

WA Polio Clinic Newsletter

Polio Clinic WA Inc ABN 6122 443 8867
Clinic address - 45A Kirwan St Floreat WA 6014
Mailing address - 6 Nash St Daglish WA 6008

New Email address: polioclinicwa@gmail.com

March 2021 Vol 1: No 1

Our new Phone is (08) 9284 9201

We are back in our old office again at -
45A Kirwan St, Floreat WA 6014.
For safety - please still send mail to my
home address - 6 Nash St, Daglish 6008.
We have most of the office set up again,
thanks to donations from some of our
members. Debbie is back in on Tuesdays
only. Phil is coming in to help with
computer data entry 1-2 days a week as
well. We do need a volunteer to help get
our new website up and running.
You are welcome to visit our new office -
ring first please. Office hours 10.30 am -
5 pm Tues - Thurs. Other times may be
possible by appointment. Ring me.

The new Polio Clinic WA



Phil Slattery and Tessa outside 45A



What is happening at the old Rehab Hospital site?

Our old Shenton Park Rehab Hospital, that we may have known from polio days as IDB, closed in Oct 2014. The grounds have been bulldozed and new homes and apartments are rising from the dust. The main Iron Lung building and Spinal Unit buildings are heritage-listed and will remain but to other uses. There is even a Coles supermarket being built there. Para-Quad (now known as Alinea) remains

As part of the memories of the previous use of the site, in the central open space, amongst the lawns, playgrounds and barbecues, the uncovered iron skeleton of the old chapel has been rebuilt

When there, in the chapel, you can tune your phone into 4

videos by wi-fi. Two feature our polios. The life of Paul Berry (above) who spent 50 years there in an iron lung, and the other on my husband Colin Jupp (right - with our son Glenn). You can view from your home with this link on Google. <https://montario.nedlands.wa.gov.au/watch.html>



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What are we going to do at our new Polio Clinic?

My plan is to continue with what we did before.

Appointments - You can make appointments to come in and discuss problems with me in the office. Or you can phone or email me for advice.

Supplement Sales - We will continue to make available for you, all the previous range of good quality nutritional supplements that we have done before. Including those hard to get items like gelatine, borax, manganese, our carnitine and other powders, iodine, B12 injections etc.

Newsletters - This is the first of our new newsletters. Polio stories and any hints you are finding helpful and wish to share, are welcome. We always need good clean jokes too.

Self-Help Booklets - Once we are settled in here again, I will re-do the booklets we had previously and add more on various relevant topics that we are all having problems with.

Questionnaires - We will get back into recording our polio status as a record of deterioration or improvement over time. I will develop one for children of polios having problems too.

Polio Stories Book - I was half thru this and it is still on the agenda. If anyone else wants to contribute their story, if you haven't before - you can still contribute. Talk to me about it.

Website and Facebook - Debbie has already started a Facebook page for us. Search for **Polio Clinic WA on Facebook**. We are working on getting our website up. We have a domain. If anyone can help us with this - let me know.

Fundraising - Donations are always welcome. We are taking second-hand books for re-sale again. We also have handmade jams and some of Phil Male's honey left. Craft items are possible too. Talk to me if you have any ideas.

Tessa Jupp RN OAM

If you still want to get this newsletter, and haven't contacted me in the last few months or so, please do so now, - or this might be the last newsletter you get from me.

I have been sending newsletters to everyone for years because you might need the information. We no longer have the money to keep doing this. One member came in recently for help - he had moved to Perth 5 years ago - but we were still sending his newsletter to Albany! We can't afford to have them thrown in the bin. So please let me know if you want to remain on our mailing list.

MEMBERSHIP FEE

We are told that we must have a membership fee. So we have set it at \$5 so that everyone can belong. Donations are always welcome. We are still waiting on ACNC registration - it has been held up by Covid. It should be thru before the end of the financial year and we will issue receipts for all previous donations as well, attached to the June newsletter.

New Bank details for internet banking or call in at a Bankwest branch - or post me a cheque to my home.

BANKWEST - Polio Clinic WA
BSB 306 050
a/c 0702 158

SUPPLEMENT SUPPLIES

We have a wide range of good quality nutritional supplements that are beneficial for polios still available thru our Polio Clinic. See list below for some you may find difficult to source. The carnitine, magnesium and manganese we have, work much more effectively than any you can buy in shops. For pick up or post out **ring Tessa**

Alpha Lipoic Acid 200mg (90)	\$30
Carnitine 200G	\$200
Carnitine 100G	\$110
Carnitine 50G	\$62
Carnitine (100 caps x 250mg)	\$65
Magnesium 300G	\$44
Magnesium 200G	\$33
Magnesium 100G	\$18
Magnesium (250 caps x 500mg)	\$40
Manganese 200G	\$90
Manganese 100G	\$50
Manganese (90 tabs x 200mg)	\$40
Borax 100G	\$12
Gelatine 1kg	\$30
Glutamine 100G	\$25
Taurine 100G	\$30
Iodine Tincture 50ml (paint)	\$16
Lugols Iodine 100ml (drops)	\$32
Vit D3 (400 tabs x 1000iu)	\$36
Vit K2 (90 tabs x 180mcg)	\$38
Postage & Handling (small bag)	\$11

For other supplements available or postage costs - **ring or email Tessa (08) 9284 9201**

Funnies Page

The Official flag of 2020



An 85-year-old man was rushed to the hospital with a possible concussion after a fall at home. The attending doctor asked him a series of question to find out what his mental status was.

