

# WA Polio Clinic Newsletter

**Polio Clinic WA Inc**

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New Website: <http://polioclinicwa.org.au/>

**September 2021**

**Vol 1: No 3**

## Free to a good home



**Already Taken!**



**Polio Clinic  
9284 9201**

We have had donations of some more free items for our disabled members.

The red Scooter needs new batteries. Otherwise good and ready to go. Sorry - snapped up already!

There is still another free "Stand-up" lounge chair still available - (see photo top left.) It is at Atwell, available for pick-up but can be brought to the Clinic or delivered to you in metro area. The recipient of the other chair is very pleased with his new possession.

The white Scooter is at the Polio Office still available and all charged up.

There is also a Rolator walking frame complete with seat and basket waiting for a new owner.

For anyone needing Mens incontinence pads there are few new packs of level 1 going free for anyone who needs them.

Ring Tessa at the Polio Clinic on 9284 9201 or email her.

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## Polio Clinic AGM

**Sunday 24 Oct  
2pm  
in Polio Office**

**See the new Clinic.  
Come and meet with  
others for a chat.**

**Afternoon tea.**

## Christmas Party

**Sunday 5 Dec  
12 md  
in Polio Office**

**Bring Xmas Lunch  
to share.**

**Bring gift for Xmas  
Tree (under \$5)**

## Getting Hardcopy of this Newsletter

Some of you may have not received the **June 2021 new Polio Clinic WA Newsletter** because you haven't contacted me to say your address is correct and that you do still want to receive our quarterly newsletter. If you are receiving this by email, we can keep doing this as there is no cost involved for emailing the newsletter.

**Otherwise this is our last attempt to connect with you. This newsletter will not continue to be posted out to you** if I don't know for sure that it is reaching you and that you want to receive it. The Clinic does not have any funding apart from your donations, membership fees and the small mark-up on supplements. We need to cover our costs in running the office and clinic.

### **PLEASE REPLY by PHONE or EMAIL ASAP**

to remain on list if I have not heard from you this year.

### **RECEIPTS**

Receipts for Donations and memberships paid for the last financial year have been sent out. Contact me if you haven't received yours as we obviously don't have the right connections for you. **Donations over \$2 can be claimed off your income tax.**

### **AGM on 24 October 2021**

Our first AGM will be in the Clinic Office at 2pm on Sunday 24 October. It is on a Sunday afternoon to give people a chance to come in and meet with us and each other and view our new office set-up. **Please RSVP** so we have enough seating. **Bring a plate of food to share** for afternoon tea, would be great.

### **CHRISTMAS PARTY**

As we have done previously, we will host a Christmas Lunch for our members on Sunday 5 December 2021. Doors open 12md. **Bring festive food to share** for a Christmas Lunch and **a small gift (max \$5) to go under the Christmas Tree.** Everyone goes home with a lucky dip. There will also be a Day Raffle and everyone goes home with a small prize. **Please RSVP** for seating.

### **MAGNESIUM - Still in SHORT SUPPLY**

Covid-Lockdowns world-wide have delayed the mining of magnesium in the short term. Mt Evelyn Pharmacy has obtained stock for us but we need to ration it so no-one goes without until more is available. We can still sell the "good stuff" in **100g tubs - only 1 per person.**

### **POLIO CLINIC WEBSITE**

We do have our website finally up but only the front page. You can find it at <http://polioclinicwa.org.au/> If anyone can help with putting articles up, let me know.

### **BOOKLETS**

We do have booklets on specific topics available again and I have plans for adding to these. Ask me.

**Tessa Jupp RN OAM**

## **We do still need your donations!**

**Membership fee is \$5 to enrol as a member.**

If you have paid since March we will count that as for the 2021/2022 financial year.

We do need people to keep purchasing the good quality nutritional supplements from us, that I have identified will give you the results we need. That helps us pay our monthly lease here.

**YOU NO LONGER NEED a LETTER from your GP** to purchase from us. I can now give you **advice** again and **book appointments** now that we are back in the office. You can arrange to collect your supplies from here or **I can post out to you.**

**Ring me on (08) 9284 9201 or via email.**

**New Bank details for internet banking** or call in at a **Bankwest branch** - (please add invoice number and name - or post a cheque to my home address.)

**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.**

<b>Carnitine 200G</b>	<b>\$200</b>
Carnitine 100G	\$110
Carnitine 50G	\$62
Carnitine (100 caps x 250mg)	\$65
Magnesium 300G	\$55
Magnesium 200G	\$42
<b>Magnesium 100G</b>	<b>\$25</b>
Magnesium (250 caps x 500mg)	\$40
Magnesium (75 caps x 500mg)	\$15
Manganese 200G	\$90
Manganese 100G	\$50
<b>Manganese (250 tabs x 200mg)</b>	<b>\$40</b>
Borax 100G	\$12
Gelatine 1kg	\$30
<b>Glutamine 100G</b>	<b>\$25</b>
Taurine 100G	\$30
<b>Iodine Tincture 50ml (paint)</b>	<b>\$16</b>
Lugols Iodine 100ml (drops)	\$32
<b>Vit A (120 x 10,000iu)</b>	<b>\$20</b>
<b>Vit D3 (400 tabs x 1000iu)</b>	<b>\$30</b>
Vit D3 (200 tabs x 1000iu)	\$15
Vit K2 (90 tabs x 180mcg)	\$38

### **Molybdenum (60 caps x 250mcg) \$26**

Postage & Handling (small parcel)	\$11.50
(medium parcel)	\$17.00
<b>Express Post (small parcel)</b>	<b>\$14.50</b>

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



# Funnies Page

## "A Little Shopping Humour"

### The Mum Test



Mum was out walking with her 5-year-old daughter Susie, who spotted something on the ground. Curious, Susie bent down, picked it up and started to put it in her mouth. Mum hastily took it off her and threw it away saying "Don't do that!"

