

# WA Polio Clinic Newsletter



Polio Clinic WA Inc.

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March 2024

Vol 4: No 1

## 35 years since we started!



Some, like Dr Niblett, with Roy Scarr and Brenda Lake, in 1990 and Dr Niblett (right) in a wheelchair, are no more.

This year we are coming up to 35 years since we started here in WA. The first was an invitation calling polio survivors to meet in Bunbury in May 1989. Some of those people are still with us. (below) At our 2005 Reunion.



We first gathered in Perth in July 1989. Then in 2005, about 200 or so of us gathered for a Polio Reunion at the Wheelchair Sports headquarters. Now in 2024, we are all very much older.

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Here we are at the start of yet another year.  
Let's hope it will be better than the last four.

### COVID and LONG COVID

We are not hearing as much about Covid now, but it is still around. People are still phoning in with either acute Covid now, or still suffering with the after-effects of having had it some time ago. I have had advice on coping with Covid and Long Covid in many previous newsletters. **Go back and read it.**

### 35 YEARS ON

We first started here in WA in 1989. We have come a long way since then. Over that time I have had contact with more than 2,500 polio survivors here in WA. Official figures list WA at 1,715, with our last case in 1972. There have been a few more cases since then, caused by the polio vaccine. And quite a few people have moved to WA to live, after having polio in other parts of the world - **because we have such a wonderful climate!** Most of the few polio cases world-wide these days, are vaccine caused.

As I sort through some of my boxes of papers, I am coming across names and remembering stories, that I have been told, of many polio people who are no longer with us. Many wonderful memories. That is why we compiled our WA Polio History Book over 10 years ago now. People who came up with many fundraising ideas to get us started - raffles, Movie afternoons, fetes and fairs, stalls in Community venues and shopping centres.

I remember cooking cakes all night to have enough to fill our sales tables. Being the guest speaker at Rotary, Lions, Apex and Lodge meetings. Speaking at National and International Polio Conferences. I am glad that is all behind us now. We can move on at a quieter pace, supporting people as they get older. **I am trying to only work Tues - Thurs** these days, but - you can always leave a message on the office phone anytime, if you need help. **9284 9201**

### ARTICLES IN THIS NEWSLETTER

There is a lot we can do to help ourselves, and often at no financial cost. I promised more on better breathing techniques last newsletter. Included are 3 ways of changing our breathing patterns to improve our health. This can improve our polio areas as well as other health issues common as we age.

Our bodies alert us to what we need to do with taste, smell and things we crave, food and other. Medical opinion keeps changing as they realise previous advice may not have been right. Best to use your own judgment - our grandparents may have been right. Don't let your doctor threaten you. Relax!

**Next newsletter will be out in June 2024.**

**Tessa Jupp RN OAM**

## We do still need your donations!

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

Any payments made after March 2024 we will count for the **2024/2025 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 you need. That helps us pay our monthly lease here too.

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.**

**Bank details are for internet banking or call in at a Bank of Qld branch - (please add invoice number and name - or post a cheque to our mailing address.)**

**BANK of Queensland - Polio Clinic WA**  
**BSB 126 577**  
**a/c 234 269 64**

### 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>ALA - Lipoic Acid 400mg</b>	(60)	<b>\$36</b>
<b>N-Acetyl Cysteine 590mg</b>	(60)	<b>\$31</b>
<b>Quercetin 250mg</b>	(60)	<b>\$75</b>
<b>Carnitine 200G</b>		<b>\$200</b>
Carnitine 100G		\$110
Carnitine 50G		\$62
<b>Magnesium Chelate 300G</b>		<b>\$55</b>
Magnesium Chelate 100G		\$25
Magnesium (250 caps x 500mg)		\$40
Magnesium (75 caps x 500mg)		\$15
Manganese powder 200G		\$90
Manganese powder 100G		\$50
<b>Manganese (250 tabs x 200mg)</b>		<b>\$40</b>
Borax 100G		\$15
<b>Gelatine 1kg</b>		<b>\$30</b>
<b>Glutamine 100G</b>		<b>\$30</b>
<b>Taurine 100G</b>		<b>\$30</b>
<b>Iodine Tincture 50ml (paint)</b>		<b>\$17</b>
Lugols Iodine 100ml (drops)		\$35
Castor Oil eye drops		\$17
<b>Vit A (10,000iu)</b>		<b>\$22</b>
<b>Vit D3 (400 tabs x 1000iu)</b>		<b>\$30</b>
<b>Vit K2 (90 tabs x 180mcg)</b>		<b>\$38</b>
<b>Q10 (60 tabs x 150mg)</b>		<b>\$40</b>

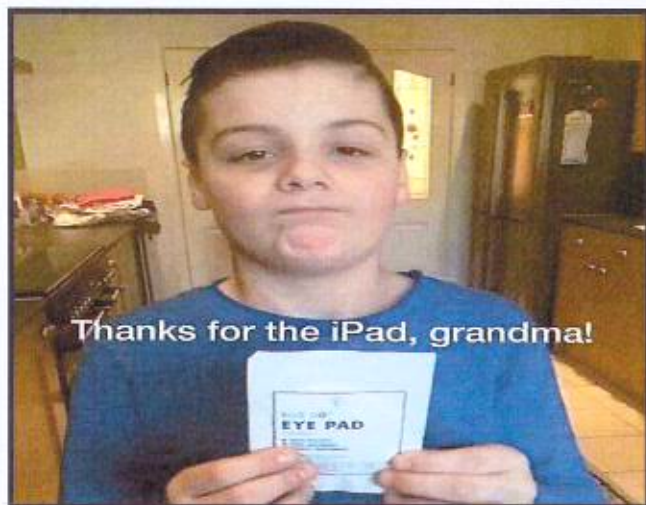
### Molybdenum 250mcg ring for availability

Postage & Handling (small parcel)	<b>\$13.00</b>
(medium parcel)	<b>\$19.00</b>
<b>Express Post</b> (small parcel)	<b>\$17.00</b>

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



## Laughter is the best Medicine!



Thanks for the iPad, grandma!