"Do you know where you are?" she asked.

"I am at the Alfred Hospital," he replied.

"Do you know what city you are in?"

"Melbourne." was his response

"Do you know who I am?"

"Dr Hamilton." he said straightaway.

The doctor nodded in relief, happily recording in her notes. The old man then turned to the nurse and said,

"I hope she doesn't ask any more questions."

"Why is that?" the nurse asked.

The old man replied *"Because all of those answers were on her badge!"*

THE PRICE OF A WOMAN

God asked Adam, *"What is wrong with you?"*

Adam said he didn't have anyone to talk to.

God said that he was going to make Adam a companion and that it would be a woman.

God said, *"This person will gather food for you, and when you discover clothing she'll wash it for you. She will agree with every decision you make. She will bear your children and never ask you to get up in the middle of the night to take care of them. She will not nag you and will always be the first to admit she was wrong when you've had a disagreement. She will never have a headache and will freely give you love and passion whenever you need it."*

Adam asked God, *"What will a woman like this cost?"*

God replied, *"An arm and a leg."*

Then Adam asked, *"What can I get for a rib?"*

Heaven Forbid!

Never in a million years did I think I would go into a bank, wearing a mask, and ask for money!



SQUIRRELS FIND RELIGION

As a band of squirrels had become quite a problem, the Presbyterian Church called a meeting. After much prayer and consideration, they concluded that the squirrels were predestined to be there, and they shouldn't interfere with God's divine will.

At the Baptist Church the squirrels had taken an interest in the baptistery. The deacons met and decided to put a waterslide on the baptistery and let the squirrels drown themselves. The squirrels liked the slide and unfortunately, knew instinctively how to swim, so twice as many squirrels showed up the following week.

The Lutheran Church decided that they were not in a position to harm any of God's creatures. So, they humanely trapped their squirrels and set them free near the Baptist church. Two weeks later the squirrels were back when the Baptists took down the waterslide.

The Episcopalians tried a much more unique path by setting out pans of whiskey around their church in an effort to kill the squirrels with alcohol. They sadly learned how much damage a band of drunk squirrels can do.

But the Methodist Church came up with a very creative strategy! They baptized all the squirrels making them members of the church. Now they only see them at Christmas and Easter.

Not much was heard from the Jewish Synagogue. They took a squirrel and circumcised it. They haven't seen a squirrel since.



A mother visited a pharmacy and said, *"I'd like to buy some vitamins for my young son."*

"Vitamin A, B or C?" asked the chemist.

The mother replied, *"It doesn't matter. He can't read yet."*

Covid inspires article on Polio!

by Margaret Peel PhD DSc BSc (Hons) Dip MS Dip Bact FASM

One of our Queensland members was invited to write an article for the Nov 2020 issue of the prestigious Microbiology Australia Journal. This issue covers “**Plagues, Pestilence and Pandemics**” - engendered by the present world-wide Covid-19 crisis.

I stayed with Margaret several times when I visited Queensland in 2010, to conduct meetings and polio clinic tours to 7 centres with polio support groups.

Margaret starts her article with her own experiences: *“It was Easter 1951 and I was climbing the mango tree in the grounds of our family’s Mareeba home in Far North Queensland when malaise and a headache forced me to bed. After a couple of hours, my leg was paralysed and I was taken to the Mareeba hospital, diagnosed with poliomyelitis (polio), placed in isolation and subsequently transported by ambulance to the Cairns Base Hospital where I remained until Christmas 1951.”*

Margaret was one of 1108 Queensland cases of paralytic polio in 1951. NSW had 1608 and South Australia 1488. 1951 was the worst for those 3 states WA - only 91 in 1951 but 436 in 1954, 401 in 1956.

Margaret documents polio virus, world epidemics, the development of vaccinations, more recent - Late Effects of Polio. Margaret recovered but needed a caliper and now a rolator & gopher - a really full life.



BIOGRAPHY

Dr Margaret M Peel was the Principal Scientist at the Microbiological Diagnostic Unit Public Health Laboratory in the Department of Microbiology and Immunology at the University of Melbourne where she also gave lectures in microbiology to students as an Academic Associate.

Margaret's first qualification was a Diploma in Medical Science, after which she obtained a BSc (Hons) from the University of Queensland (UQ). She then taught microbiology at the Queensland Institute (now University) of Technology.