"Why?" the little girl asked.

"Because it has been on the ground. You don't know where it has been, who has touched it - and it is probably full of germs." Mum replied.

Admiringly the little girl responded. "Mum, how do you know all this stuff? You are so clever."

With a quick think, Mum came up with, "All mums know these things. It is on the Mum Test. You have to know it, or they don't let you be a mum."

They walked along in silence for a few more minutes while Susie thought about this. Then, brightly she said

"Oh, I get it! So if you don't pass the test, you have to be the dad."

**I HAD A BLAST AT THE STORE TODAY. I ASKED THE YOUNG CHECKOUT GIRL IF THESE WERE FRONT OR BACK LEGS**



**SHE DIDN'T KNOW AND SAID I'LL GO ASK. WHEN SHE GOT BACK SHE SAID, "NOT" FUNNY.**

Jack was sitting on his lounge chair watching TV when he heard his wife's voice from the kitchen, "What would you like for dinner my love - chicken, beef or lamb?"

Jack called back, "Thank you. Chicken would be nice please."

His wife replied "You're having soup, you fat slob. I was talking to the cat!"



### "Getting your own back! "

A woman, found guilty in Court of a traffic offence, told them she was a school teacher. The Judge rose from the Bench.

"Madam. I have waited many years for a school teacher to appear before this Court."



Smiling with delight he pronounced.

"Now sit down at that table and write 'I will not run a red light' 500 times."

**Wow, I think you went too far with the plastic surgery!**



Dad was visiting and wanting to use his son's connections, asking for the password to the wi-fi. He was told it was taped under the modem. After 3 failed attempts to log-on he asked, "Am I spelling this right? T-A-P-E-D-U-N-D-E-R-T-H-E-M-O-D-E-M?"

**Richard Diggins, our Vice-President**, as well as serving as Mayor of Subiaco from 1978 to 1989, is also still active in the community on the Board of Bob Hawke College, is Chairman of the Regal Theatre Foundation, Secretary and Treasurer of the Subiaco/Shenton Park RSL Sub Branch and a member of the Reference Group for Former PMH Site Redevelopment.

Shirley Collins rushed inside frantically calling to my mother. *'Quick! Something is wrong with Richard!'*. We had been playing outside - but then I couldn't stand up. Mum rang the doctor - and he later called an ambulance. I remember lying in the ambulance all by myself and seeing the street lights on, as I was taken straight to the Fairfield Infectious Diseases Hospital in Melbourne. Mum and Dad couldn't come in the ambulance with me.

I was placed on a cold granite-like slab for what seemed a long, long time and no one came near me. Eventually the medical staff arrived. By this time it must have been about 8 or 9 o'clock at night and they started to ask me questions and push and poke at my body parts. I was still dressed in my play clothes. Then I was told that I was going to be in hospital for the night and that the hospital would give me pyjamas. I wasn't able to put them on, so the nurses helped me to do that.

The doctor took a lumbar puncture that night. I was crying and the doctors came with a huge needle that frightened the heck out of me. I was still left for a long time on the table, all on my own, crying and wishing I could go home. Mum and Dad didn't come into the hospital until the next morning. They said that I was going to be in the hospital for some time to get treated for polio. I was 10 and the year was 1947.

To start with I was in a room on my own - in isolation. Later I went into a room where there were a lot of other people. Clive Ansell, 4 - 5 years older than me, from the well known Ansell Rubber family was there, but he later died from his polio. My uncle, Stewart Ham, died in that same polio epidemic, and at the same hospital too.

I couldn't move my arms or legs and was put in an aluminium splint in the shape of a body. There were channels for my arms and legs with leather straps for holding you in the splints. Sand bags were used, placed alongside me in bed to make sure I kept still. Each afternoon I was taken to a huge big vat that was a salt bath, as part of the treatment. I stayed in the Hubbard's salt bath for 1 - 1½ hours. I was lifted into the salt bath with a rubber ring round my neck to stop me drowning. Usually I had a girl in the salt bath with me. I was put in a wheelchair and pushed there or sometimes carried.

We were given Milo in vast quantities and I had so much of it that I began to really dislike it. We were woken up early, sponged down by the nursing staff and then wheeled out onto the hospital verandah, where we could see sheep in the open paddocks near the hospital.

Mum, Dad and my younger brother Geoff, visited me as often as they could, which was about twice a week and weekends. Geoff was kept home from school for some time in quarantine. He was not allowed to have foods such as ice cream, as it was believed then that these foods could carry the poliovirus..



I was overcome by homesickness for quite a while in those scary surroundings. My happiest memory of my period in hospital was the ward concerts that the nurses put on for the patients - they did for us what clown-doctors are doing in the children's hospitals today. One nurse who I really liked, was Nurse Forsyth and she was just wonderful to us all, trying to make us laugh and enjoy as best we could, the unhappy circumstances we found ourselves in.

