtaxed, refrigerated motor neurons worked harder day after day to make her cold-stiffened muscles and joints move. Ultimately, enough of those overtaxed neurons failed and probably died under the cold-induced stress to cause permanent weakness." A nurse tells me the body works optimally at 76 degrees; although it may be tempting to save money by using less heating oil, be aware that you may cost yourself much more in the long run.

On my first reading, I thought it was ridiculous that Dr. Bruno felt it necessary to spell out that research has shown that pain can disturb sleep, yet, how many of my doctors missed that incredibly obvious nexus and refused me the pain pills that would have let me sleep?

Why do we have digestive problems? The vagus nerve contracts the muscles in your stomach, causing vomiting. This nerve also affects other autonomic functions. No less than Supreme Court Justice William O. Douglas said that exercise "made me feel faint; and sometimes I'd be sick at my stomach or get a severe headache." Dr. Bruno explains that a "spasm pushes on the vagus nerve, slows the heart, drops the blood pressure, and turns on the gut, causing nausea and maybe a feeling of faintness – all because the functioning of the vagus nerve is discombobulated." He warns that stretching toward the pain will make the spasm worse, so stretch only away from the side that hurts.

Now turn to p. 207, "subjects who had fainted even *once* reported significantly higher fatigue than those who had never fainted. And those who had fainted more than three times had the highest fatigue of all. This suggested to us that there is a relationship between fainting and fatigue – that damage to brain stem neurons controlling blood pressure, damage to those controlling heart rate, and damage to the brain activation neurons is related in anyone who has chronic fatigue, whether they've had polio or not." I've fainted dozens of times in my life.

In 1995, Peter Rowe found CFS patients have fatigue + blood pressure drop when they stand up, leading to the conclusion that "some CFS patients have lost the ability to regulate the size of their veins, just like polio survivors, allowing blood to pool and blood pressure to drop, " probably due to brain stem neuron damage from a virus. I'd also refer you to Dr. Cheney's comments on cardiac issues related to standing up. On that subject, Dr. Bruno poses the Cardiac Conundrum, what to do when "one indispensable muscle needs exercise while all the other muscles need rest?" and observes "arm exercise is more taxing on the heart and a more efficient form of heart exercise." However, in general "an exercise program is not required to prevent your muscles from turning to jelly." Physiatrix t Jim Agre warns "For some persons, the performance of normal activities of daily living may require maximal effort, and additional exercise may lead to overuse problems." If you feel stronger on days you don't exercise, your body is trying to tell you something. Listen to it. "Don't stand when you can sit, and don't sit when you can lie down."

Agre's research found that polio patients who used pacing (resting for at least an equal length of time after working a short time) "could do 240 percent more work with fewer symptoms." Dr. Goudsmit's research with CFS patients didn't show quite as much success at increasing output, though it was successful at reducing symptoms.

Another intriguing finding is that patients tend to hypoglycemia. "The more challenging the mental task – like those difficult attention tests – the more sugar neurons need to function." Steroids make it even worse. Numerous parallels between PPS/CFS/ME are listed on pages 285 -287. There is no question in Dr. Bruno's mind that they are physical, not emotional illnesses with "remarkable similarities". Both groups have white spots in brain neurons and less of the hormone ACTH, more prolactin and less dopamine, less growth hormone (which researchers believe to be the result, not the cause). "The symptoms of fatigue – in both polio survivors and CFS/ME patients – result from a virus damaging brain-activating neurons." Ten pages later, he also analyzes the parallels between PPS/CFS/fibromyalgia.

**"Even more disturbing is that doctors choose to ignore more than eighty years of research indicating that ME, and its American cousin CFS, are very likely caused by one or more of the enteroviruses. More than polio survivors with PPS, those with ME and CFS have been dismissed as lazy, crazy, or outright liars by the medical community. Maybe it's our Puritan heritage, but there are two symptoms by which people are not 'allowed' to be disabled: fatigue and pain."**

**"Just like polio survivors, those with CFS, ME and fibromyalgia have no more time to waste with doctors who don't believe their conditions are real. ... It's time doctors start looking at the cause ... from the brain up, instead of from the mind down, so that [patients] start getting help for their symptoms, instead of being blamed for them."**

**"How many PPS/CFS/fibromyalgia patients have been discarded by doctors who thought them to be lazy or faking when an anti-depressant didn't cure their fatigue, or when physical therapy ... made weakness worse, not better? ... In this new millennium medicine must not be about doctors' egos and their ability to 'cure' disease."**

The message that has been sent is that "there is no disability that cannot be conquered" if patients try hard enough. "It is this ethic that allows doctors to reject patients whose conditions cannot be diagnosed with a blood test or an X-ray, to dismiss [them] as lazy or crazy." Unfortunately, there are some diseases for which we still have no cure, or even an effective treatment; the medical profession tries hard to sweep those under the rug, as well as to ignore the evidence that pushing some patients to rehab ever-harder will result in permanent disability.