Margaret subsequently travelled to London to undertake the Academic Postgraduate Diploma in Bacteriology (Dip Bact) at the LSHTM, which she obtained with a mark of Distinction. She stayed on to receive a PhD from London University for studies on the immune response to vaccines.

Her published contributions are in the areas of immunisation, public health microbiology and epidemiology, identification of bacterial isolates and sterilisation, disinfection and infection control.

Margaret was awarded Doctor of Science (DSc) from UQ in 2009 for an annotated thesis of her published works. She is a Fellow of ASM (FASM).

Epidemic poliomyelitis, post-poliomyelitis sequelae and the eradication program

Written by **Margaret M Peel**—published in Microbiology Australia Nov 2020

The whole article can be viewed on-line at -

<https://www.publish.csiro.au/MA/pdf/MAv41n4>

Abstract.

Epidemics of paralytic poliomyelitis (polio) first emerged in the late 19th and early 20th centuries in the United States and the Scandinavian countries. They continued through the first half of the 20th century becoming global. A major epidemic occurred in Australia in 1951 but significant outbreaks were reported from the late 1930s to 1954. The poliovirus is an enterovirus that is usually transmitted by the faecal-oral route but only one in about 150 infections results in paralysis when the central nervous system is invaded. The Salk inactivated polio vaccine (IPV) became available in Australia in 1956 and the Sabin live attenuated oral polio vaccine (OPV) was introduced in 1966.

After decades of stability, many survivors of the earlier epidemics experience late-onset sequelae including post-polio syndrome. The World Health Organization launched the global polio eradication initiative (GPEI) in 1988 based on the easily administered OPV. The GPEI has resulted in a dramatic decrease in cases of wild polio so that only Pakistan and Afghanistan report such cases in 2020.

However, a major challenge to eradication is the reversion of OPV to neurovirulent mutants resulting in circulating vaccine-derived poliovirus (cVDPV). A novel, genetically stabilised OPV has been developed recently to stop the emergence and spread of cVDPV and OPV is being replaced by IPV in immunisation programs worldwide. Eradication of poliomyelitis is near to achievement and the expectation is that poliomyelitis will join smallpox as dreaded epidemic diseases of the past that will be consigned to history.

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Late Effects of Polio or PPS?

At the 1994 GINI Conference in USA, **Dr. Lauro Halstead**, head of PPS services at the National Rehab Hospital in DC said:

"The three major diagnostic terms - the Late Effects of Polio(LEOP), Post-Polio Syndrome (PPS) and Post-Polio Sequelae (PPSeq) can be described by imagining three concentric circles. A large outer circle labelled the late effects of polio represents a grab bag. Anyone who has serious involvement with a neuro-muscular disease, and it does not have to be polio, will experience a variety of problems, if they live long enough.

"The **Late Effects of Polio** refers to a group of symptoms and signs which people who had polio many years ago now experience and **include weakness, fatigue, muscle pain, joint pain, decreased endurance** and new atrophy. They also **include increased weight gain, osteoporosis, increased risk of fractures, scoliosis, increase in pulmonary problems, sleep difficulties, and psychological problems.**

"People can experience a whole list of problems that are in the big circle as a result of having had polio, but they do not have post-polio syndrome.

"Inside the big circle is a smaller circle labelled **Post-Polio Syndrome**. More narrowly defined, a diagnosis of post-polio syndrome requires the presence of new neurogenic weakness. . . . Post-polio syndrome is a neurologic disease which occurs as a result of having had an invasion of the polio virus to part of the nervous system many years earlier...

"...The smallest and most inner circle is **Post-Polio Sequelae** and is reasonably straight forward. It is post-polio syndrome in someone with **new muscle atrophy**. (muscle wastage)

For several decades there has been a **tendency to require a history of paralytic polio** before any diagnosis of PPS will be considered. Such a pre-requisite is **not supported by medical** papers written in the 1950's and earlier, that report evidence of a level of neuronal damage by the polio virus that does not present any clinical signs of paralysis at the time of



infection. Hence, **a history of non-paralytic polio does not preclude new PPS symptoms** or a diagnosis of PPS when all other possible conditions have been excluded.

One other term requires mentioning, that being **Post-Polio Sequelae**. The following extract from a 1986 article explains its usage.