## An Aussie Poem

When the shearing sheds are silent, and the stock camps fallen quiet.  
When the gidgee coals no longer, glow across the outback night.  
And the bush is forced to hang a sign, *'gone broke and won't be back'*.  
And spirits fear to find, a way beyond the beaten track.

When harvesters stand derelict, upon the wind-swept plains.  
And brave hearts pin their hopes no more, on chance of loving rains.  
When a hundred outback settlements, are ghost towns overnight.  
When we've lost the drive and heart we had, to once more see us right.

When *'Pioneer'* means a stereo, and *'Digger'* some backhoe  
And the *'Outback'* is behind the house.  
There's nowhere else to go.  
And *'Anzac'* is a biscuit brand, and probably foreign owned  
And education really means *'brainwashed'*, and neatly cloned.

When you have to bake a loaf of bread, to make a decent crust.  
And our heritage once enshrined in gold, is crumbling to dust.  
And old folk pay their camping fees, on land for which they fought.  
**And fishing is a great escape; this is until you're caught**

When you see our kids with Yankee caps, and resentment in their eyes.  
And the soaring crime and hopeless hearts, is no longer a surprise.  
When the name of RM Williams, is a yuppie clothing brand  
And not a product of our heritage, that grew up off the land.

When offering a hand, makes people think you'll amputate.  
And two dogs meeting in the street, is what you call a *'Mate'*.

When *'Political Correctness'*, has replaced all common sense.  
When you're forced to see it their way, there's no sitting on the fence.

Yes, one day you might find yourself, an outcast in this land.  
Perhaps your heart will tell you then, *'I should have made a stand'*.  
Just go and ask the farmers - that should remove all doubt.  
Then join the swelling ranks who say,

***"Don't sell Australia out!"***

Author credit - Chris Long - Far North Queensland



Coming or going??



# Polio Stories Page - " The Laver sisters! "

Nearly 35 years ago, back in August 1990, I had the privilege of meeting the Laver sisters during my first Polio Clinic visit to Kalgoorlie.

I first met **Miss Sheila Laver** and her sister when I did a home visit to their elegant old house in one of the older streets parallel to Hannan St, the main street of Kalgoorlie. All the streets are wide enough to turn a bullock with dray. Sheila was 83 and in a wheelchair. She was unable to attend the main clinic meeting I had organised with a local Community Nurse at Kalgoorlie Hospital, so I needed to go to Sheila's home.

After walking down the floral arched entrance to the garden path and knocking on the ornate stained-glass front door, I was ushered in by Sheila's sister to the kitchen at the back, where Sheila sat in her old cumbersome wheelchair. Sipping a cup of tea from their elegant fine china, I gathered their story.

On being told that they were both, "Miss Laver", I enquired why neither of them had married. They confided that due to the loss of many eligible males in both World Wars, there were not enough men to go around, and so quite a number of women of their era were not able to enjoy traditional married life.

Although their father was a doctor in Bunbury, when Sheila had "the flu" at the age of 3 in 1910, and was unable to walk for 6 months, polio was not suspected. She remembered having to learn to walk all over again and being teased at school, because when she ran she "waddled like a duck!"

It wasn't until 30 years later when she was working as a kindergarten teacher in Melbourne during the Depression in 1936, that on seeing a doctor when she had trouble getting up from sitting on the floor with the children, she was told that she must have had polio as a child. Then it clicked - her 6-months bedridden, unable to walk in 1910 and her physical difficulties at school. This deterioration as a 30-year-old in 1936, and later progression to needing a wheelchair, is the first early record I found, of the "late effects of polio".

This polio deterioration over time, is not something new, it is just that they had had no name for it! Sheila had upper leg weakness in one leg and lower in the other leg. For many years, Sheila had had specially made shoes with a built-up heel, made by Bruce Hodge. Bruce had also had polio, and was a surgical shoe-maker based in Shafto Lane in Perth. He visited country areas periodically to service people needing special shoes, boots and calipers made. Sheila had a walking frame as well, but since a broken leg from a fall in 1988, she mostly now used a manual wheelchair which was paid for by Kalgoorlie Hospital, using the WA Polio Fund, set up here in 1954.

She also had Silver Chain staff come 3 times a week to shower her and the local Task Force came to do her shopping and help with the yard work. Her sister managed the routine housework, and so they managed to remain in their own home.

I was hurriedly jotting down their very interesting story as these 2 old ladies chattered away. Their father had worked as a doctor in the early goldfields, after Paddy Hannan had first found gold in Kalgoorlie in 1893. The town of Laverton, 400kms north of Kalgoorlie, was originally called "Laver's Town" after him. It was gazetted "**Laverton**" in 1900, in honour of the local doctor, Dr Charles Laver, for his hard and earnest work in the town, as well as his memorable long pushbike ride from Coolgardie to there in 1896.