Dr. Bruno notes that after reading his book "you now know more than any doctor you're likely to meet"; this is too often the situation for CFS and fibromyalgia patients as well. "There is one thing we still don't understand: why doctors and governments throughout the world refuse to acknowledge, let alone learn about and provide treatment."

*(Dr. Richard Bruno is chairperson of the International Post-Polio Task Force and director of The Post-Polio Institute and International Centre for Post-Polio Education and Research at Englewood Hospital and Medical Center. His e-book, How to STOP Being Vampire Bait: Your Personal Stress Annihilation Program, is now available through [PostPoliInfo@aol.com](mailto:PostPoliInfo@aol.com).)*

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***My teeth are my own... I have the receipt.***

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## **Viroporins of the Poliomyelitis Virus**

*Madrid, Article Date: 17 Jan 2008*

A research team from the Universidad Autónoma de Madrid directed by Professor Lu s Carrasco has published new discoveries concerning the membrane permeabilizing proteins of the polio virus.

Mechanisms that create non selective pores in cellular membranes have been a defence and attack tool used by a wide range organisms from time immemorial. Cytotoxic proteins with this capacity are produced by bacteria, amoebas, fungi, anemone, and vertebrates (as part of their immune system) as well as in the poison of some arthropods and snakes. Although, the proteins that are capable of producing such destabilising pores in the cellular membrane of organisms can be very different in terms of the sequence of amino acids that forms them, they all create permeabilizing structures that increase the overall permeability of the semi-permeable cellular membrane allowing for a passive flow of ions and other small substances. Up to now there was no evidence of such properties from viral origin.

The research group led by Professor Luis Carrasco from the Centro de Biolog a Molecular Severo Ochoa (UAM-CSIC) in Madrid has been studying the mechanism of late permeabilization caused by different viruses and among them the poliomyelitis virus. In the late stages of the infection produced by most animal viruses, a permeabilization phenomenon takes place in the cellular membranes that is very important to ensure an easier release of the new viral particles to the exterior of the cell.

In the last few years, different studies have demonstrated that the individual expression of certain viral genes could reproduce this process in several cellular systems. It was then that the name "viroporin" was established for the viral proteins that shared some structural properties in addition to the permeabilizing effect on the membranes.

The poliovirus protein 2B, known as the causal agent of poliomyelitis, as well as its precursor (2BC), are viroporins that increase the permeability of bacterial and mammalian cell membranes. In previous studies, with the application of biophysical techniques, it was proven that the addition of the purified protein 2B induces permeabilization in artificial membranes (liposomes) to substances of a low molecular weight, fitting in with this phenomenon in cells.

All these demonstrate that the permeabilization mechanism of viroporins could be similar to that of some toxins that create pores. In the recently published Journal of Molecular Biology, the research group managed by Professor Carrasco in collaboration with Dr. Nieva and Dr. Sánchez -Martínez from the Universidad del País Vasco as well as the research team directed by Dr. Rispoli from the Università di Ferrara (Italy), present proof of the intrinsic capabilities of viroporin 2B to create stable pores with set dimensions in the cellular membranes. The contributing researchers have determined the region of protein 2B that constitutes the pore and have investigated its characteristics. To do this they used chemical synthesis to obtain short fragments (peptides) that would cover the different areas of the complete protein and out of all the sampled peptides identified that only one helical peptide exhibited permeabilizing activity in cells when added in a very low concentration. This peptide can introduce itself into both the cellular membrane as well as the liposomes, and only allowed the flow of very small compounds and not macromolecules, which enabled the approximation of the inner diameter of the pore.

Finally, the researchers had managed to confirm in physiological conditions, the presence of the pores formed by the peptide derived from the viroporin 2B. A new technique developed by the Italian researchers, using a series of electro physiological methods, detects the formation of ion channels only a few seconds after applying the peptide directly to an individual cell. Therefore, the viroporin 2B of the poliomyelitis virus constitutes a new class of pore forming protein that are synthesized during infection and act like toxins inside the infected cells.