"The new symptoms reported by persons who had polio have been given a variety of names by the popular press, including "Post-Polio Syndrome" and Post-Poliomyelitis Progressive Muscular Atrophy (PPMA). The initial magazine articles that named the new symptoms also proffered their probable cause. It was suggested that the polio virus, lying dormant in the spinal cord for thirty years, had become reactivated and was giving people polio for a second time. It was also suggested that new weakness was the result of "some kind of

amyotrophic lateral sclerosis (ALS)." **These two suggested etiologies are now regarded as incorrect.** The researchers and clinicians who gathered at Warm Springs, Georgia for the First International Symposium on the Late Effects of Poliomyelitis in May, 1984 rejected both explanations because neither has been supported by empirical evidence. Then the name "**Post-Polio Syndrome**" was rejected since most persons report some but not all of the five major symptoms listed:

PPS

- 1. Unaccustomed fatigue** - so severe in some individuals that they must lie down to rest in the middle of the day - a phenomenon called the "**Polio Wall**"
- 2. New weakness in muscles** affected and in those apparently unaffected by the polio
- 3. New joint and muscle pain**
- 4. New respiratory difficulties** - in those who had bulbar or upper spinal polio that require some to return to using a respirator
- 5. Cold intolerance** - where exposure to even mild cold temperatures results in noticeable muscle weakness, marked coldness and discoloration of the limbs and burning pain - symptoms that increase with aging.

So - should I have a Covid vaccine?

From Tessa: This is a question I keep getting asked. And everyone must make their own decision.

After months and months of waiting for a way forward with this world-wide epidemic, a number of different vaccines are being rolled out free for us by our Australian government. There is a specified regime for who goes first and who has to wait. Do I get a choice of which one I would rather have? Is a certain type better suited to me, my age, my health conditions? Should I have a different one for my second follow-up one? Or should I wait for those coming that may only require me to have a 1-off dose vaccine and not to have a second or third follow-up?

It is a good idea to examine existing data and take your own circumstances into account. Do you like and want to travel in the future? Or might I have to because I have family living in other states or countries? Do I rarely go out anyway due to increasing disability. Residents and visitors to nursing homes are not being forced to have the vaccine. You can decide.

Here are the thoughts from one doctor I found - and some common sense medical answers.

All vaccines have a time period after the injection where one is completely vulnerable to being infected from elsewhere. That is a scientific fact. It is because of the way that all vaccines work. For example, the Pfizer / BioNTech can take as long as 18 to 21 days before the person's body creates the necessary antibodies and T-Cells to begin to ward off and fight off the disease known as Covid-19.

All vaccines work this way. (- even the polio vaccine.)

People might say -
"Hey — I just had the vaccine this morning — I can take off my mask, and stop social distancing!"

Wrong, wrong, wrong, wrong. Until that time has passed, protection from having the vaccine is a non-issue. It takes time!

Then, we can examine other possibilities — were your friends or family infected with the SARS-CoV-2 virus a few days prior to having been injected with this vaccine? If so, they or you could still get Covid despite, not by having, the vaccine.

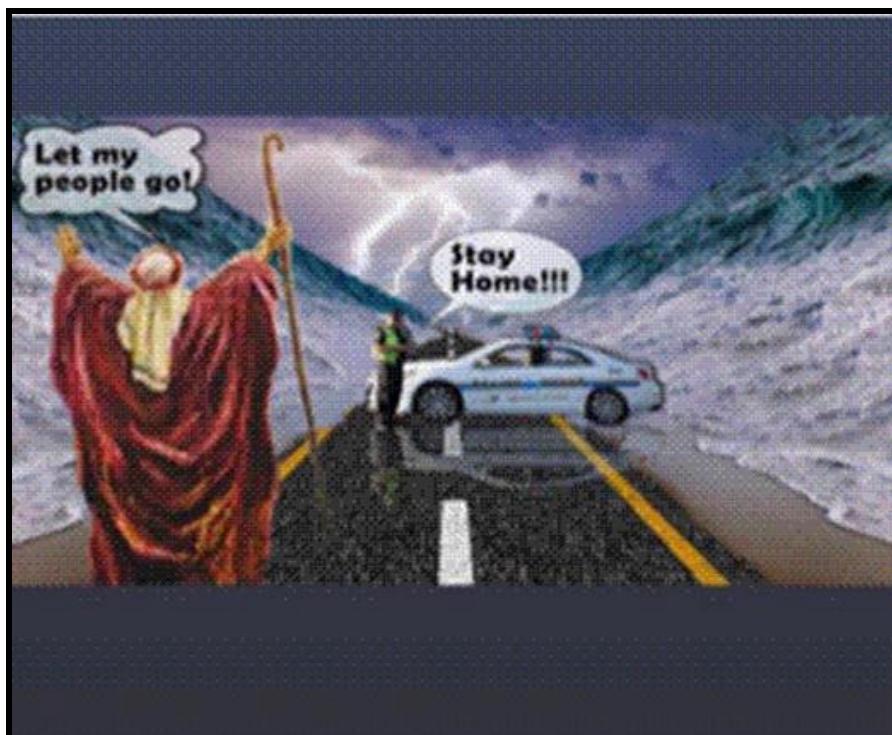
It is possible that your friends or relatives are among the 5% of people that will remain unprotected — according the clinical trials and all of the studies? And, keep in mind that some of the popular vaccines in use are only 52% effective after their first shot, and then can expect to be 94.5% effective if they follow up with their second shot, or the "booster" injection.