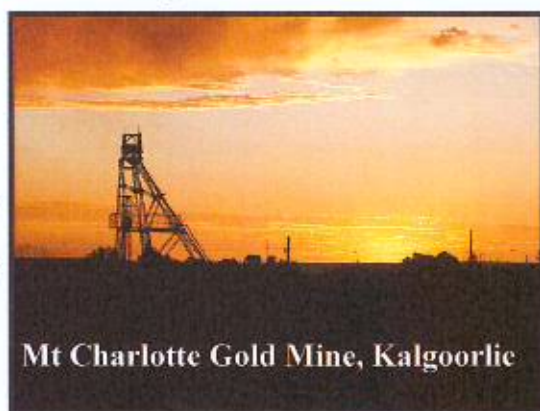
Another spinster polio I visited that trip, was **Miss Annie Lowry**. Annie was born in 1908, having polio in her first year of life. She spent all her life in a run-down old house in Kalgoorlie. Most of her life she managed just with a shoe build-up on her right shoe. Aged 76 in 1984, she began to stumble and fall with the then unknown "*late effects of polio*". She was ordered and supplied with a below-knee caliper, made again by visiting surgical bootmaker, Bruce Hodge. Some time later, a fall down the steps of her ramshackle house, resulted in an injury to her non-polio leg, that required amputation.

As she now battled to stand, with only her polio leg to get her from her bed to a wheelchair, she ended up being taken in by the Little Sisters of the Poor Home run by local nuns. Annie was not happy with her loss of independence, venturing out down the street in her wheelchair, at any opportunity she could get.

Another reticent polio, was **Lee Hembrow**, who I had to meet in the backyard of my sister's house in Williamstown, next to the main Mt Charlotte gold mine. Lee was a lone gold prospector, who lived out in the bush. He had horrifying tales of his polio days, aged 7, in NSW in 1943. He also told me of seeing many aboriginal polios in his prospecting forays in the outback beyond Kalgoorlie. These polios never got any help as they lived out in the bush, never coming into towns, and were probably never recorded in WA polio stats. Lee had a full-length caliper which he maintained himself, never coming to Perth for repairs.

All told I saw 15 old polios in Kalgoorlie on this first trip, and a few others as I passed through country towns going up and coming back. A farming couple at Hines Hill, near Merredin, offered me their caravan to sleep overnight to break my journey both ways. We had a clinic session morning there, with 6 more polios travelling in from surrounding towns and farms. I also called in on other polios at Tammin and Northam as I passed through on my way home.

**Tessa Jupp RN**



**Mt Charlotte Gold Mine, Kalgoorlie**



# WA's Polio Clinic

by Tessa Jupp RN OAM

I have been going through some old boxes during my holiday break and found I had some records of the beginnings of this our WA Polio Clinic. The very first public meeting we had on Thursday night, 24 August 1989, with 230 people at the Para-Quad Hall in Shenton Park, showed us that what people were needing, was a clinic with staff experienced with the polio-related problems that they were now encountering.

That very night, people offering to help were polio survivors - Dr John Niblett, physio Brenda Lake, an OT, and a counsellor; plus an orthotist and myself, a trained nurse. So, we had health workers within our own ranks, right from the start. At our second public meeting in November, our speaker, Dr David Hillman, a respiratory specialist from SCGH, offered to also help us assess breathing and sleeping problems. Brenda enlisted some physio friends and we started seeing patients in our own free clinic on 4 January 1990.

We ran evening clinics with 6 polio people attending weekly, alternating between physio assessments and respiratory - Dr Hillman enlisted his Registrar, Dr Peter Nolan to help as well.

In addition we ran country clinics, seeing 16 for physio assessment at Bunbury in January, 15 in Geraldton in April, 17 for respiratory at Bunbury in July, 25 on my Kalgoorlie trip in August. Other trips included Albany in Oct and a clinic to Narrogin. A very busy clinical first year. Dr Peter Nolan went with us on some of these country trips, as well as assisting with the metro clinics. He presented his findings at the Melbourne Polio Conference in 1991 and Adelaide in 1992. Dr Nolan later returned to Queensland, where he still sees polio patients there now. Lucky them!

By March 1990, we had 550 polios on our Register, then estimating there were 1,500 in WA. Over the last 35 years, I have had over 2,500 WA polios contact me, and we still get a few new ones every few months! By October 1990, 495 Questionnaires had been returned, providing us with a good survey of what WA polios needed help with, and where people lived.

We needed these stats for the Health Dept, when we asked them for help. Polios were being helped by some hospital clinics - Orthotic, Wheelchair and Cushioning at Shenton Park, & SCGH for Respiratory and Sleeping now, thanks to Drs Hillman and Nolan. More local hospital funding would be required, depending on where polio survivors were living - and we wanted a dedicated Assessment and Treatment Polio Clinic.

We found that 64% of our polios had had polio in WA, and 36% had come here from other states or countries. 30% were on pensions - disability or aged. 47% were still aged below 50, and 68% still below 60. The oldest Polio case was in 1904 and the latest in 1982. Cases from the 1960s on, were due to the polio vaccine!

## AGES OF WA POLIOS in 1990 from 495 Questionnaires

teens	20s	30s	40s	50s	60s	70s	80s	90s
3	2	57	172	107	88	44	15	7

If we add 35 years extra age to these numbers, we see that most polios are now aged between 60 - 90. Our

biggest numbers were then in their 40s and doctors tried to tell us our problems were just "Old Age". We could argue then that we don't get old age in our 40s. Now we can't. Now we have old age and Post Polio!