I can't remember whether I had any special pills or injections but for quite some time we were not allowed to move at all. With the passage of time I gradually got my strength back in my limbs and began to learn how to walk again. I have a vague memory of my shoes being built-up.

I don't really remember the day I left hospital, which is strange, because I was always so keen to get home and by this time I was able to walk again. I do recall the doctors at the hospital, saying either sometime before or just as I was leaving, that I was an extremely lucky person to have no apparent after-effect from the disease. They strongly suggested that I take up as much sport as I could to build the strength in my muscles.

As far as I can recall my schooling was not affected. Mum may have kept me abreast of lessons with things she brought to the hospital when she visited me. I did not repeat a school year as far as I can remember, although I was in hospital for 12 months.

I went on to become deeply involved in athletics at High School. I was also in the YMCA from the age of 10 until leaving Melbourne to come to Perth at the age of 31. I became very interested in running events and held some school race and jump records. I ran second place in the Victorian School Boys Championship. As a family we used to visit Bendigo Thousand, a professional foot race of world-renown.

I trained with a team of runners for the Bendigo Thousand at the Caulfield Race Course and ran many furlongs, but never actually entered the Bendigo Thousand. My times were not good enough.

I have been very lucky to have lived in a period of the world's history which has been truly remarkable. From the horse and cart home delivery of household necessities to man landing on the moon and now heading to Mars; not to mention the overwhelming impact of electronic technology, and the scientific discoveries and medical advancements which have changed the world forever.

In these current challenging times, there is a great need for the wider community to take heed of the best medical advice available.

The introduction of the Salk vaccine was a great response for the Polio Epidemics and one hopes that a similar outcome will be achieved with the vaccines now being deployed in our present situation with Covid-19.

*Written by Richard Diggins OAM JP*



# Covid-19, Herd Immunity and Vitamin D

- from an article by Dr Ian Brighthope, Avni Sali AM, and Karin Ried, published in Adv Integr Med. 8 May 2021.  
Professor Brighthope MBBS FACNEM is Founding Director of the Orthomolecular Association of Australia.

## The role of Vitamin-D in building immunity to viruses and respiratory illnesses is widely accepted.

A year into the COVID-19 pandemic, we have dozens of research papers from quality institutions around the world – including from the US, Spain, Israel and the UK demonstrating that optimal blood levels of 90–130 nmol/L not only enhance immunity to COVID-19 but also reduce the severity of outcomes should infection occur. The UK is the most recent to announce plans to supply Vitamin-D supplements to vulnerable residents to enhance COVID-19 defences. Australia should do the same.

Optimal Vitamin-D levels have been associated with maximum mineral bone density, increased intestinal calcium absorption, decreased risk of **osteoporosis** and **risk of fracture**, higher serum phosphorus levels, increased performance speed, proximal **muscle strength**, and a significant decrease in the likelihood of chronic diseases such as cancers, auto-immune disease, **osteoarthritis** and **diabetes**. A study involving 139 healthy adults undergoing health checks found that **80% of adults had sub-optimal Vitamin-D levels**.

In addition, **several recent studies have linked Vitamin-D deficiency with risk and severity of COVID-19 infection and hospitalisation**. A study in Israel of more than 7800 individuals found that those with COVID-19 positive test results, had significantly lower Vitamin-D levels compared to those with negative COVID-19 tests. The study authors concluded that low plasma Vitamin-D levels are associated with increased risk and severity of COVID-19 infection and hospitalisation. A study conducted in **Spain** found that **80% of COVID-19 hospital patients had Vitamin-D deficiency**. Indeed, many more authors have linked vitamin-D deficiency to severity of COVID-19

Some countries have now recognised the importance of Vitamin-D in the prevention of respiratory infections, including COVID-19, and have started to implement free Vitamin-D supplementation for the elderly and vulnerable. Vitamin-D supplements, usually taken in doses of 5000 IU per day and up to

10,000 IU/day for target groups, such as obese individuals, are regarded as safe. In addition to Vitamin-D deficiency being linked to increased mortality, improvement of Vitamin-D status through supplementation also reduced progression of **Parkinson's** disease in the elderly. Higher bolus doses supplementation of **100,000 – 150,000 IU Vitamin-D daily for 2–3 months eradicated tuberculosis infection successfully in the 1940s**.

More recently, the Endocrine Society has recommended up to 10,000 IU/day, particularly for obese individuals. In addition, recent studies reported



on 15,000–40,000 IU of Vitamin-D taken daily for at least 6 months resulted in no apparent adverse effects. Closer to home, **a New Zealand study in 2009** investigating the safety and efficacy of high dose Vitamin-D in the

elderly, demonstrates that an IV-bolus of 50,000 IU/month for 3 months, or 500,000 IU once, are safe and effective. In addition, **an Australian study in 2006** found that 100,000 IU of Vitamin-D3 given orally 3 monthly for 1–2 years is a practical, safe, effective and inexpensive way to meet the Vitamin-D3 requirement of **aged care residents**.

**It is known, that a large proportion of Australians are Vitamin-D deficient, specifically older people.** Research has proven Vitamin-D supplementation to be a key to alleviate Vitamin-D deficiency, and subsequently to prevent the onset and severity of acute respiratory tract infections, and to reduce morbidity and mortality. Supplementation of 4000 IU Vitamin-D and up to 10,000 IU daily for several months are considered safe and effective in alleviating Vitamin-D deficiency. Urgent action by the medical profession in Australia is needed.