The study of viroporins and the detection of the regions responsible for their permeabilizing function open up an interesting field of investigation with several future applications such as a base for new cytotoxic drugs. In addition, these studies set the base for the design of new peptides that would interfere with the pore formation and antiviral compounds capable of inhibiting the function of viroporins in the infection process.

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## Searching for Dr. Right

by Don Hansche, Editor

Breaking up, finding a new partner, hoping for the perfect match: Sounds a lot like a relationship doesn't it? But really think about it - both involve trust, vulnerability and seeing your most private body parts. According to Dr. Vicki Rackner, a professional patient advocate, the doctor-patient relationship is "*as intimate as a life partnership.*" There are lots of nice people and doctors out there, but you wouldn't want to marry most of them.

PPS patients often have difficulty finding a doctor who will listen and believe that they are really ill. Instead, they jump to the quick conclusion that fatigue *is* depression. Here are some tips on finding the right doctor.

**Date before you marry.** Just as you would 'do' coffee on a first date instead of a weekend together, so too, go to the first appointment with a problem of a limited scope, like a mole or a thyroid check.

You can also go with no problem at all - make an appointment to just chat with the doctor to get a feel whether you like him or her. Be aware though that, as with dating, first impressions might be a bit rosy. 'Meet the doctor' visits are nice but remember, everybody's on their best behavior during this time and there's no stress involved.

For a list of questions to ask on the first date, [click here](#).

**Check them out on the Internet.** Most people now days Google a guy or girl they've started to date. As with a new date, you can also Google a prospective new doctor. And why not search [MySpace](#) and [FaceBook](#) - you never know what you might find.

Even more important, there are loads of web sites that keep objective information on doctors. Check on training and board certification through the [American Medical Association](#). Find out if they're board certified in a particular specialty by [clicking here](#). Several web sites such as [RateMDs](#) and [HealthGrades](#) also have doctor ratings - make sure you find out what criteria they use.

**Get to know the family.** Remember, you're not just marrying the doctor. You're marrying the whole family, which for a doctor means the office staff. They're way more important than you might think. When you're feeling desperately ill, you're at their mercy to squeeze you into a packed schedule. A great doctor who has a grouchy receptionist, rude nurse, careless assistant and obnoxious partner is going to frustrate you.

**Ask your friends for a "blind date".** But choose your friends carefully. If you're a Type 'A' person who likes to ask lots of questions as most PPSers are, asking your meek friend for a recommendation might end up in a mismatch. Choose someone who thinks more the way you do and has some of the same problems, or symptoms.

**Go with your gut feeling.** This is perhaps the most important. It's perfectly okay to reject doctors simply because there's something about them that makes you feel a bit uneasy. I suggest you actually *like* your provider. [Civility Mutual](#) helps to reduce misunderstandings, ensure accurate, high-quality treatment and improve patient safety. It's about earning and ensuring respect and trust on all sides of the health care spectrum, leading to increased patient satisfaction and better health care outcomes. You should, after your first visit, have a sense of trust.

**Think of what you are looking for in a doctor.** For example, objective information is important for a surgeon ('Doctor, how many times have you performed gastric bypass surgery?') but bedside manner may be more important for an internist. You're not going to find a doctor who has everything. Those are only found in Disneyland. Real doctors aren't perfect.

Be forewarned that a complaint-free record may not be accurate. You might check the case index at courthouses in your county and surrounding counties to see whether the doctor has been sued. If he or she has, request the file and decide whether it's something that worries you. It could be just the fact a patient sued due to something happening that wasn't the doctor's fault - maybe something hereditary.

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***By the time you find greener pastures, you can't climb the fence!***

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# Are We Breathing Correctly?

written by Tessa Jupp RN

Ref: Buteyko Breathing. Breath Power Web site.

Asthma occurs in 1 in 15 Americans, 1 in 4 children and we have the highest death rate from asthma. Persons with asthma breathe 3 to 4 times faster than normal. But asthma is not the only reason we may have problems breathing. Nor is scoliosis and weak muscles from a bout of polio the only other reason that polios may need to think about how we breathe.

Over breathing or hyperventilation can result in muscle, tendon and joint pain. It can cause chest tightness, chest pain and palpitations. It can increase our response to pain. It can lead to depression, asthma, hayfever, panic attacks, nightmares, brain fog, increased sweating, skin rashes, clammy skin and flushed faces.