I can go on, and on...It may be helpful if you read up a bit on how vaccines actually work — and pay careful attention to the process that takes place, and pay careful attention to the time lag between when one receives the vaccine, and when its "effectiveness" begins to kick in.

Hope this helps.
If it is one of the "approved" vaccines, then the vaccine works. Eventually. For most.

Keep in mind, that no vaccine in human history (and there are more than a thousand) — offers 100% protection.)

Keep in mind also, that no vaccine in human history (and there are more than a thousand) — kicks in the day that you receive the first dose of the vaccine.



Will supplementing with vitamin C, zinc and vitamin D3 daily, minimize the chances of getting the coronavirus?

Question: Will supplementing with vitamin C, zinc and vitamin D3 daily, minimize the chances of getting the coronavirus?

Answer: by Dr Ray Schilling retired physician and cancer researcher. (2010-present). Updated 19 November 2020.

1. **Zinc** is involved in a lot of enzymatic reactions. **Vitamin C** is an important anti-oxidant and stimulates the immune system.
2. **The key for a healthy immune system is vitamin D3.** This is a complex topic. The blood vitamin D level is what is now recognized to be the key for assessing whether a patient has enough vitamin D on board or not.
3. Some people are **slow vitamin D3 absorbers** (from the gut). When people are older than 65 years, **two enzymes in the skin can malfunction.** They are required to turn a cholesterol derivative into vitamin D with the help of sunlight. This causes them to have less vitamin D in their system as the portion of vitamin D that is normally contributed from sun exposure is missing.
4. When the 25-hydroxy vitamin D level (that is the medical name for the blood vitamin D level) is **less than 50 nmol/L, the patient is now considered vitamin D deficient.** Most conventional physicians think that a 25-hydroxy vitamin D level of 75 nmol/L would be enough for the immune system to function normally. But other physicians have shown that the immune system is working much better at a level of 125–200 nmol/L. Toxicity of vitamin D3 occurs only above 375 nmol/L. Ref: Vitamin D Toxicity—A Clinical Perspective.
5. In a publication of 2006 Dr. John Cannell and co-workers have reviewed why **influenza has seasonal outbreaks.** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2870528/> They found that the innate and the adaptive immune system was very dependent on vitamin D3. Those who did not get enough sunlight in the northern hemisphere during January, February, March and April have an average 25-hydroxy vitamin D level of only 37.5 to 42.5 nmol/L. In contrast,

from July to September the same volunteers had vitamin D levels of 60 to 75 nmol/L.

6. In my opinion, **older people and people with pre-existing diseases** who often die from Covid-19

Coronavirus are the ones who have too little vitamin D in their system for the immune system to work well. It would not be a mistake to get a 25-hydroxy blood test ordered by a doctor. Then you see whether you are deficient or low in vitamin D. Those who are low should supplement to get a higher level of 25-hydroxy vitamin D. The immune system inactivates the Covid-19 Coronavirus before it causes a deadly viral pneumonia when you have enough vitamin D on board.

7. Here is the newest publication that supports the notion that higher vitamin D levels in the blood mitigate the course of the flu or of the Covid-19 coronavirus: **Evidence that Vitamin D Supplementation Could Reduce Risk of Influenza and COVID-19 Infections and Deaths** (published 2 April, 2020;- has 157 references). The researchers outlined 3 mechanisms of how vitamin D works:

- a) **“Maintaining tight epithelial junctions** making it more difficult for the Covid-19 coronavirus to penetrate.
- b) **“Killing enveloped viruses** through induction of *cathelicidin* and *defensins*.” These powerful **antiviral polypeptides** can kill viruses that have invaded the bloodstream within 1 to 2 days.
- c) **“And by reducing production of pro-inflammatory cytokines by the innate immune system, thereby *reducing the risk of a cytokine storm leading to pneumonia.*”** It is people who get the viral pneumonia that are at a high risk of death. By bringing the D3 blood level up to the higher range of normal, between 125 and 200 nmol/L, patients that have encountered Covid-19 coronavirus are more likely to survive.

Dr Ray Schilling has authored 4 medical books. He studied at Ontario Cancer Institute, at the University of Toronto USA.

"Every 2nd Child!"

by Tessa Jupp RN OAM

This book by an Australian, Dr Archie Kalokerinos MD, is one of my many "precious books" that I have collected over the past 30 years, running our Polio Clinic. It was printed in 1974 in Sydney.

It is relevant to us now, I think, because of what he discovered about **low Vitamin C and vaccination**.

Born in 1927, Dr Kalokerinos qualified as a doctor at Sydney Uni in 1951. Amongst his many other medical titles, in 1978 he was awarded the AMM (Australian Medal of Merit) for outstanding scientific research. He retired in 1993 and died in 2012 at 85.

From discoveries he made when working in various states, particular with aboriginal children, his life's work became - trying to get thru to health authorities, the dangers of not having enough Vit C, particularly at the time of giving vaccinations.