## From Tessa Jupp RN - Polio Clinic WA

We have been using Vitamin D3 supplementation here for many years. Doses of **10,000iu taken 6 hourly** when you are **acutely sick (cold, flu, asthma)** hasten your recovery time. This may be needed for up to a week, or just for a few days to rid a persistent cough. Generally I have found people **need 5000iu in winter** and 3000iu in summer. Ring me for best brand to buy.

## WARNING: on taking Cholesterol drug Ezetimibe (Ezetrol)

We have had polio members who have had problems taking statin drugs for cholesterol before, but more recently I have had polio survivors reporting bad side-effects from a different drug that may be given by your GP **as an alternative to taking statins.** This is concerning, particularly because the effect it has on muscles and tendons can be long-lasting.

Members are reporting inability to lift arms and legs because of pain and increased weakness limiting movement. This makes even **dressing and showering** almost impossible tasks and household chores like housework, walking, shopping, reaching for items on shelves and light switches, hanging out washing, gardening etc, very difficult. One member reports a **fuzzy mind and feeling of doom**, major digestive disruption, constipation. There can be damage to liver and kidney function. Despite the doctor expecting these problems to resolve quickly, polio members are **still not recovering months** and even **years** later. So, **be wary of taking this drug.** It works by stopping bile production. Bile aids absorption of fats in the small intestine. Statin drugs work on the liver. See cautions advised in the manufacturers'

*from leaflet* - **Tell your doctor if you notice any of the following and they worry you:**

### **Ezetimibe Sandoz used alone:**

These are the more **common adverse effects** reported with the use of Ezetimibe Sandoz when used alone:

- abdominal pain
- diarrhoea
- flatulence
- feeling tired

These are **uncommon adverse effects** that have been reported with the use of **Ezetimibe Sandoz when used alone:**

- elevations in some laboratory blood tests of liver (transaminases) or **muscle (CK) function**
- cough
- **indigestion**
- heartburn
- **nausea**
- **joint pain**
- **muscle spasms**
- **neck pain**
- decreased appetite
- **pain**
- **chest pain**
- hot flushes
- high blood pressure

### **Ezetimibe Sandoz used with a statin:**

These are the more **common adverse effects** reported with the use of **Ezetimibe Sandoz** when used in combination **with a statin:**

- elevations in some laboratory blood tests of liver function (transaminases)
- headache
- **aching muscles/muscle pain, tenderness or weakness**

These are **uncommon adverse effects** reported with the use of **Ezetimibe Sandoz** when used in combination **with a statin:**

- tingling sensation
- dry mouth
- itching
- rash
- hives
- **back pain**
- **muscle weakness**
- **pain in arms and legs**
- **unusual tiredness or weakness**
- **swelling**, especially in the **hands and feet**

### **Tell your doctor immediately if you notice any of the following:**

Ezetimibe Sandoz used alone or with a statin:

- **allergic reactions** (which may require treatment right away) including: swelling of the face, lips, tongue and/or throat that may cause difficulty in breathing or swallowing, rash, and hives
- raised red rash,
- **aching muscles, muscle tenderness or weakness, not caused by exercise**
- **unusual tiredness or weakness**
- yellowing of the skin/eyes which may indicate hepatitis
- **dizziness**
- **tingling sensation**
- **depression**
- sudden and intense **abdominal pain** which may be caused by an inflamed pancreas or **gallbladder**, or **gallstones**
- **constipation**
- **bruising more easily than normal**

# Why Cholesterol is important

written by Tessa Jupp RN OAM

**Cholesterol is produced by the liver and also made by most cells in the body. Our body makes 80% only 20% comes from diet.** It is carried around in the blood by little 'couriers' called **LDL & HDL**. **We do need** a small amount of blood **cholesterol** because the **body uses it to:**

- **build cell membrane structure** including **brain**
- **make hormones** like oestrogen, testosterone and adrenal hormones for stress and **"get up and go!"**
- help your **metabolism** work efficiently ie **energy essential** for your body **to produce vitamin D**
- **produce bile acids**, which help the body **digest fat and absorb important nutrients**

**Dr Ray Schilling**, retired physician and cancer researcher - in July 2021 he writes:

## HOW TO LOWER CHOLESTEROL

1. **Not all LDL cholesterol comes from food.** The majority is synthesized in your liver. The biggest factor is **consumption of refined sugar, starchy food (potatoes, rice, pasta, bread and muffins etc.) and processed food.** Whatever sugar is not stored in your liver and muscles as glycogen, gets metabolised by the liver into triglycerides and LDL cholesterol. This ends up as fat - in your abdominal fat, around organs, and in your arteries causing hardening of your arteries. It is **oxidized LDL** and triglycerides that **are the problem**. LDL gets **oxidized by sugar** from eating too many starchy foods.
2. If you **cut out refined sugar, wheat, starchy and processed foods** from your diet, you can **lose weight** and keep it off.
3. There are a number of healthy foods that will **lower LDL cholesterol** according to Harvard Health. **Oats, barley, nuts, egg plant, fatty fish and fibre.** In addition the pectin content of **apples, grapes, strawberries and citrus fruits**, helps to lower LDL cholesterol.
4. **Pectin and fibre** helps to reduce LDL cholesterol by interfering with the entero-hepatic circulation of **gallbladder fluid**. The end result is that more cholesterol is excreted in the patient's stool and the LDL cholesterol in the blood is lowered.
5. **Regular physical exercise** increases your protective HDL cholesterol and reduces the overall cholesterol ratio, ie the risk of getting a heart attack.
6. Use **olive and coconut oils**. Monounsaturated and medium-chain fatty acids have been shown to lower LDL cholesterol. **Eliminate all trans-fat** products from your diet ie **margarines, fast foods, shop-bought cakes and biscuits.**