## Overbreathing can cause -

- dizziness/light-headed/unsteadiness
- tingling/numbness in fingers, lips and toes
- shortness of breath/cough/tight chest
- yawning, sighing and air hunger
- poor concentration/memory loss
- chest pain/palpitations/fast pulse
- muscle stiffness/pain/ twitch and cramps
- anxiety/ tension/ stress
- dry mouth/difficulty swallowing
- mouth breathing/bloating/belching/flatus
- generalised weakness/fatigue/insomnia

## Overbreathing can be brought on by -

- stress/anxiety
- strenuous exercise or lack of exercise
- poor posture/ tight clothing
- dangerous situations/ fear
- pain/ poor health/ surgery

**Over achievers run the risk of over breathing... And polio survivors are usually over achievers!**

If these situations are long-term, the body accepts poor breathing as normal. So, we can see that just the stresses of daily living with a disability can predispose to abnormal breathing patterns. Here is a simple test to see if you are breathing correctly.

## 12 - Breath Test

Take 12 rapid breaths and see if you develop any of the symptoms listed above.

## Diaphragmatic Breathing Test

Place one hand on your tummy, the other on your chest. Take a deep breath in and see which hand moves out. If you breathe in through your nose and your tummy expanded first then you are using your diaphragm correctly. If you breathe in through your mouth, the chest will expand first and your tummy might have gone in instead of out!

When this happens you raise your shoulders and tense your muscles. Shallow quick chest breathing results in loss of too much carbon dioxide (CO<sub>2</sub>) and this tends to make us too alkaline. This changes the rate of metabolism of the whole body and makes us more susceptible to viruses and allergies. Lowering of CO<sub>2</sub> also increases excitability in nerve cells, leading to irritability, sleeplessness, stress, anxiety, fear and allergic reactions.

Other factors causing poor breathing are limited mobility, lack of physical activity, over-eating, hot days and overheated, stuffy rooms. (Do we open all the windows and doors every-day to air the house off like our parents did?)

So this may explain why a lot of polios develop asthma and other problems related to over breathing.

**How to Correct Poor Breathing.** Hand on tummy, lips together, relax jaw and shoulders, breathe in low and slow - 2 - 3 expanding your waist; hold the breath in - 2 - 3; out slowly - 2 - 3 - 4 - 5. If you get short of breath Stop, Drop (shoulders), Flop (relax) and Count slow breaths. Get your rate down to 12 per minute. Practice this as often as you can each day.

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## Online Medical Researching

by Don Hansche, Editor

If you're trying to find medical information for yourself or someone you love, and you're not lucky enough to have access to a professional research librarian. What do you do? There is so much information out there on the internet highway, but finding and accessing that information is quite difficult if you don't know how to go about it correctly.

"[The Empowered Patient](#)" assumes you already know the basics of good Internet searching: .gov and .edu sites are to be trusted, as are sites for major health centers (i.e. [The Mayo Clinic](#) and [The American Cancer Society](#)). But, if you're like me, you're always looking for more and there is so much more that can be done in order to find exactly what you *are* looking for. For the Internet searcher hungry for more, here are some tips for being a sophisticated surfer:

**Use search engines that screen out the garbage for you.** There's a lot of junk on the Internet. It's the Wild, Wild West out there. You really have to be alert as you go through these sites. To get rid of the junk, use a search engine that looks only at reputable sites that have been vetted by health professionals. The [National Library of Medicine](#) is one such engine, as are [MedLinePlus](#) and [Imedix](#). [HealthFinder](#) searches for information on government health web sites.

**Find smart bloggers with your disease.** Some bloggers do an excellent job of linking to resources specific to your disease. That goes for advocacy groups, too.

**Invest 30 minutes in the PubMed tutorial.** [PubMed](#) searches the medical literature, but it isn't completely intuitive. It's worth the time to learn how to use it by doing the tutorial.

Are you nervous you won't understand the technical jargon in medical articles? Don't be. Read the very beginning of a study and the very end. The conclusion will tell you whether the treatment they studied was effective, moderately effective or not at all effective. Also, the [Medical Library Association](#) has brochures called [Deciphering Medspeak](#) to help translate some of the more common medical jargon.

It can be useful to specifically search for review articles on [PubMed](#) when looking for specific treatments. Review articles give an overview of the latest research on a particular subject. Review articles are an excellent way to get a lay of the land and to get the big picture on a topic. To find review articles on [PubMed](#), go to the "limits" tab and then under "type of article", check "review".

**Click on information about annual meetings.** For example, let's say you just got a breast cancer diagnosis. You could go to the [Medical Society for Clinical Oncology](#) and look at information on new breast cancer treatments discussed at last year's meeting.