All of this was around the time we had our own **Sugarbird Lady** - Robin Miller, the **RPH nurse giving the polio vaccine** by Flying Doctor to people in northern WA.

Dr Archie was also involved in giving vaccinations, including polio, in outback communities of NSW, Qld and NT. He talks about his dismay at finding that every second aboriginal child they vaccinated, died. When he started giving IM Vit C at the same time with the vaccinations, no child died! That is the important lesson.

WE ALL NEED EXTRA VIT C IF WE ARE GOING TO HAVE A VACCINE!

Here are some quotes from his book:

"A health team would sweep into an area, line up all the Aboriginal babies and infants and immunise them. There would be no examination, no taking of case histories, no checking on dietary deficiencies. Most infants would have colds. No wonder they died. Some would die within hours from **acute vitamin C deficiency** precipitated by the immunisation. Others would suffer immunological insults and die later from 'pneumonia', 'gastroenteritis' or 'malnutrition'. If some babies and infants survived, they would be lined up again within a month for another immunisation. If some managed to survive even this, they would be lined up again. Then there would be booster shots, shots for measles, **polio** and even T.B. Little wonder they died. The wonder is that any survived.

The excitement of this realisation is difficult to describe. On one hand, I was enthralled by the simplicity of it all, the 'beautiful' way by which the pattern fitted everything I had been doing. On the other hand, I almost shook in horror at the thought of what had been, and still was going on. We were actually killing infants through lack of understanding. That night was a sleepless one. *Page 102.*

"The nurse organised the population ideally and the research went smoothly. Within a week, the first results came through from Dr Nobile's laboratories. They were worse than I expected. **Some serious deficiencies were found—even to the point of zero readings.**

When the Walgett Aborigines were examined, the figures were even more startling - **70% had serious vitamin C deficiencies**; not one person was sufficient in all vitamins. Low levels of some vitamins were also found in the European groups used as controls. Of 62 Aborigines (34 children and 28 mothers) and 13 Europeans (5 children and 8 mothers) tested for seven vitamins, not one subject had satisfactory blood levels of all and not one had deficient levels of all.

However, in contrast to the European group, there were among the Aborigines one child and one woman with deficient levels of six of the seven vitamins and 3 children and 6 mothers with five deficiencies.

What startled me was the fact that 29% of the Europeans examined were deficient in vitamin C. That anyone, even Professor Maxwell, could deny the existence of vitamin deficiencies was now unthinkable.

I thought that facilities would now be provided for research into other aspects of my work. I was certain that when Dr Hipsley went to Alice Springs he would find so many serious deficiencies that an immediate supplementation programme would be commenced.

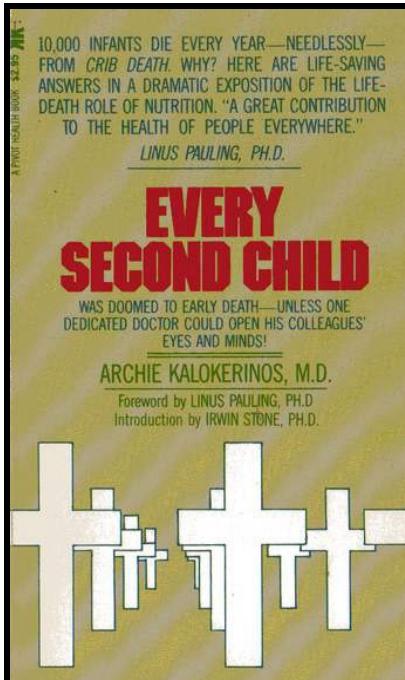
I was wrong. I did not allow for an action that was, in my opinion, nothing short of criminal. Three

months before Dr Hipsley arrived in Alice Springs, **the authorities began to supplement the infants.** To make certain that the infants received the vitamins, the welfare nurses actually placed the spoon containing vitamins in each infant's mouth.

Dr Hipsley arrived to find an **almost empty hospital, no sick infants** (for the first time in the history of Alice Springs), **and a vitamin supplemented population.**"
Pages 108 - 109

Dr Archie also talks about the need for zinc.

Without enough zinc we can lose our sense of taste and smell. Then eating of food is affected as well and liver damage can occur. These are part of the symptoms happening with Covid. It is not new. We need to re-learn findings from when we were young. We all need to make sure we have good levels of all our vitamins, minerals and amino acids, now - today!



Why does the second dose of the COVID-19 vaccine cause you to become "sick"?

This question answered by - **Medicine and Healthcare · MD, Internal Medicine, MS Epidemiology**

QUESTION: Why does the second dose of the COVID-19 vaccine cause you to become "sick"? Many of my nurse friends and myself developed muscle aches, fever, chills and headache after receiving the second dose of the vaccination.