## FACTORS that RAISE Cholesterol Levels

**Low Vitamin D levels**  
**Poor thyroid function**  
**Poor blood sugar control/Diabetes**  
**Poor and insufficient Sleep**  
**Sleep Apnoea**  
**Chronic Stress**  
**Food sensitivities/allergies**  
**Inflammatory diet - fast foods**  
**Obesity**  
**Lack of or inability to exercise**  
**Fatty liver & poor bile flow**  
**Gall bladder disease & gallstones**  
**Alcohol consumption**  
**Smoking**

## Major Side-Effects of Statin Drugs - reported

**Muscle pain** is one of the **most common side effects of statin drugs**. Other common side effects are:

- Headaches
- **Muscles aches, weakness, or tenderness**
- **Difficulty sleeping or sleep issues**
- **Drowsiness**
- **Dizziness**
- Skin flushing
- Rashes
- Acne or other skin issues
- **Stomach pain or cramps**
- Nausea /vomiting
- Vomiting
- Gas/bloating
- Constipation/diarrhoea
- **Low platelet & CoQ10 levels**
- **High blood sugar levels**

**Statin drugs also increase your risk of diabetes.**

## Celery and lemon against high cholesterol

Celery is a powerful blood cleaner; it **strengthens the nervous system** and is used to **treat bladder diseases**. It also **cleanses the liver, lowers blood sugar and blood pressure**. **Best eaten raw.**

Wash **3 lemons** and cut into pieces without peeling. Cut **500g of celery** also. Blend the celery and the lemon with a blender. Add cooled boiled water and stir it well.

**Let sit for 12 hrs** before drinking. **Have half a cup** each morning and night, before you eat. This drink **helps your cholesterol and triglyceride levels..**





# Gall bladder, Liver and Bile

written by Tessa Jupp RN OAM

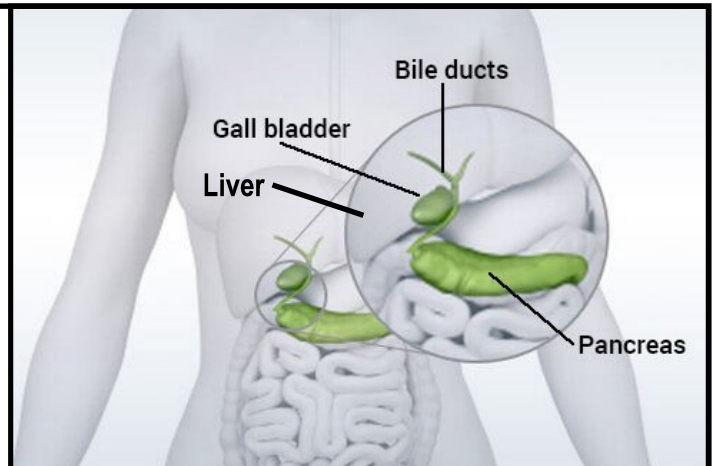
Cholesterol is needed to make bile, which helps us to digest our food. The **Ezetimibe drugs stop the liver making bile**. This can cause all of these problems.

The **Gall bladder** is a little pouch that **stores bile** which is made by the liver (using cholesterol) to help digest fats that we eat. The liver works non-stop in order to perform more than 500 functions necessary for life. In fact, we really **can't live without a liver!**

After **production in the liver**, **bile travels** via the common bile duct **to the gall bladder for storage**. When fats in our food enters the small intestine, contraction of **the gall bladder is stimulated, to release bile into the small intestine**. The pancreas is also stimulated at the same time and both the bile and **pancreatic enzymes** enter at the same place to allow digestion and absorption in the gut, to feed the body.

This is **how bile works in the small intestine**. If we think of placing a single drop of **oil in the centre of a glass of water**, the oil remains in one spot and doesn't reach the edge of the glass. But if we add some dishwashing soap, the detergent encapsulates the oil enabling the oil drop to be soluble in water.

**Bile** is made up of 97% water, with the remaining 3% made up of **a mixture of bile acids, cholesterol, phospholipids, bilirubin, inorganic salts, and trace minerals**. **Bile act like a detergent**, helping to emulsify the fats in food and fat-soluble vitamins, so they can be absorbed through the gut wall.



Without bile, these fats go undigested, resulting in fatty stools coming out in the toilet. **Bile is also crucial for proper absorption of the fat-soluble vitamins A, D, E, K1 and K2, essential fatty acid like omega-3 and cholesterol**, all of which are transported around the body to where they are needed. **Cholesterol is part of the outside covering of every cell, including nerve and brain tissue**.