This is the way to get cutting-edge information. Information on new treatments is presented at conferences six to twelve months before it's published in a medical journal.

**When in doubt about a web site, click on "about us."** Sometimes it's clear who runs a web site. Often it's not. Clicking on "about us" should explain it. Knowing who's behind the information you're reading

(especially if they're trying to sell you something) helps you evaluate whether the information is biased. If you can't figure out who runs the site, don't use it.

**And here perhaps are two of the most valuable pieces of advice I can give you:**

**1. Use internet resources in combination.** An advocacy group or a review article by itself can be fairly useless. Neither one of these works by itself.

**2. Don't expect the internet to cure your disease.** You won't find a cure because information doesn't cure. It only leads you to the best doctor, the best options and the confidence that you are getting the best possible care. And feeling confident in your care is no small thing.

A doctor has to keep up with hundreds of diseases and ailments; you only need to keep up with the one(s) you have. Therefore, assume that you have information that he has not read yet. The best doctors are those who are open to reading and discussing what you research; there are some who will dismiss anything you find on the internet - even the online version of a reputable medical journal - as not worth reading; those are the doctors who are not worth seeing.

In addition to "savvy bloggers" (and I would recommend, if there's contact information, to contact the blogger directly to ask your specific question), I also recommend going to YahooGroups.com and searching for online support groups for other medical conditions you may have other than pps. Work your way through the descriptions to see which fits your needs best - some are for people in a specific geographic area, others are primarily for men, women, parents of young patients, or caregivers of bedridden patients. There may be a group that specializes in politics or advocacy, or a group that specializes in disseminating research. Only you know what you need: information, companionship, a shoulder to cry on, and whether you prefer 2 posts or 200 posts a day.

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***I'm in the initial stage of my golden years: SS, CD's, IRA's, AARP. . .***

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## **A Tale of Scooters, Hooters and a Honeymoon: A Commentary**

*By Brook Stockberger, Sun-News Business Editor  
Article Launched 07/02/2007*

I returned to work last week after taking some time off to get married and go on a honeymoon to Las Vegas. Yes, it was dang hard to come back into the office after five days of buffets, shows and a little bit of poker.

Still, as the entire Sun-News business staff (me) and my new bride Terri took in the sights, sounds and cool 108-degree days of Sin City, I found myself unable to keep from working just a little bit. My note taking derived from a situation I initially planned to tell to as few people as possible.

But since I consider you readers all my close, personal friends, I've decided to let you in on the secret. I hurt my back last year and have suffered through months of pain.

Due to an accident involving hail, thunder and me running to the car with my 5 -year-old daughter in my arms the day before I got married, I found myself on my honeymoon without the ability to walk more than 50 feet without chewing on my hand to keep from screaming.

Terri finally convinced me to rent an electric scooter so O could see the sights without tears and various curse words. Well, a few phone calls later an electric conveyance was delivered to me at my home base at

the Hooters Hotel and Casino. (Yes, I made my wife stay at the Hooters Hotel and Casino on our honeymoon. Actually that's not quite true. She found the accommodations herself and the price was right, so don't judge me! I give the place a thumbs-up, by the way.)

Anyway, I soon found myself banging into the doors of the Hooters lobby as I made my way into the sun and tried to learn the intricacies of the scooter. The thing was red and had a basket on the front that was soon filled with shopping bags. It beeped when I went backwards and could be placed on speed setting from "1", the slowest, to "6", the fastest. And, oh yeah, with just one front wheel the thing could turn on a dime.

I tried to look as cool as possible with my clip-on sunshades and red scooter as we set off on adventure. Right away I noticed little things I never paid attention to before became big decisions. Escalators and steps were out. The search for elevators became paramount. I discovered that drunk people are not as much fun when you are in a scooter in the same elevator with them.

I noticed that many people walking the skywalks or the streets did not see me until they were right in front of me and then their eyes would grow large as they jumped out of the way. I nodded my head in solidarity a few times to some of the other scooter drivers I passed. My lovely bride was very helpful and attentive. I would have been lost without her.

Stores and restaurants were quite the experience. Many employees were helpful and courteous, but I found a few who looked at me with what could best be described as indifference. Some seemed to find entertainment in watching to see how I and my wheelchair - or scooter-bound friends found our way through the maze of isles. I admit, I knocked into my fair share of shelves. Luckily I did not break anything.

I was constantly amazed at how many times I was told by a well-meaning worker to park the scooter and walk to where I needed to be. Of course I could walk, just not very far or fast. But, I wondered, what about folks that cannot use their legs? Some of these businesses did not have a way to accommodate those customers.

