# GPSG NEWS

## Information for Polio Survivors in the Geelong Region and Beyond

JUNE 2019 EDITION

Dept. of Human Services Community Grant Recipient

**Next Meeting:**
*3rd June* 10:30am

**In The Chair:**
Sharyn M.

**Meetings are usually held on the 1st Monday of every month Main Conference Room,
McKellar Centre, Nth Geelong (first left past main Reception Desk) just before The Hub Cafe**

**IN THIS ISSUE**




THIS MONTH

| | |
|---|---|
| NEIL WINTER | 3RD |
| ARTHUR KOSTOV | 4TH |
| DON PATRICK | 9TH |
| FLORA READ | 21ST |
| MAXINE McOWN | 30TH |


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## From the Editor's Desk

Greetings all and welcome to WINTER 2019!

And whilst it might not feel like it just yet, you can bet it won't be too long before we all start feeling the cold.

So with that in mind, this month's newsletter focuses on some handy tips and hints on how to stay warm this winter!

**Tip #1** Fly NORTH for the winter.
3 or 4 months in Queensland or even just a few days will certainly make a difference.

**Tip #2** WEAR A HAT MADE FOR COLD WEATHER
Your mum may have said that you lose 80 percent of your body heat through your head, but that's not actually true. If you're otherwise clothed, you'll lose heat from any surface that's exposed in cold weather. So put on your hat, even if you're inside.

**Tip #3** BLOCK DRAFTS WITH A POOL NOODLE. These things really work!

**Tip #4** WHEN COLD WEATHER IS ON THE WAY, WARM YOURSELF FIRST.
It's easier to change your body temperature than room temperature, not to mention more eco-friendly. Instead of turning up the heat, put on another layer of clothing.

## Convener's Corner

Well what a wonderful meeting we had last time. For those of you who missed our May meeting you will be able to enjoy a morning of singing with the delightful Belinda McArdle as I will definitely get her to come again and delight us with her beautiful voice.

We certainly got our vocal chords working with the simple but fun songs she had us singing to. One of the songs called " I'll Try" had me shedding a tear as it reminded me of the challenges I have with my autistic grandchild.

For those of us who were lucky enough to be able to buy one of her CDs I am sure we are pleased we did-great music to play in the car while we are driving.

Our visiting speaker in June is Peter Binns who will get us up on our feet and challenge us again with some Feldenkrais exercises which will help us use our muscles in better ways.

I recently watched a video on YouTube about Paul Alexander who is one of the last polio survivors who is still in an iron lung. Until very recently he was still using his original iron lung from when he first got polio in 1952.I found this remarkable that he was still living in the original machine. Lucky enough he was able to find a man who was able to build him a new machine to replace the old broken down one-the man was used to fixing up hotrod cars so he had to learn everything from the beginning.

For those of use who will never know what it would be like to live this way we can appreciate what hardships these people have experienced and are still experiencing.

Also can you put your thinking caps on and see if we can come up with some more speakers for the rest of the year. So if you know of anyone who would be of interest please let me know at the next meeting

That's all from me this month -Cheers Sharyn

# Cold Intolerance

From Post-Polio Health International

*Excerpt from the Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors©*

Many polio survivors report that their feet have always been cold to the touch, their skin a purplish color. As they age, their limbs become more sensitive to pain as the temperature decreases (Owen, 1985). When polio survivors were cooled in the laboratory from 86º F to 68º F, motor nerves functioned as if they were at 50º F, and survivors lost 75% of their hand muscle strength (Bruno et al., 1985).

The body's thermostat, the area of the brain that causes blood vessels to contract, and the hypothalmus, the part that controls the body's inner environment, may have been affected during the original poliovirus infection. Also affected were sympathetic motor nerves in the spinal cord that send the message to the capillaries of the skin to contract when it is cold (Bodian, 1949). Consequently, as the outside temperature drops, the capillaries do not contract and warm blood flows to the surface of the skin resulting in excessive loss of heat and cooling of the limbs. When the limbs cool, veins narrow, trapping venous (blue) blood in the capillaries. This causes the feet to look blue. The motor nerves of cold limbs conduct more slowly; the muscles contract less efficiently. Cold also chills tendons and ligaments (like putting a rubber band in the freezer), making them stiff and movement of weak muscles more difficult.