**Aids to help liver function are Taurine, Choline, Magnesium, lemon juice, apple cider vinegar, ginger, turmeric, cinnamon, parsley, mint, celery, green tea.** Other supplements that may benefit the liver include N-acetyl-cysteine, alpha lipoic acid (ALA), the B vitamins and the antioxidant vitamins C and E. **A tablespoon of apple cider vinegar or lemon juice in hot water on rising, does wonders for the liver.**

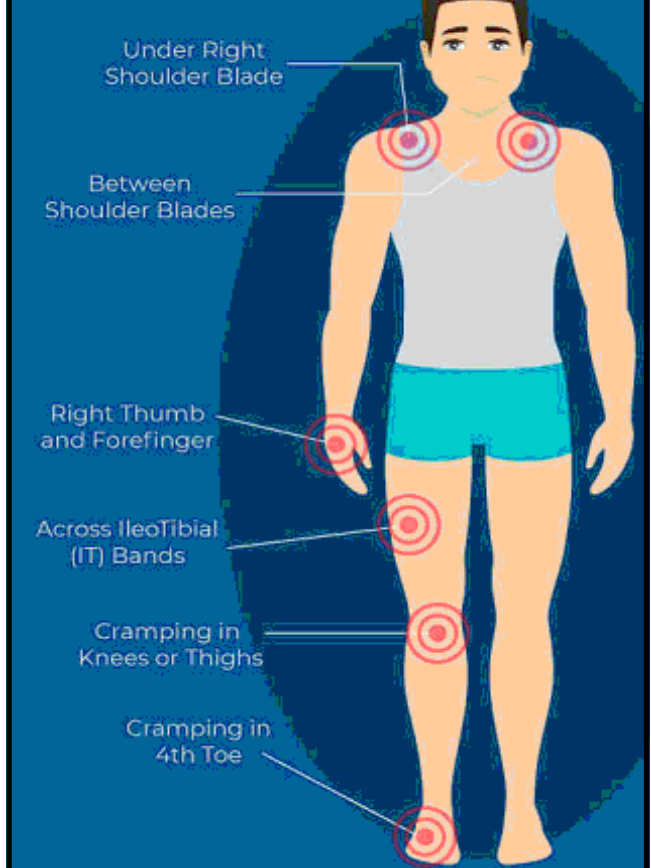
## Gallstones Caused by:

Stress	Fast fatty foods
Low stomach acid	Food sensitivities
Obesity	Leaky gut
Poor blood sugar	<b>Cholesterol medications</b>

## Signs of Liver and Gallbladder Problems

Abdominal pain - **Indigestion** - GERD  
**Pain in gut after meals or at night**  
**Pain under right shoulder blade & between blades**  
**Pain in right thumb and forefinger**  
**Pain when taking in a breath**  
**Cramping in thighs, knees or 4th toe**  
**Clay-coloured stools - ie no bile**  
**Nausea & vomiting**  
**Bitter taste in mouth**  
**Headaches**  
**Fibromyalgia**  
**Thinning hair**  
**Dry scaly skin, skin rashes, itchy skin**  
**Jaundice** (yellow skin, yellow white of eyes)  
**Poor thyroid function**  
**Constant runny nose**

## Gallbladder Pain Areas





# Indigestion, GERD & Gut Issues written by Tessa Jupp RN OAM

**My father had indigestion.** It is common as we get older and our gut doesn't work as well. We have to be more careful what we eat. These days it seems to have acquired new names. **Heartburn** and **reflux** were other names. Now known as **GERD or GORD**.

Dad used an old remedy - Calbisnate (calcium and bismuth), also Faulding's **Lemon Health Saline**, Eno, **Quick-Eze**, Milk of Magnesia. Then came **Mylanta** and **Gaviscon**. Now your GP is more likely to put you on **Antacid medications**. Unfortunately these are more likely to upset the normal digestive process, leading to **inability to digest necessary minerals** like **magnesium** and others that need an acid environment for absorption, and **Vit B12** that needs intrinsic factor.

Our bodies are designed to signal the next step along the way so it can occur. We **see food and that stimulates saliva**. We chew and that sends the message to get the stomach acid ready - food is coming. **Acid in the stomach signals bile and pancreatic enzymes plus bicarbonate** to be released in the small intestine. Thereafter **absorption processes begin** at the appropriate entry points in the gut. Eating more food and drinks, fibre etc, helps push the food along the gut until it leaves at the other end - into the toilet!



## **So stopping acid production is not the answer.**

Our meals used to be designed to cover all bases. **Soup for liquid with electrolytes** (minerals from the vegies). Then we had an **extra acid** accompaniment **with our main meal** - Dad used Holbrook's! My husband's family in the country had vinegar-soaked salad veg, pickles, chutneys. Others are mint and apple sauces, **salad dressings, pickled onions and gherkins, sauerkraut, tomato and barbeque sauces**.

We still get tinned **beetroot in vinegar**. We have **lemon on fish** and **vinegar on chips**! When we are not making enough stomach acid, we may actually need these. Kids who are **fussy eaters** or **anorexic** people - probably **need extra vinegar with meals**. They probably like salt and vinegar chips! **Let them! Let them put vinegar or lemon on all their foods**. Within a few weeks you will have a different person.

The opening sphincter at the top of the stomach doesn't close properly until the stomach has enough acid to break down your meal. **More acid with your food closes this opening**, turning off the reflux.

**A teaspoon of neat lemon juice sprinkled over your vegetables or meal will do wonders.**

If it is not food you can easily do this with - have a few mouthfuls of dinner, then have your **spoonful of lemon juice** or Apple Cider Vinegar in a little water, **before continuing to eat the rest of your meal**. Finishing the meal with jelly and custard or stewed fruit, could put an alkaline layer to stop the acid too.