Also, there were times my wife and I were led halfway across a casino to get to an elevator by an employee who said, "Follow me" and then took off walking without a look backward to make sure I was indeed following or if, instead, my path was being cut off. I kept thinking to myself, "Our society is probably as handicap conscious right now as it has ever been yet this is still really difficult. Sure, I know life is difficult for many people and no one ever promised a walk in the park. But the Golden Rule still applies: Treat others as you want to be treated. If you ever end up in a wheelchair or a scooter, you will appreciate all the help you can get.

If you own or run a business, especially in a place like Las Cruces with a high retirement population, you can not afford to cutoff or alienate an entire customer base. The Department of Labor reports that one in six people in this country are customers for businesses that are accessible to people with disabilities.

Customers – whether they have trouble walking, seeing or any other handicaps – do not want special treatment. They just want to shop without the fear of breaking something. They don't want to be overlooked.

If a disabled person enters your place of business, you don't have to be their personal escort, but make sure that pathways are clear and that items are accessible to someone who might not be standing up.

How overwhelmed we feel when we anticipate the future, all that needs doing, all the tasks, the work, the potential problems, the responsibilities. How tired we become when we dwell on what we've done already, the energy we've expended and the imperfect results.

Yes, sometimes to stay in the present we need to visit the past, to clear out an old feeling, to heal an old, limiting belief. But that visit can be brief. And sometimes we need to think about the future – to make commitments, to plan, to envision where we want to go. But to linger there can cause unrest. It can spoil the moment we're in now. Stay in the present moment, and the past and the future will fall naturally and easily into place.

Stay in the present moment. That's where you find life's magic. Stay in the present moment and the magic will return.

~ from *Journey to the Heart* by Melody Beattie

## Avoiding Headaches

Over-the-counter headache relievers are big sellers. You can avoid taking them by helping prevent the headache in the first place. Here are the leading causes and some prevention ideas:

- **Stress:** Relax for thirty minutes every day. Eat a high carbohydrate, mid-afternoon snack.
- **Diet:** Avoid Caffeine, wine, chocolate, cheese and any other headache triggering foods.
- **Eye Strain:** Take your eyes away from the computer monitor for short "breaks".
- **Sitting:** Stretch for several minutes at least once an hour.
- **Sleep:** Keep a regular sleep schedule, even on the weekend.

These simple tips can help you avoid headaches and feel better without any medication.



(More on "The Secret" next month)

## 5 Things Your Cell Phone Can Do!

There are a few things that can be done in times of grave emergencies. Your mobile phone can actually be a life saver or an emergency tool for survival. Check out the things that you can do with it:

### FIRST - Emergency

The Emergency Number worldwide for Mobile is 112. If you find yourself out of the coverage area of your mobile network and there is an emergency, dial 112 and the mobile will search any existing network to establish the emergency number for you, and interestingly this number 112 can be dialed even if the keypad is locked. Try it out.

### SECOND - Have you locked your keys in the car?

Does your car have remote keyless entry? This may come in handy someday. Good reason to own a cell phone. If you lock your keys in the car and the spare keys are at home, call someone at home on their cell phone from your cell phone. Hold your cell phone about a foot from your car door and have the person at your home press the unlock button, holding it near the mobile phone on their end. Your car will unlock. This will save someone from having to drive your keys to you. Distance is no object. You could be hundreds of miles away, and if you can reach someone who has the other 'remote' for your car, you can unlock the doors (or the trunk).

Editor's Note: It works! We tried it out and it unlocked our car over a cell phone!

### THIRD - Hidden Battery Power

Imagine your cell battery is very low. To activate, press the keys: **\*3370#** Your cell will restart with this reserve and the instrument will show a 50% increase in battery. This reserve will get charged when you charge your cell next time.

### FOURTH - How to disable a STOLEN mobile phone?

To check your Mobile phone's serial number, key in the following digits on your phone: **\*#06#** A 15-digit code will appear on the screen. This number is unique to your handset. Write it down and keep it somewhere safe. When your phone gets stolen, you can phone your service provider and give them this code. They will then be able to block your handset so even if the thief changes the SIM card, your phone will be totally useless. You probably won't get your phone back, but at least you know that whoever stole it can't use/sell it either. If everybody does this, there would be no point in people stealing mobile phones.

### FIFTH - Free Directory Service for Cells

Cell phone companies are charging us \$1.00 to \$1.75 or more for 411 information calls when they don't have to. Most of us do not carry a telephone directory in our vehicle, which makes this situation even more of a problem. When you need to use the 411 information option, simply dial: (800) FREE 411, or **800-373-3411** without incurring any charge at all. Program this into your cell phone now.