Blood vessels do exactly the opposite of what they do in the cold during a hot bath. Heat causes the arteries to relax, and oxygenated (red) blood rushes to the skin. It becomes bright red. Survivors are advised to be cautious when getting out of the bathtub because blood can suddenly pool in the legs and can cause a drop in blood pressure resulting in dizziness or even fainting (Bruno, 1996). Chronic pooling of blood in the legs causes foot swelling (see Foot Swelling) and increases with age.

Other recommendations related to cold intolerance include: dress as if it were 20º F colder, dress in layers and wear heat-retaining socks or undergarments made of polypropylene (e.g., GortexT or ThinsulateT) or wool, and put on clothes immediately after showering when the skin is warm. Electromyograms (see Electromyography) or nerve conduction tests must be performed in a room that is at least 75º F to prevent abnormal readings, and limbs should be warmed as needed before testing (Maynard, 1985). Heated blankets may be necessary in the recovery room after surgery (Bruno, 1996).

> *"You cannot make everyone happy. You're not a Nutella Jar."*

## Member Profile:
## My life with Polio – Jan McDonald

I was fortunate to have polio as a baby so I have no memory of what must be a terrible sickness to endure. This was before the polio vaccine was available in Australia in the mid 1950s. I was also fortunate that I was not paralysed in any way, so life as a child was relatively "normal" for me. My earliest memories are of wearing built-up shoes and falling over a lot. Still, as children we are pretty adaptable, so this still didn't have too much effect on me then.

I know that I couldn't run as fast as others, and struggled to keep up, but at that stage I didn't really connect it to having had polio. Then, of course, there were weekly visits to physiotherapists and hospitals, exercises at home, callipers (which, being metal and heavy, maybe created as many problems as they cured on a child). I realize now that I probably did do it "tougher" than the average healthy child, as there was a bit of pain involved, and I seemed to be tired all the time.

My one horror memory is of having to sleep in a Foster Frame each night – legs in plaster half-casts, strapped on to foot rests, lying flat on a canvas stretcher which was raised on blocks a few inches above the mattress – freezing and uncomfortable – not even a pillow, as my head and arms were set in place by foam cushioned supports. This, I guess, was supposed to result in a straight back and limbs. Fortunately, my mother was against me having surgery to put a rod down my spine to keep me straight.

Years went by without me thinking too much about polio. However, from my late forties I started feeling what are probably the Late Effects of Polio/Post-Polio Syndrome.

I know now that to avoid major pain I must pace myself. My gait is deteriorating, I can't stand for any length of time, and I find I must try harder to keep up with the world. If I try too hard pain and exhaustion control me for days.

There is a happy medium between using energy and resting. The only problem is that this "happy medium" changes daily without notice.

# COMING UP at our JUNE Meeting

**Peter Binns**

**Teacher | Director | Australian Feldenkrais Centre**

Joins us at our **June meeting** for some gentle, relaxing exercise you can do whilst seated with Feldenkrais expert Peter Binns.

*From the Polio Australia Website, April 2019 – could this apply to Post Polio fatigue as well? Sounds like a pretty good reason to have hot chocolate/cocoa! - Jan McDONALD*

## Drinking hot chocolate, rich in cocoa, could help people with MS battle fatigue: study

**New international research has found that drinking regular cups of hot chocolate, rich in cocoa and flavonoids, may help curb fatigue typically associated with multiple sclerosis.**

A new study has revealed that regularly drinking hot chocolate, made with a high percentage of cocoa, could be a safe and easy way to reduce fatigue symptoms associated with multiple sclerosis (MS).

The results of this small trial, published online in The BMJ *Journal of Neurology Neurosurgery & Psychiatry* today, suggests that the flavonoids found in a cup of cocoa may produce an anti-inflammatory effect that reduces inflammation in the body, which causes fatigue in a person living with MS.

"A flavonoid beverage demonstrates the potential to improve fatigue and fatigability in relapsing and remitting multiple sclerosis," the study reads.

A flavonoid is a group of organic compounds that occur as pigments in fruit and flowers. Regularly found in fruit and vegetables, as well as in cocoa beans from the cacao tree, flavonoids also have anti-oxidative, anti-mutagenic and anti-carcinogenic properties.

**The cocoa - fatigue trial**

Previous research suggests that dark chocolate, containing between 70 and 85 per cent cocoa solids, is associated with an improvement in subjectively assessed fatigue in people with chronic fatigue syndrome. Meanwhile, it's estimated that 90 per cent of people with MS experience fatigue. So a team of researchers, led by Oxford Brookes University in the UK, decided to investigate whether consuming cocoa could produce a positive impact on MS-related fatigue.