If you still have **reflux later**, then **half a teaspoon of bicarb soda** stirred into **half a cup of water with some orange, lemon or an acidic juice to make it fizz**, will do the trick. **Drink while fizzing**. It **won't work as well in milk or plain water**. It needs to fizz. Do this when going to bed or if you wake with reflux.

**To make stomach acid** your body needs **Vitamins B1, B6 and zinc**. But it can't absorb them without enough stomach acid. Catch 22. So we **may need the lemon juice and the bicarb for 6 - 12 months** until the body makes stomach acid naturally again.

**To heal the gut lining** we need **glutamine** or slippery elm. **Ginger** also soothes & heals. Have as **ginger tea, dry ginger ale** or eat naked or **chocolate ginger**.

## **AVOID FOODS / MEDS THAT TRIGGER REFLUX**

Fried, greasy foods	Aspirin
Fatty foods like chips	Painkillers
Garlic or onion	NSAIDs
Spicy foods	Some BP medications
Tomato and cucumber	Some Asthma meds
Citrus foods	Antibiotics
Breads, cakes, biscuits	Sedatives
Coffee	Antidepressants
Carbonated drinks &	The Pill
Colas	
Alcohol	Ask GP for alternatives

## **EATING WALNUTS LOWERS CHOLESTEROL**

According to Dr E Ros from the Hospital Lipid Clinic of Barcelona in Spain, their latest research shows that:

**“Regularly eating walnuts will lower your LDL**

**cholesterol** and improve the quality of LDL particles, rendering them less prone to enter the

arterial wall and build up atherosclerosis, the basis of cardiovascular diseases. This occurs without unwanted weight gain despite the high fat content of walnuts.”



Dr Ros said he elected to take on this study because no other research had looked at lipoprotein composition, which, he said, “Can provide additional insight into the anti-atherogenic potential of walnuts. Walnuts have an optimal composition of nutrients, including sizable amounts of alpha-linolenic acid (ALA), the vegetable **omega-3 fatty acid** and **phyto-melatonin**.”

# Candida - and Molybdenum

written by Tessa Jupp RN OAM

You may remember **Candida** as the “Thrush” that **babies** got in their **mouths** or as a **nappy rash** - or as an irritation in the **genital area**. I remember my mother treating it with **purple paint** ie gentian violet. It got on our clothes staining everything purple!

Candida is still around; is recognised as causing a lot more problems and there are some simple ways of solving this problem that we can now use.

**Candida is a fungus**, a form of yeast that lives in your mouth and intestines in small amounts. **Its job is to aid with digestion and nutrient absorption**. It is a part of your body’s normal microflora - the micro organisms that live in a **delicate balance** in your mouth, throat, gut, vagina in women, and on your skin.

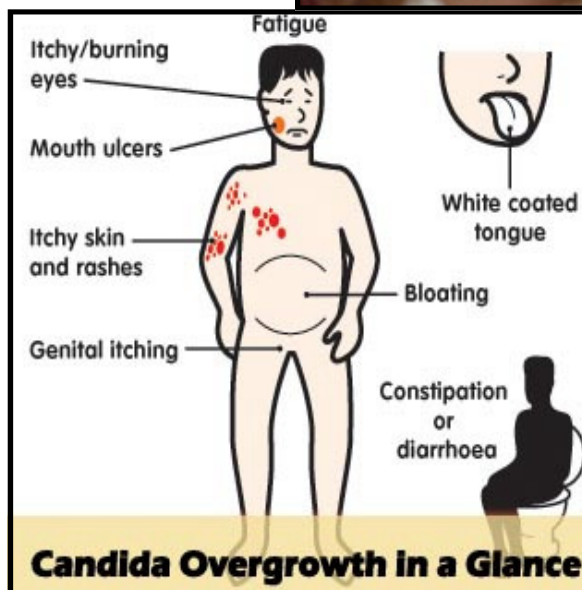
The healthy or ‘good’ bacteria in your gut typically keep your Candida levels in check. However, the yeast population can get out of hand if a round of **antibiotics** kills too many of the friendly bacteria or you have a **diet high in refined carbohydrates and sugar**. High **alcohol** intake, **oral contraceptives** and a number of other factors including a **high-stress** lifestyle can also cause Candidiasis. Even a diet rich in **fermented foods** like **Kombucha, sauerkraut, and pickles** can feed Candida.

Your gut is naturally lined with mucus that lubricates and protects it. However, **Candida can damage your gut cell wall**, causing the mucus to be disrupted. Damaged mucus allows bacteria etc to attach to your cell walls. Candida responds to a shift in temperature or acidity levels by transforming from a rounded yeast cell into an elongated cell which can permeate the gut lining, **causing leaky gut**.

Once **in the bloodstream**, Candida can invade other tissues. This means that Candida overgrowth can quickly transition **from a gut problem to a full-body problem, colonizing the skin, mouth, ears, thyroid, reproductive organs, or elsewhere**. If you have recurring fungal infections, **skin problems**, digestive issues or **mood swings**, consider Candida overgrowth.

## What foods fight Candida overgrowth?

Some foods that help your body combat yeast overgrowth are **coconut oil, garlic, apple cider vinegar, cruciferous vegetables, ginger, olive oil, cloves, and cinnamon**.