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## Depth and Understanding

*by Rhonda Corlew*

It seems for some, things just get too deep to understand. Ask yourself what you can do to bring a deeper satisfaction and joy to your life beyond the obvious pursuit of material satisfactions and/or physical enjoyments?

Nothing is permanent in life. Sooner or later, everything changes... or we simply slip away from it. There are those moments when we realize, once and for all, that the past is gone. What was true is no longer true. What was right is no longer right. It is indeed time to move on. Moving on can mean a physical change such as leaving a job, location or relationship. It can also mean an inner change - releasing old patterns, especially those that have dominated our thoughts and emotions.

Sometimes moving on can mean searching for a deeper truth or reality. One day we wake up and realize that we have been asleep in our own lives - living a dream that no longer satisfies. Some changes can be frustrating. Endings are not always easy. One of the signs of a readiness to leave is lack of energy. When you feel tired and dispirited, you know that something is wrong, and it's time for a new direction. It becomes a time to reexamine your life and your priorities. Some things may stay and some may go and with them go some people but then there are others who STAY and are worth keeping.

Reactions can range from retreat, withdrawal, self-pity, over-giving, over-extending. People should honor their limits. Too much caution, not enough faith, doubts about success and hesitations are limiting. Think more positively. Know you can have a new path in life and seek it. Don't be afraid to leave the past behind. There's plenty more in the world to see. Don't be disillusioned, the future promises to be brighter. Follow your heart, do what you desire. If you find you become disappointed with accomplishments or dissatisfied then take a break and make a change.

People need to be more aware of the physical, mental or emotional sacrifices that are, or will become involved in the situation. You may need to seek a cause more worthy of your efforts. You need to heal.

When someone is disappointed enough to walk away from everything they have built up, disappointment in love, or a dissatisfaction with material success, or being over-extended to the point of exhaustion. It may be a time to slow down before they are totally burned-out.

When you don't understand the situation you're in or why things are the way they are, and want to know if there's anyone "up there" who's listening or cares... whether you see it or not, you're being given the opportunity to rise above your patterns and if you make a conscious attempt to do so, the fear of deficiency will lose its grip on you.

A little deep? Maybe, but then maybe not. Such is life :)

Enjoy the moments; love the people around you even when they piss you off because they will be the same people who will hug you later. Love as much as you think your heart can stand then add more because there isn't really a limit to love or forgiveness.

Thank God often - Life is amazing!

*(Reprinted with kind permission of the author, Rhonda Corlew)*

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## 2008 Reunion Information

**Dates:** The 2008 reunion dates are Friday, May 30<sup>th</sup> through Sunday, June 1<sup>st</sup>.

You are welcome to come earlier if you like. Many people arrive on Thursday when we go to Lambert's Café for supper around 4:30pm and stay until Monday (or even later). At Lambert's your meal is free if you arrive in a wheelchair or scooter. We also just found out that if you're using a walker or a cane, your

meal will be half-price. See their website under 'Branson Links' on the left side of this page for menu, etc. LOTS of GOOD food; guaranteed you won't leave hungry!

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**Accommodations:** Settle Inn: 800-677-6906 - Group #: PP5288.

They'll need your credit card #, but **NOTHING WILL BE CHARGED UNTIL YOU ARRIVE.** PLEASE... make your reservations now if you haven't already done so!

Forty (40) rooms have been set aside for us, including all of their handicap rooms! However, only twenty (20) reservations have been made as of March 23<sup>rd</sup>. A current list of reservations will be listed on the website as we receive them. As of today, April 1<sup>st</sup>, all the remaining rooms that were not booked by us, including un-booked handicap rooms, will be turned back over to the hotel to rent to other customers. Once that's done, rooms will be reserved on a first-come, first-serve basis. Get your reservations made NOW! You can always cancel the reservation without charge.

If you have a question or problem with the hotel... talk to Kathy (417-336-8663). She'll get with the hotel personnel and sort things out.