ANSWER: The first dose gave your body the "introduction" to the spike protein, and some immune cells got trained to recognize it. The second dose gave your body a "booster." You already had cells that recognized the enemy spike protein from the first shot, but after the second shot these cells brought a few of their friends, and they were ready to rumble.

The first shot is just a street fight with the immune system. The second shot is gang warfare. Your body's sick reaction is just collateral damage. You are in the right place at the right time, the fight happens, and you get punched. It just means - it worked!

Good old Vit C

We think we know all about Vitamin C - and it will help our immune system to deal with

Vaccination - take some extra Vit C morning and night for a fortnight before and after vaccination. **Take it to bowel tolerance.**

That means - increase your dose by 500mg - 1000mg every couple of days until your bowels start to get loose, then take off the last increase. This will give you your ideal dose.

Constipation - If you take **Vit C** and/or **Magnesium** at this level - you won't be constipated! If you do become constipated - take some extra until you are right again.

Pain control - Having good levels of Vit C raises your pain threshold. I have had lots of people tell me that they have come out of an **anaesthetic** more quickly, **more alert**, and with **less pain**, because they have been taking extra Vit C before their operation. I have experienced this too. Hospital staff are surprised when I refuse pain killers - when I say I have none or little pain.

Liver support and Detox - If we are **stressed** or out-of-sorts, digestion poor, **sick** or have an **infection**, our bodies are calling out for more Vit C. At this time we can tolerate more than usual - so increase your dose to your bowels.

Blood Type	Type of Vitamin C needed
O	Calcium ascorbate
A1	Sodium ascorbate
A2	calcium & sodium ascorbates mix
B	Calcium ascorbate
AB	plain Ascorbic acid - no minerals

Is an alternative to vaccination coming?

Researchers from The Ohio State University hope to create **nasal sprays or aerosol surface** treatments from special peptides that will reduce or block Covid before infection can occur. This newly discovered technology may open a new pathway in this fight.

Although vaccination programs are now in full operation to curb the spread, there is still an urgent need for other ways to prevent Covid. Their research appears in the journal *Bioconjugate Chemistry*.

These newly designed peptides, resemble the ACE2 receptors in our bodies on our nose, throat, lungs and small intestine, that are targeted by the viral spike proteins. These peptides "trick" the virus into binding with them instead of a body cell, potentially inactivating the virus before it can trigger infection.

Because **preventing COVID-19** is more advantageous than treating the disease, finding a way to stop SARS-CoV-2 from binding to cells is crucial. We may have found another way.

Sore Feet??

When our feet are sore it affects the whole of the rest of the body.

I haven't tried this hint but I was told by someone working in a supermarket - that **spraying or rubbing peppermint oil on your feet takes away the pain** from being "**on your feet all day.**"

Worth a try.



What is KERATIN and why do we need it?

from MEDICAL NEWS TODAY NEWSLETTER — article written by Beth Sissons on 23 Oct 2020

Keratin is a protein that helps maintain the structure of **hair, nails, skin, and the lining** of the internal organs. Certain nutrients support keratin production.

Keratin is a building block of the human body. Keratins are tough proteins that form the structure of **epithelial cells**. These cells **line surfaces inside and outside the body**. They help make up the tissues in the skin, hair, and nails. **Epithelial cells also form the lining of the internal organs and glands.**

THESE ARE WHAT COVID ATTACKS.

Protein is important for **growth and repair** of the body, including: **muscles, bones, skin, tendons, ligaments, hair, eyes**. In particular, keratin helps make the cells in hair, skin, and nails stronger and more resilient and **helps reduce damage to the tissues from friction**.

Keratins also help:

- **regulate the size of cells**
- **allow cells to move, grow, and divide**
- **heal wounds**

Nutrients that help produce keratin

Certain nutrients help the body produce keratin and may help improve the health of the skin, hair, nails, and other tissues. A person can help their body produce keratin by making sure they eat foods that contain these nutrients.

Vitamin C

Vitamin C supports the formation of keratinocytes and helps protect the skin from oxidative stress. It also helps form collagen in the skin barrier and may have an anti-aging effect on wrinkles.

Vitamin A

Vitamin A plays a role in the development of keratinocytes. It is essential for replacing skin cells and for the healthy function of the ears, eyes, sinuses and lining of the internal organs.

Biotin

Biotin plays an important role in keratin production and can support the healthy growth of hair and nails.

L-cysteine and gelatine

L-cysteine is an amino acid and a component of keratin. Cysteines are also important for forming collagen, maintaining the skin's elasticity, and metabolising biotin so the body can use it. Gelatine also contains high levels of glycine and hydroxyproline.

Zinc

Zinc is an important nutrient in skin health. It supports the reproduction of keratinocytes, the cells that produce keratin.



Which foods boost keratin production?

The following foods are excellent sources of the nutrients that support keratin production in the body.



Eggs

Since keratin is a protein, eggs are a good source of protein. Eggs also contain many other important nutrients, including calcium and vitamins B12 and A. Cooked eggs contain biotin and cysteine as well.