## Molybdenum

I first found how useful Molybdenum (Moly) is for treating Candida in the early 1990s.

Since then a lot of others have also taken Moly to help deal with Candida.

Candida uses sugars to build its cell walls and a **neuro-toxin** resulting from that process is **acetaldehyde**. This stays in your body – it does not get excreted like other toxins. A **build up** of acetaldehyde can lead to **joint and gut pain**, a feeling of **weakness and aches in muscles**, as well as harmful effects on your brain and all those other problems seen in these pictures.

When we are given medical treatments for Candida we can feel even worse because the **Die-Off** flu-like effect of the **dead Candida**, releases more acetaldehyde. Moly helps by **converting the acetaldehyde** into acetic acid which can then be excreted from the body.



## Candida

Alternatively, the **acetic acid can be converted into** an enzyme named **acetyl coenzyme A**, which is an important part of your **energy** metabolism. So it can be changed into something useful instead of harmful.

Molybdenum is **low in our soil in WA** so most of us need a bit more Moly anyway. Moly helps reduce the risk of cancers and other neurological diseases. I will do more on its other uses in the next newsletter. We have **good quality Molybdenum capsules** 250mcg available, made for us in NZ. **\$26 for 60 caps**. Often people need 2-4 daily on a long term basis until they are rid of their excess Candida.

**Topical treatment for Candida rash** can be obtained as **anti-fungal creams from the Chemist**.

Another **alternative** is to **mix together sugar-free plain yoghurt with unprocessed natural honey, into a paste** and apply it to the rash. This works and has been used by our members, successfully eliminating the itch and redness within a few days.



# Mental Confusion in Older People?

Reprinted from August 2021 edition of the Boca Post Polio Group Florida, USA

## **WATER - needed for anyone over 60 -** written by Dr Arnaldo Liechtenstein, physician.

Whenever I teach clinical medicine to students in the fourth year of medicine, I ask the following question:

### **“What are the main causes of mental confusion in the elderly?”**

Some offer: *“Tumors in the head”*. I answer: *“No!”*

Others suggest: *“Early symptoms of Alzheimer's”*.

Again I answer: *“No!”*

With each rejection of their answers, their responses dry up. They are even more open-mouthed when I list the **3 most common causes:**

- uncontrolled diabetes
- urinary infection
- dehydration.

It may sound like a joke, but it isn't. People over 60 generally **stop feeling thirsty** and consequently stop drinking fluids. When no one is around to remind them to drink fluids, **they quickly dehydrate.**

**Dehydration** is severe and affects the entire body. It **may cause abrupt mental confusion, drop in blood pressure, heart palpitations, angina (chest pain), coma and even death.**

This habit of **forgetting to drink fluids begins at age 60**, when we have just over 50% of the water we should have in our bodies. People over 60 have a lower water reserve. This is part of the natural aging process. But there are more complications.

**Although they are dehydrated, they don't feel like drinking water**, because their internal balance mechanisms don't work very well.

**Conclusion:** People over 60 years old dehydrate easily, not only because they have a smaller water supply, but also because they do not feel the lack of water in the body. Although people aged 60 or more may look healthy, the performance of reactions and chemical functions can damage their entire body.



So here are **2 ALERTS**

**1) Get into the habit of drinking liquids.** Liquids include water, juices, teas, coconut water, milk, soups, and water-rich fruits, such as watermelon, melon, peaches and pineapple; orange and tangerine also work. **The important thing is that, every two hours, you must drink some liquid. Remember this!!**

**2) Alert for family members: constantly offer fluids** to people over age 60.

At the same time, **observe them.** If you realize that they are rejecting liquids and, from one day to the next, **they are irritable, breathless or display a lack of attention**, these are almost certainly recurrent **symptoms of dehydration.**

# **UTI - Urinary Tract Infections!**

written by Tessa Jupp RN

Try **URAL** - available medicines section in supermarkets. A fizzy sachet - take every 4-6 hours up to 7 days as needed. When I worked at Fremantle Hospital, the old treatment for UTIs was **Pot Cit (potassium citrate)**. This got people better in 2-3 days! So what we need to do is get our potassium levels up. But now **we need a doctor's script to buy potassium tablets** - available as **Span-K (600mg)**.

So the only other way is get more potassium from our foods. **Potatoes actually give us more potassium than bananas.** But it is just under the skin so better to **boil our vegetables with the skin on.** Then use the water from the veggies to make **soup, gravy, white sauce or just drink it!**

Other useful **sources of potassium** are **lemon and apple juice.** Another old remedy was **lemon barley water.** Can buy, but better if you **boil up your own.**

## **Water-logged?**

“A recent **study** published **March 2021** in *Journal of the International Society of Sports Nutrition*, conducted at **Edith Cowan University's School of Medical and Health Sciences**, confirms that **too much plain water** can lead to **tissue swelling, weakness, dizziness, confusion, headache, nausea and/or vomiting.** Electrolytes are essential for muscle contraction and relaxation. Effects of an imbalance in any one of these **electrolytes** can be seen in numerous organ systems.”

This study proves what I have been saying about **using the water we boil our veggies in**, as the electrolytes (**minerals**) end up in the water. The other way is to have some drinks with **half fruit or veggie juice** and **top up with dry ginger ale.** Or add a **pinch of good quality sea salt** to your water.



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