If you need special adaptive equipment, please tell them when you make your reservation and ask that they put it in the "comments" section. Also, [email Kathy](#) with your needs. ***Remember: No hotel can provide every piece of adaptive equipment that every customer might need.*** If they don't have it, you have three (3) other choices:

1. Bring your own.
  2. Let Kathy know (417-336-8663) and she'll see if anyone has it and is willing to bring it and allow you to use it. Incidentally, we will need some power chairs for the weekend. If you have one you're willing to bring and loan for the weekend, please let Kathy know (417-336-8663).
  3. You can rent it locally. MediTech of Branson (417-334-4272) is a medical supply house in Branson. They rent medical equipment and will deliver and pick it up at the hotel. Again, please let Kathy know (417-336-8663) so she can keep tabs on it for you.
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**Costs:** Rooms: +/- \$62 per night, including tax. Up to 4 people can stay per room at no additional cost.

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**Registration Fee:** \$45 per person. This includes meals (lunch and supper on Friday, Saturday and Sunday), soft drinks, bottled water and snacks (which will be in the Hospitality Room all weekend), the Polio Stories book (bring yours from last year to be updated if you have one; only newcomers will receive a new book), VCR or CD of reunion, and any other miscellaneous charges that may be incurred.

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**Shirts and caps:** Yellow is the color that was decided on for this year.

T-shirts (any size we can get)..... \$10.00 each  
Caps..... \$5.00 each  
Golf or Polo shirts..... \$12.00 each  
Tote bags (18x16x4¼ deep with 28" handles) .....\$7.00 each

The logo on the shirts, caps, and bags is the same one as on this website in the upper left corner (non - animated, of course).

**By April 1<sup>st</sup>,** please [email](#) or call Kathy (417-336-8663) with your order for shirts and / or caps.

By May 5<sup>th</sup>, mail your money for your shirt & cap order to:

**Linda DeRyke**  
**1109 Bird Rd., #21**  
**Branson, MO 65616**

**Make your check payable to Post-Polio BransonGoers.**

If something changes and you can't come, everything you ordered will be mailed and the remaining money refunded to you. It is your responsibility to contact the hotel to cancel your reservation up to the day before the reunion. No charges will be billed to your credit card if this is done.

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**Door Prizes:** Everyone is asked to bring a door prize... CHEAP! Used things, white elephants, gag gifts, etc., etc. – CHEAP!

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**Help needed:** Pat has decided to retire from the kitchen, so any and all volunteers will be welcome. All food is provided; help will be needed on Thursday and during the reunion.

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**Book / CD / DVD / VCR / audio book exchange:** If you have any you'd like to get rid of, bring them along!

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**Crafts, Etc.:** If you have crafts or other things you'd like to sell, please let Kathy know (417-336-8663) so we know how much room to allow for them. If you bring things to sell, please remember... many live on fixed incomes, so you may have a better chance selling something if it's priced inexpensively.

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Any questions...any problems...any ANYTHING – talk to Kathy (417-336-8663).

More info will be posted on this website as it becomes available, so keep a close eye on it!

If we've missed anything here, it's Kathy's fault... get with her (417-336-8663).

Remember: Partial payments for the reunion registration can be made at any time. Again, contact Kathy (417-336-8663).

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The 2008 Vacation Guides are ready. Go to [www.explorebranson.com](http://www.explorebranson.com). Follow the prompts at the bottom of the left side column. This is the official Chamber of Commerce site and is a safe web site. Allow about 4 weeks for delivery as they are still catching up from the requests from January and February.

If you might want to go to a show while your at the reunion, the following web sites offer coupons WITHOUT Timeshare tours:

[www.sunnydayguides.com](http://www.sunnydayguides.com) Click on Branson on the left column and coupons along the top of the page.

[www.bestreadguide.com](http://www.bestreadguide.com) Click on Branson on the map, click on the booklet cover, then on coupons as each click takes you to a new page.

Branson also has a 2 for 1 ticket outlet that is NOT a Timeshare. They don't have a web site. A list of the shows they offer will be available at the reunion. They *do not* offer tickets to the major shows such as Shoji, Andy Williams, etc.

Feel free to [email Linda De Ryke](mailto:LindaDeRyke@branson-goers.com) if you have any questions regarding the Vacation Guides.

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# April Celebrations

## Birthdays

1<sup>st</sup> Richard Boone  
3<sup>rd</sup> Alice French  
8<sup>th</sup> Gerry Grummons  
9<sup>th</sup> John Dulaney  
11<sup>th</sup> Jeanine Keenan  
18<sup>th</sup> Toni Fenner  
24<sup>th</sup> Don Eades  
27<sup>th</sup> Wilma Hood  
30<sup>th</sup> Sharon Hansche

## Anniversaries

9<sup>th</sup> Anita & Paul Bjorling  
29<sup>th</sup> Janie & William Poindexter  
Lucy & Dale Powers

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## Sudoku

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