## In 1990 we recorded

10% in wheelchairs,  
13% with calipers,  
7% using crutches,  
9% with walking sticks or frames  
32% needing modified footwear.



Tessa Jupp RN  
1996

These numbers will have greatly increased over the years. Only 3 people were using C-PAPs for sleep apnoea. Dr Hillman, referring polios to his Sleep Clinic at SCGH, found many more needed C-PAP help, and many more polio people now do use them these days.

Our Polio Clinic has come a long way since those early beginnings. Thanks to Jega and her physio team at Shenton Park, by 2000 we had our hospital-based Late Effects of Disability Clinic (LEDC) - now at FSH.

With the help of doctors at PMII, we were able to show that polios need higher blood levels of carnitine. Thanks to Professor Finnin at Murdoch Uni in Vic, who facilitated our double-blind trial in 1996, we have established our source of good quality nutritional supplements in powder form. Other chemists and shops assist us with good quality nutrient supply also, for our members. Over the years we have found simple, easy solutions to a lot of the problems encountered by our members. And a lot these often "old remedies" can be used successfully by other polio family members and members of the general public too.

Unfortunately Dr Niblett and Brenda, along with increasing numbers of our old polios, are no longer with us, but our Polio Clinic has made life a bit better for a lot of us on our journey forward, and still does.



# Trust Your Taste & Smell!

by Tessa Jupp RN OAM

Our bodies are very good at telling us what is good for us and what is not good. If you have ever watched toddlers at Kindy, Child Care or parties, they will try foods that are new to them, spit it out or not go back to eat any more of that food again.

And not all kids will like the same food. What they choose is according to what nutrients they need or don't need - and this is displayed with cravings too, or encouraged instinctively by their blood groups.

Dr Lendon Smith, a renowned paediatrician in USA learnt this when entertaining a friend who was a vet. The friend commented *"I see your old dog is in alkalosis—see his shallow breathing? I'll show you something. Animals know more than we do."*

The vet put 3 dishes on the floor. In one he put plain water, one he put milk (which is alkaline) and in the last, he put a teaspoon of vinegar in the water. The dog smelled each one, then drank from the vinegar-spiked bowl. The dog looked up and gave a wry smile, as if to say, *"It's about time!"*



As a doctor, Lendon Smith knew that being **too alkaline led to shallow, slow breathing**, and being **too acidic leads to deep, fast breathing** - and the antidote is to give the opposite to re-balance our systems.

His veterinarian friend also told him about his horses. He had found that some of his horses were low in calcium, some in magnesium and others in zinc. So he put out 3 extra troughs with each of these supplements added to a different trough of food - and then watched his horses.

The horses smelled the food in each trough, eventually each eating only from the trough which had the supplement in, that each needed. When after some weeks a horse returned to eating from the un-supplemented food trough, he re-checked the blood levels and found they had returned to normal. His comment was *"That is why God put our nose in front of our mouth, not in our armpit!"*

Dr Smith thought *"If it works for animals, why not humans?"* So he tried smelling his bottles of vitamins and minerals. And it does work!

Our sense of smell and taste, tells us what is good and what is bad for our bodies. They are our first line of defence. If food smells or tastes bad, we spit it out. Lendon Smith developed a 10 point smell chart.

## THE SMELL TEST

YOU NEED IT -	DON'T HAVE IT -
1. sweet—yum	6. slightly offensive
2. mildly sweet	7. definite turn off
3. no smell	8. pretty bad
4. slight odour	9. very offensive
5. not too bad	10. real stink

Lendon Smith worked out - if the smell is:

1. **Really sweet**—you are way down, so you need it maybe 3 times a day.

2. **Mildly sweet**—have it and check the smell again that night.

3.-5. only take once a day

6.-10. No need for it today, but you may need it tomorrow, next week or some time in the future, so keep checking the smell.

For instance, Dr Smith found that for him, Vit D3 changes from offensive in summer to no smell or sweet in winter, when he

doesn't get the benefit of summer sun.

I have found the **Vit B6 tasted 5. Not too bad**, on the morning I had surgery and the next day the taste had **changed to really sweet**, because my body needed a lot of B6 to repair the injury site from the surgery!

So we can safely take B6 tablets if they taste sweet or slightly bitter but not if they are yuk—a turn off.

A cautionary story that Dr Smith had on multivitamin tablets - A health shop owner told him about people bringing back bottles of multivitamins declaring *"The bottle was okay when I bought but now it has gone off!"* When offered a replacement bottle, they declared that that had gone off too! Yet to the owner, both bottles smelt okay.

What happens is that some of the vitamins in the multi may no longer be needed, making the bottle smell offensive, but others may still be needed. We need to smell each item on its own, not take as a mix.

**DO NOTE:** If you have lost your sense of smell, don't get someone else to smell it for you! Loss of sense of taste and smell is often a zinc deficiency. Try kinesiology (arm muscle test) instead.

Amazing but so simple. So easy that anyone can do it in their own home by themselves. Everyone is different and has different needs. Try it.

**The answers are in our own hands - or noses!**



# "Stress and Blood Pressure"

by Tessa Jupp RN OAM

Most of our health problems can be sourced back to being caused by stress. **We live in a stressed world.**

The whole world is recovering from multiple stress situations that have resulted from the recent **Covid Pandemic**. This world crisis has resulted in fear of death from this disease and possible long term bad health effects too. We had stressful lock-downs and border closures, restrictions on work, cash-flow, travelling and leisure activities. Our whole local and wider personal, family, neighbourhood, extended friendly circles, have all been **turned upside down**.