Onions

Onions contain N-acetylcysteine, an antioxidant that the body uses to form L-cysteine. Raw onion also provides vitamin C, as well as zinc and B vitamins.

Salmon

Salmon is a good source of protein, as well as zinc and biotin.

Sweet potato

Sweet potatoes are high in vitamins A and C, zinc and biotin.

Sunflower seeds

Sunflower seeds are rich in biotin and zinc, as well as B vitamins and vitamin E.

Mango

Mango is high in vitamins A and C.

Garlic

Garlic contains N-acetylcysteine, which helps in the production of keratin. Garlic also contains other cysteine, which can help maintain healthy skin and help the body metabolise biotin.

Kale

Kale is a nutrient-rich food containing high levels of vitamins A and C. Kale also provides iron, calcium, and folate.

Beef liver

According to the National Institutes of Health (NIH), beef liver is one of the highest food sources of biotin.

Carrots

Carrots are high in vitamin A. Carrots also contain vitamin C, as well as zinc, B vitamins and vitamin K.

Interesting bits and pieces -

Cholesterol and Sleep

In a Japanese School of Medicine University Study published by the Journal *Sleep* in 2008, researchers discovered that **both too much and too little sleep have a negative impact on cholesterol levels.**

They examined a group of 1,666 men and 2,329 women over age 20. **Sleeping less than five hours at night raised the risk of high triglycerides and low HDL levels in women.** **Getting more than eight hours of sleep produced a similar result.** Men were not as sensitive to oversleeping as women.

Too little sleep also leads to high levels of LDL cholesterol, according to a study published by the **Journal of Cardiovascular Nursing.** Individuals who slept **less than six hours each night** greatly **increased their risk of developing heart disease.** In addition, the researchers uncovered that **snoring** is associated with lower levels of the good HDL cholesterol.

Young adults aren't immune to the cholesterol and sleep connection. In another study published by *Sleep*, researchers determined that **not getting enough sleep led to an increase in appetite for foods high in cholesterol, a decrease in physical activity, and elevated stress levels.** Again, young women showed greater sensitivity to their sleep habits than young men. Interestingly, **cholesterol levels in both of these groups improved with each additional hour of sleep.**

Similar studies in China in 2014 and Korea in 2016, with many thousands more people, produced the same findings. **So getting 7-8 hours sleep a night could be life-saving!**

Dr Glenn Rothfeld: on Atrial fibrillation

or A-fib, is a type of irregular heartbeat that can increase your chances of suffering a blood clot or stroke.

Unfortunately, a lot of the drugs that are used to treat atrial fibrillation come with bad side effects, like weight gain, extreme fatigue, trouble breathing, and even chest pains. And these are drugs that should make you feel better!

In terms of natural approaches, there has been some really exciting research over the years about **using vitamin C to reduce A-fib episodes.**

You see, there's some strong evidence that A-fib flare-ups can be linked to oxidative stress and inflammation. And that's got scientists wondering whether a strong antioxidant like vitamin C could help keep atrial fibrillation in check.

One study looked at patients who had received coronary bypass surgery, as atrial fibrillation is pretty common after

Rooibos tea: healthier than green tea?



Rooibos or Red Tea is available in supermarkets. A product of a South African bush, this pleasant tasting tea, drunk without milk, has many benefits.

It has been shown to **protect against cancer**, reduce inflammation, help **prevent heart disease**, **lower blood pressure**, and even **calm babies**. And because it **does not contain caffeine**, like green and black tea, it is a **safe and soothing drink to have before bedtime**, and you can **drink as much as you want**. Many South Africans drink 5-6 cups of Rooibos a day.

One of the **best health benefits of Rooibos** is its **mineral content** including magnesium, which is essential for so many people who are deficient in the mineral. **Magnesium** is **calming** to the nervous system and the blood vessels, **helping to regulate heart beat**, and **lower blood pressure**.

It also contains **calcium, zinc and manganese** which are vital for bones and teeth, as well as **iron**, which helps to **supply red blood cells and oxygen** to the body. One of the wonderful things about getting your minerals from a natural food is that they all exist in perfect balance to help you absorb them best.

this operation. The patients who got vitamin C along with beta blockers were only 16% as likely to develop atrial fibrillation symptoms as those with just the beta blockers.

In another study out of Greece, vitamin C reduced the incidence of atrial fibrillation among post-op patients by about 27%. Patients were taking 500 mg twice a day.

The evidence is pretty good that vitamin C can play some role in the prevention and management of atrial fibrillation, and it's cheap and safe.

Any time you're dealing with a heart issue, however, it's important to loop your doctor into the conversation and let him know you want to give vitamin C a try. I can't imagine he'll object.

Magnesium is also essential with atrial fibrillation. Taken as chelate, twice a day to bowel tolerance, provides enough magnesium for all our needs. **Tessa**

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