A trial was conducted involving 40 people aged between 34-54 years old who had been recently diagnosed with the relapsing remitting form of MS and fatigue. They were required to drink either a high- or low-flavonoid cocoa every day for six weeks. The beverage was made using cocoa powder and mixed with heated rice milk. Participants also subjectively rated their fatigue on a scale four times a day. Fatigue and fatigability – the speed with which mental and physical fatigue set in – were formally assessed before the results demonstrated a small improvement in fatigue and moderate effect on fatigability.

Those drinking the high flavonoid beverage showed a 45 per cent improvement in subjectively assessed fatigue and an 80 per cent improvement in walking speed.

"Flavonoids have been found to increase cerebral blood flow by inducing widespread stimulation of brain perfusion, and this could also influence mood, cognitive performance, fatigue perception and ability to perform specific movement tasks," the study's authors write…

"The use of dietary approaches to reduce fatigue and associated factors in people with MS may be an easy, safe and cost effective way to have an impact on quality of life and independence, allowing people to feel more in control of their condition," the study reads.

The study's authors also propose that given the possible anti-inflammatory mechanism, flavonoid-rich drinks are recommended alongside other treatments and therapies – like physiotherapy – to help manage fatigue….

# Polio Australia Update

**Polio Aust. just added some more Clinical Practice Workshops!**

For more information and to register: www.poliohealth.org.au/workshops
or call Polio Australia on (03) 90167678


*Recently, our Community Engagement Officer, Steph, delivered community information sessions in Swan Hill, Mildura, Berri & Broken Hill! It has been great to meet so many polio survivors, and provide information, support and connection to each other!*

*To find out more about our information sessions, visit: www.polioaustralia.org.au/community-information-sessions*


## History of Acute Polio

Poliomyelitis has been around since antiquity. An Egyptian wall-plaque from the period 1580-1350 BC depicts a young man with a withered leg, leaning on a staff. The term poliomyelitis derives from two Greek words, polios, meaning grey, and myelos, or matter, and refers to the grey matter of the spinal cord. The disease has had many names, including infantile paralysis, Heine-Medin disease, myelitis of the anterior horns, and paralysis of the morning.

The first attempt at a clinical description appeared in the second edition of Michael Underwood's Diseases of Children (1789), which attributed polio to "teething and foul bowels." The first reported outbreak was of four cases in Worksop, England, in 1835, and the first systematic investigation of poliomyelitis was written in Germany in 1840 by the afore-mentioned Jacob von Heine.

A puzzling aspect of polio was its transformation at the end of the 19th and beginning of the 20th century from a comparatively rare endemic disease into an epidemic disease in the world's most advanced societies, particularly in Scandinavia and the United States.

Epidemics in Stockholm in 1887, in Vermont in 1894, and in Sweden again in 1905 and 1911 prefigured the great New York epidemic of 1916, in which 27,000 people, mainly but by no means exclusively children, were disabled and 6,000 died. Public health authorities responded by placarding houses where it had struck and by tearing children suspected of having polio from their mothers' arms to remove them to hospitals.

In 1905, Dr. Ivar Wickman of Stockholm recognized the contagious nature of polio and the importance of abortive nonparalytic cases in spreading the disease. In Vienna in 1908, Dr. Karl Landsteiner and Dr. Erwin Popper discovered that the infectious agent was a virus; but this filterable virus was so small that it could not be seen until the electron microscope was invented in the 1930s. In the United States, Dr. Simon Flexner succeeded in transferring poliovirus from monkey to monkey artificially, but failed to distinguish between experimental poliomyelitis in the monkey and the natural spread of the disease in man.

As a result of his influence, the discovery that polio was initially an intestinal infection, the virus circulating by the oral-fecal route, was delayed in America. It was thought that the virus was air-borne, and in the 1930s, time and money were wasted in developing ineffective nasal sprays.

**More on the History of Acute Polio in next months edition of GPSG News**

An old nun who was living in a convent next to a construction site noticed the coarse language of the workers and decided to spend some time with them to correct their ways.

She decided she would take her lunch and sit with them, so she put her sandwich in a brown bag and walked over to the spot where the men were eating.

Sporting a big smile, she walked up to the group and asked: "Any of you men know Jesus Christ?"

They shook their heads and looked at each other, very confused. Then one of the workers looked up into the steelworks and yelled out, "Anybody up there know Jesus Christ?"

One of the steelworkers yelled back down, "Why?"
The worker yelled back, "'Cause his mum's here with his lunch."