And that is on top of all the other stressful situations we face every day. Stress makes us acidic, which increasing our breathing, to get us ready for "**fight or flight**", and to give us the energy to deal with any emergency. This causes the **blood pressure to rise** ready to deal with stress too. Because this happens so often now, we never get to relax properly, and so our blood pressure remains in the "**ready, set, go**" position permanently.

A number of world studies have shown that **the faster we breathe, the higher our blood pressure will be**, because fast shallow breathing drives down CO<sub>2</sub> levels – which constricts our blood vessels.

High blood pressure is generally caused by the tightening and narrowing of our blood vessels, just **like the hose gives a more finer pressured flow** when we make the nozzle smaller.

Stress is known to cause shallow breathing, which worsens hypertension that can be caused by other factors like diabetes, overweight, older age, genetics.

**Breathing slowly** relaxes constricted blood vessels and **reduces BP**, because slow breathing increases CO<sub>2</sub> and bicarbonate levels, thus dilating the blood vessels. This is the same regime used with the **Buteyko method for asthma**. We need to increase our CO<sub>2</sub> levels.

Our brain regulates our BP. It goes up and down with what is happening through the day. When we sit, the brain orders the heart, blood vessels, kidneys, to relax the tension. When we stand, it says "**Hey! We are on the move. Get ready for more action!**" When we are under constant stress, the brain gets stuck on "**go**" and doesn't re-set itself to turn "**off**". The brain needs to relax and stop for a few minutes, every so often and "**reboot**", like when our computer "**freezes up**" and needs to be turned off and re-started to get back to normal working.

When I was working in Emergency, we calmed people down and improved people desperate with asthma, by getting them to blow into a **brown paper bag**. This meant they were re-breathing the air that they had breathed out, with more carbon dioxide and less oxygen in it. The CO<sub>2</sub> relaxed and opened up the airways so they could breathe better, so lessening their stress and slowing their breathing down.



## Re-breathing CO<sub>2</sub>

**Breathe into the bag** with your mouth and nose covered until you feel better.

By re-breathing the carbon dioxide inside the paper bag, you effectively raise your carbon dioxide level.

Doing this **a few times a day** has been shown to bring blood pressure down by as much as **30 points**. Continuing

this **over time** will re-set your brain to **lower the BP**.

The recommended regime to **re-set the brain** is -

1. **Sit** or lie down to relax your muscles.
2. Slow breathing down to **4-6 breaths /minute**.
3. Listen to **peaceful music** or nature sounds.
4. and also - Look at **beautiful scenes**, loved ones.

## What is healthy blood pressure (BP)?

- **Low BP:** 100/60 or less
- **Normal BP:** 120/80 or less
- **Pre high BP:** 120-139 / 80-89
- **Stage 1 high BP:** 140-159 / 90-99
- **Stage 2 high BP:** 160/100 and above
- **High BP if age 60+:** 150+ / 90+

Researchers have found that **slow, deep breathing at 6 cycles per minute – reduces BP – in 15 minutes. Even better at 4 breaths/minute.**

## Tips for taking your Blood Pressure

1. **Don't exercise**, smoke or **drink coffee** or caffeinated beverages **within 30 minutes** of measuring your blood pressure.
2. **Empty your bladder** and **relax** for at least five minutes beforehand.
3. **Sit** with your **back straight** on a firm chair.
4. Keep your **feet flat** on the floor and do not cross your ankles or legs.
5. Make sure your **arm is supported** on a flat surface, such as an armrest or table, with your upper arm at heart level.
6. Make sure the blood pressure **cuff** is directly **above the bend of your elbow** on **bare skin**.
7. Do **not** measure **on top of clothing**.
8. The **cuff** should be **snug** but not too tight nor too loose.
9. **Remain still** while the pressure is being taken.
10. **Do not talk** or let anyone speak to you, while the BP machine is being used. It will make the reading go higher.



# Slow breathing for Memory!

by Tessa Jupp RN OAM

In the last newsletter I did a page on "**holding your breath**" for half a minutes or more. This also increases our CO<sub>2</sub> levels - which **improves your memory** and a lot of other things.

A recent **2023 research study** published in "*Nature Communications*" talks about the Medulla Oblongata in the brain. The **Medulla** is in the **Brain Stem** and **controls your heart rate, breathing, blood pressure, coughing, sneezing, swallowing, vomiting** and maintaining your **balance**. In fact, all things that are automatic, that we don't have to think about - we just do.

The **Medulla** is vital to life. It sits at the **top of the spine** and was affected by **Polio** in **20% or more of polio survivors**. It was the reason people ended up in **iron lungs**, in a **coma**, had **swallowing** and **speech/voice problems, facial paralysis**.

All spinal and cranial nerves pass through the Medulla including the **Vagal nerve**. So affects our taste, **choking**, gut, tongue, swallowing, voice, **neck and shoulder movement**.

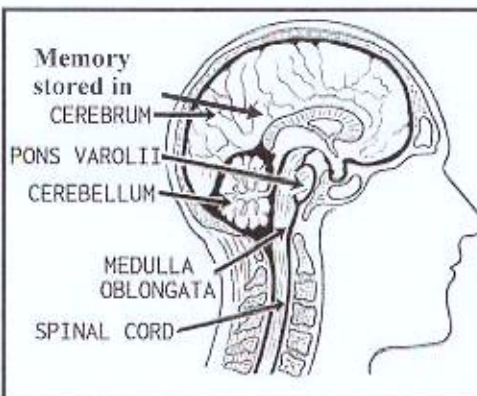
## Signs of problems in this brain area include

- Clumsiness
- Headaches
- Hoarseness
- Loss of feeling or Pain
- Nausea and Vomiting
- Absentia or Fainting

This can explain **problems from polio** or that you have now. It can also be part of Long Covid problems. Changes to brain function such as **poor memory** and **brain fog**, as well as attention deficit, and difficulty learning, are common symptoms of **low CO<sub>2</sub>** caused by **breathing too fast**. This happens when we are sick, stressed, exercising hard or in fear. The Study found that **memory** is affected by the rate of breathing in and breathing out, and the **levels of CO<sub>2</sub>** thus made.

## Low CO<sub>2</sub> from by over-breathing can also result in:

headaches	fatigue	palpitations	fainting
nausea	muscle pain	fast pulse	hallucinations
vomiting	weakness	arrhythmias	numbness
bloating	spasm	chest pain	low self-esteem
swallowing	trembling	ECG change	poor memory



Getting back to **our dog** with the **alkalosis**, our acid versus alkaline balance also affects our rate of breathing.

**Breathing fast** makes us **more acidic**, and **slow breathing** makes us **more alkaline**. Hot weather **increases acidity**, and cold pushes us **more alkaline**.

**Fruit and vegetables** make us more alkaline, and protein

foods, including **grains**, so bread, biscuits, cakes, pizza etc, increase our **acidity**. **When we sleep**, our bodies are doing a clean-up from all the waste-products of energy production and foods we have eaten through the day, so we are **more acidic** when we wake and **eyes** are more narrow i.e. "**piggy**" (**acid**). As the days goes on, our eye shape becomes more "**cow-like**" (**alkaline**)!

## SLOW BREATHING EXERCISES

Using your watch or by counting, breathe in slowly for 8 seconds, then slowly out for 8 seconds. This slows the numbers of breath/minute to only 4!

A trial done with students, improved their learning by:



For just **5 minutes - 3 times per week**, students were asked to do **5-second inhales**, **5-second breath holds**, **10-second exhales**, and **5-second breath holds**.

## BROWN PAPER BAG - CO<sub>2</sub> EXERCISE

1. Always use a **paper bag**, about 6 inches by 15 inches. If it is too small or too large - it won't work.
2. Place the **paper bag over your nose and mouth** and hold it in place with your hands as you breathe into it.
3. The CO<sub>2</sub> will accumulate in the bag, thereby **raising your CO<sub>2</sub>** level as you breathe it in.
4. **Breathe in and out slowly for 3-5 mins.**



## HOLD-BREATH EXERCISE

1. **Normal breath in and out**, through the nose.
2. **Hold breath** whilst counting the seconds till you really need to start breathing again.
3. **Resume normal breathing.**
4. Holding breath for **less than 25 secs is poor**. **25 - 40 secs is good**. **40 secs - 2 mins is even better!**
5. **Repeat this 4-5 times a few times a day.**





# Common meds proven to reduce bone density by Tessa Jupp RN OAM

I keep getting asked by people who are being threatened by their doctors, that they must take bone density drugs, or they will fall and fracture their bones. Then I found this disturbing report.

## **"We now know age is not the only factor contributing to fracture risk."**

In 2021, in the *"The Integrative Medicine: A Clinicians Journal"*, a 2-part article was posted, that found a shocking **16 common medications proven to deteriorate bone density**. This 2021 report revealed many common medications could contribute further to weak, brittle bones.

Here are thoughts on this report's breakthrough findings, of the 6 most common bone-dissolving drugs discovered, by Dr Chad Walding, a Doctor of Physical Therapy and Senior Nutrition Expert.

### **1.) NSAIDS & Acetaminophen**

Often used to soothe pain, NSAIDs and acetaminophen can interfere with the body's ability to soothe inflammation, disrupt gut health, impair liver function, and reduce nutrient absorption.

These dangerous drugs allow free radical damage and excess inflammation, by disrupting the liver's ability to convert vitamin D into the form intestines need to absorb calcium, so that as little as 10% - 15% of the calcium consumed is absorbed, thus putting seniors at serious risk of fracture.

### **2.) Antidepressants and Anti-Anxiety Drugs**

Research assessed risk factors for osteoporosis and fractures in 4,960 postmenopausal women aged 50 to 65 years. It found that the 2 top risk factors identified for osteoporosis were low intake of calcium and anti-anxiety medication.

"Studies show certain antidepressants can decrease **estrogen** production, which we know is a major trigger of bone loss in women," says Dr Walding. Research involving over 27,000 postmenopausal women in Canada found that one common antidepressant increased the risk for **osteoporosis by 46%**. A **2020 study** in women found, another common antidepressant increased the risk of **hip fracture by 83%**!

### **3.) Blood Sugar Treatments**

Certain treatments that regulate blood sugar can cause stem cells found in bone marrow, to become fat-storage cells.

*"If the body is encouraged to **form fat instead of bone**, bone mineral density is guaranteed to decline over time,"* says Dr Walding.

Studies show long-term treatment with certain blood sugar treatments can increase the **risk of fractures up to 4-fold!**



**4.) Allergy Medication**  
Many of these steroidal allergy treatments **disrupt Vitamin D3** absorption, which is already a leading deficiency nationwide.

According to Dr Walding, *"Vitamin D3 is essential for calcium absorption and bone mineral density, so it's no surprise depleting this vital nutrient can lead to increased fracture risk."*

Studies show bone mineral density drops 6%-12% within the first year of certain steroidal allergy drugs and approximately 3% per year following. Depending upon dosage, **fracture risk can increase as much as 75% within the first 3 months!**

### **5.) Diuretics**

Often used for blood pressure, liver, and kidney issues, diuretics have life-saving abilities... But unfortunately, one of the side effects is **increased urinary excretion of calcium**. *"We're seeing a common thread that interruptions in the absorption of vital minerals, especially those necessary for bone health, can have detrimental effects over time,"* says Dr. Walding.

A study discussing risk factors for osteoporosis published in the May **2016** issue of the journal *"Endocrine"*, found diuretics increased the odds of developing osteoporosis by a significant **70%**.

### **6.) Heartburn and Reflux Treatments**

Heartburn and Reflux medications are only recommended for short-term use, yet 60% of users report staying on the drug for more than one year, and 31% are still on them after three years. **More than 60% are also taking them to treat indigestion.**

And thanks to this report, we now know these medications can result in a decline in the production of the most abundant protein in the body. *"There is one unique protein, **collagen**, that is critical to bone strength. If production of that protein is inhibited in any way, bone mineral density is likely to suffer,"* explains Dr Walding.

Dozens of studies show rates of **hip fractures** are **higher** among both long and short-term **users of heartburn treatments** and at all dose levels.

So if possible we need to get off all drugs in these categories. We need to **take foods and nutrients** that support bone density, and they are also recommended by Dr Walding. **Number 1 is Gelatine (a cheaper way to take Collagen)** - at the rate of **4 teaspoons** per day in hot drinks. Also needed are **Vitamins D3 and K2, Vitamin C, Zinc, Borax** (just a trace - works like "cement") **Magnesium, Manganese** (works like "glue")



# "Cravings - what they may mean!"

by Tessa Jupp RN OAM

Everyone gets a yen for something every so often. It makes us feel good. Often there is a **hidden reason behind what we have a craving for**, and we need to know what our body is trying to tell us.

One of my grandchildren was having problems with her knees. When visiting me for a meal at that time, her sister was all indignant saying *"Grandma! She has emptied the whole bowl of jelly into her plate - and left none for me!"*



I realised that instinctively **she needed gelatine for her knee problem**, and her body was telling her to eat lots of jelly! She also devoured a whole packet of gingernuts that I had had in the pantry. Again she was responding to a **craving for ginger**, because she needed **manganese** for the tendons and ligaments in her knees.

Our instincts are wonderful things. **Trust** that we are probably on the **right track**, and there is probably a good reason to do it - even if you are not sure exactly why at this moment!

**Chocolate cravings** - low in **magnesium**. So okay to eat some dark chocolate or drink cocoa. Also may be in nuts, seeds, fish, leafy greens.

**Sweet Foods?** - we need **Vit C**. Glucose and Vit C use the same absorption sites in the gut, so **fruit** gives us the Vit C we are needing.

**Salty foods** - we need **minerals**. Use a good quality **Himalayan salt** with lots of minerals in it. Celtic salt these days is full of plastic - so avoid it. Wanting salt may mean we are eating fast foods & salty snacks because we are **stressed**. Do slow breathing instead.

**Meats, particularly red!** - need **amino acids**. Meat is an **energy food** - provides **carnitine**, taurine, tyrosine - and other amino acids which are needed for thyroid. **Craving raw meat** (eg mince) may mean we need **iron** (anaemic).

**Ice, clay or dirt** (known as **"pica"**) again signifies an **iron** deficiency. **Eat more meat!**

**Beetroot** - supplies easily digested form of **iron**

**Apple, lemon or apricot juice** - if hot weather knocks you - you are low in **potassium**. Use the water you boil your vegies in for potassium too.

**Vinegar/ lemon juice**: symptom of low stomach acid. Have **with your meals** to **stop reflux**.

**Ginger** - need **manganese**. Craving for ginger, ginger beer, ginger nut biscuits, gingerbread. Likely to be prone to **tendon injuries**, sprains, **poor balance**, bumping into doorways and furniture, dropping things, **stiffness**, tinnitus.

**Bread, pasta, crackers**, or other grain products - may need tryptophan to make serotonin - the **'happy hormone'**. May be intolerant to some grains, particularly wheat, corn or gluten - feeding a habit. Try having floured foods with protein foods, to lessen a rise in blood sugar.

**Milky, creamy foods, cheese or pizza** - can mean a B6 or a fatty acid omega-3 deficiency.

**Fish**: You may need more **omega-3** in your diet or you could be needing **iodine** for the thyroid.

**Cake** - need a **sugar fix** if energy low. A protein food will give you more lasting energy, without raising your blood sugar. **Try more Vit C**.

**Fruit** - need more **Vit C**. Can get from vegetables too, without increasing blood sugar.

**Avocados** - need **carnitine** for easy energy.

**Jelly** - need **gelatine** for **joints**, ligaments & tendons. Also needed for new **bone density**.

**Honey** - has **antiseptic** qualities. Good for **sore throats** and infections in the mouth, any ulcers elsewhere in the body as well: is soothing, heals

**Fermented foods** - yoghurt, cheeses, pickles, chutneys, sauerkraut, fermented vegetables, kefir, kombucha, tempeh - all **aid digestion**.

**Hot spices** - curries, peppers, chilli, paprika. Produce instant body heat to **make you sweat**, which **cools us down** with evaporation.

**Coffee** - acts as a **stimulant** and **painkiller**. **Lifts mood** so helps with depression. Can be addictive if drink a lot of coffee.

**Alcohol** - addictive - depends what it is made from, eg you may have **intolerance to grains**.

**Cigarettes** - nicotine is similar to nicotinamide ie B3. **Body craving B3** - taking B3 supplements makes ciggies taste bad, can help give them up.

**Gnawing on fingernails** - common with people who are low on **zinc**. Can also be sign of **stress**. Taking zinc has a calming effect, lessens stress.

Find out what your body is telling you??



# "Dangers of Low Salt"

by Tessa Jupp RN OAM

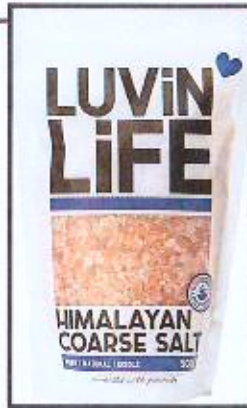
So many people are avoiding salt these days, that we are now **getting problems from not enough salt!**

Salt is more than just "Sodium Chloride". Natural salt is full of other needed minerals too. **Himalayan pink salt is best** as sea salts are now ruined with micro-plastics.

**Low sodium levels** can disrupt nerve signalling and **muscle contraction**, increasing the risk of **falls and fractures**, especially in older adults.

**Symptoms of low salt** can include **muscle weakness**, exhaustion, **dizziness**, puffiness, nausea, headaches, **confusion**, difficulties with attention, **memory**, heart failure, arrhythmias, sudden cardiac death, kidney damage, **osteoporosis**, seizures, and even coma.

**Insulin resistance** can increase after only **7 days**, then high blood sugar can lead to **Type 1 or 2 diabetes**.



**Low salt levels** also **increase cholesterol and triglyceride levels**.

Research shows the real key to relaxing your arteries and **reducing your blood pressure** is the **ratio of sodium to potassium**. Most potassium is inside our cells, sodium is outside. **Potassium relaxes** the walls of our arteries, to keep our **muscles from cramping** and **lower our blood pressure**.

Older adults are more likely to take **medications** that can **reduce sodium levels**

in the blood. Most of the excess sodium people eat comes from **processed, packaged foods** — that we shouldn't be eating much of anyway.

Cook **real foods** from scratch at home, adding **real salt "to taste"**, on our own plate. This will improve flavour safely, maintain healthy levels of **all minerals** and make meals more pleasurable.

## What about Sugar? - and - Benefit of Prunes

**Whole fruits and vegetables** are our naturally source of **sugars and Vit C**. The sweetness is found in the cellular structure as they ripen. They come with the beneficial **nutrients and fibre** found in whole foods, which slows down sugar absorption from the gut.

Multiple studies demonstrate that **honey**, which is very similar in composition to **plain white sugar**, does not trigger the normal hyperglycaemic response that most of the other simple carbohydrates do. **Honey** contains **vitamins** and minerals, and is antibacterial. We can use honey as a sugar alternative in cooking. Three quarter cup of honey equals 1 cup of sugar - & use less water. **Coconut sugar** retains most of the nutrients found in coconuts, including calcium, iron, potassium, and zinc.

**Avoid fructose, high-fructose corn syrup** and other **artificial sugar replacements**. They have been linked to brain damage, as well as to allergic reactions. Stick with the sugars from ripe fruit, raw honey, coconut, molasses or use pure organic cane sugar.

### Sugar-free Oatmeal Cookies

1 cup quick-cooking oats  
¾ cup arrowroot or cornflour  
¾ teaspoon cinnamon  
¼ teaspoon real salt  
2 bananas, mashed  
½ cup raw coconut oil  
1 teaspoon vanilla essence  
¾ cup raisins, dates or prunes



Stir dry ingredients well in a bowl.  
In larger bowl beat wet items together.  
Add dry mix to wet, in large bowl, mixing well.  
Roll tablespoon amounts into a ball.  
Press flat with a fork on baking tray.  
Cook 15 mins in oven at 175C.

Traditionally known for their laxative benefits, studies show that a single serving or about **5 dried plums (prunes)** may help **prevent bone loss** in older, osteopenic, postmenopausal women. Studies of prunes indicate lower **colon cancer risk**.

A 1-cup serving of prunes gives 87% of the RDI of vitamin K. The **soluble fibre** helps slow down the absorption of glucose; stabilises blood sugar levels.

They can be chopped up to add to raw grass-fed yogurt, blend them in smoothies and shakes, and add them to **salads** and other **vegetable and meat dishes**. In fact, just about anything you use raisins for, prunes are a tasty, healthy alternative.

### Beef Stew with Prunes

Chopped beef, 1 onion, 3 tomatoes  
Diced potatoes and carrots, peas  
1 teasp cinnamon, 1 cup prunes  
Salt & pepper, 1 tblsp vinegar.

Brown meat & onions. Add other ingredients. Add boiling water to cover food. Simmer 45 mins. Thicken with flour.



### Prune Loaf Cake

1 cup prunes, chopped  
1 cup boiling water  
1½ teaspoons bicarbonate soda  
30g butter, softened  
½ cup sugar or honey  
1 egg, beaten  
1½ cup SR flour

Stir prunes, bicarb in boiling water. Leave to cool.  
Cream butter, honey & egg. Add prune mix & flour.  
Bake 30-40 mins in oven at 180C.



### Creamy Rice & Prune Pudding

Boil 2 tblsp of rice to 1 cup milk, & prunes, stirring.



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