

WA Polio Clinic Newsletter



Polio Clinic WA Inc.

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Vit B6 Controversy

There has been a lot in the media lately about the dangers of taking too much Vit B6.

Firstly: we should only be taking extra amounts of anything, if we have signs of needing more. It is better to only take exactly what we are needing, in the doses we need it ie does it work?

Secondly: our best sources of nutrition is from the foods we eat. Our bodies will only absorb the amount we need from food, & not overdose.

However: if we can't get enough from our food for our particular problems, we may need to take a supplement to fix this, and maybe long term.

Food Sources of B6 mg/serve

Best - Red meats	1.0mg
Avocado	0.6
Fish	0.6
Chicken	0.5
Potatoes	0.4
Banana	0.4
Cheese	0.3
Nuts	0.1

Some of us have needed large doses of B6 for more than 25 years. We are not having any signs of overdose and our problems return if we stop or take less. We can be on varying amounts, up to 800mg. Each persons needs are different.



So don't stop taking B6 – if it is working for you!

Symptoms that we may need B6 to fix:

Nerve pain - sharp, stabbing
- pins & needles
- numbness & tingling

Sudden sharp pains in joints - synovial

Depression & PMT or Menopause

Weakness & dizziness

Confusion & irritability

Nausea & vomiting

Sensitive teeth

Swelling - oedema (B6 acts as a diuretic)

I will do more on how B6 works and why we might need it, in the next newsletter.

ALL I NEED TO KNOW I LEARNED
FROM THE



- DON'T PUT ALL YOUR EGGS IN ONE BASKET.
- eVERYONE NEEDS A FRIEND WHO IS ALL EARS.
- SOME BODY PARTS SHOULD BE FLOPPY.
- ALL WORK AND NO PLAY CAN MAKE YOU A BASKET case.
- LET HAPPY THOUGHTS MULTIPLY LIKE RABBITS.
- eVERYONE IS ENTITLED TO A BAD "HARE" DAY.
- KEEP YOUR PAWS OFF OTHER PEOPLE'S JELLY BEANS.

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Can you believe that Easter is almost upon us!

Anzac Day too. We are ripping through this year fast.

VOLUNTEERS

Marie Bez has joined our volunteer team this year. The wife of one of our wheelchair-bound polios, who died 12 years ago of a heart attack at age 59, Marie has now retired and is able to give us 5 hours a week to do whatever. She is working through getting my health reference books re-sorted back into their right places on the shelves. And we still have a few boxes left to unpack. Marie is also happy to vacuum the floors. We are very lucky to have her versatility.

NEW CBA BANK a/c for those paying us by CASH

Would you believe? I managed to transpose two of the numbers in our NEW CBA bank account when I typed it into the last newsletter. **So this is now right.**

For Polio Clinic Commonwealth Bank Account -

**BSB is 066 125
Polio a/c - 1055 1096**

We have this extra account now so that people can go into a local Commonwealth bank branch if they have one near them, to pay their bills with cash, directly into our account.

Make sure the teller records your name & invoice number and what your payment is for.

Closures of bank branches and cheques being made redundant, have made it harder for our older members, particularly those living in country towns, to be able to pay us

NB. If you still have a cheque book, you can still mail us a chq. We can still bank them with BoQ.

Pay by BANK of QLD account preferable please

If you are paying by Internet Banking, please use the BoQ account number. CBA is now charging to take CASH out of accounts! We don't do internet banking.

NEW COMPUTERS

My son has been and set up our 2 new computers and laptop, connecting them to our base system. Our thanks go to the Northbridge Rotary Group for their donation last year which made this possible.

SUPPLEMENT OUTAGES

Our usual Carnitine is still unavailable and we hope it will be back soon. **In the meantime, I have found another source of temporary carnitine powder** that is working. So do order from me if you are needing more carnitine.

Borax is off too, but I have a few left.

Manganese powder is off, but tablets are available.

Next newsletter will be out in June.

Tessa Jupp RN OAM

We do still need your donations!

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

Any payments made after March 2025 we will count for the **2025/2026 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**.

ALA - Lipoic Acid 400mg (60)	\$40
Carnitine 200G	\$200
Carnitine 100G	\$110
Carnitine 50G	\$62
Magnesium Chelate 300G	\$55
Magnesium Chelate 100G	\$25
Magnesium (250 caps x 500mg)	\$40
Magnesium (75 caps x 500mg)	\$15
Manganese powder 200G	\$100
Manganese powder 100G	\$55
Manganese (250 tabs x 200mg)	\$40
Borax 100G	\$15
Gelatine 1kg	\$30
Glutamine 100G	\$30
Taurine 100G	\$30
Iodine Tincture 50ml (paint)	\$17
Lugols Iodine 100ml (drops)	\$35
Castor Oil eye drops	\$18
Vit A (120 globules x 10,000iu)	\$22
Vit A (300 tabs x 10,000iu)	\$58
Vit D3 (400 tabs x 1000iu)	\$30
Vit K2 (90 tabs x 180mcg)	\$38
Q10 (60 tabs x 150mg)	\$40
Molybdenum (50 tabs x 250mcg)	\$28
Postage & Handling (small parcel)	\$13.00
	(medium parcel) \$19.00
Express Post	(small parcel) \$17.00

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

Laughter is the best Medicine!



"After the Prince finds Cinderella, do they decide to drop out of the Royal Family like Prince Harry and Meghan did?"

— “On the Look Out” —

Two guys, one old, one young, are pushing their shopping trolleys around the supermarket when they collide.

The old guy says to the young guy,

"Sorry about that. I'm looking for my wife, and I guess I wasn't paying attention to where I was going."

The young guy responds, *"That's OK. It's a coincidence. I'm looking for my wife, too... I can't find her and I'm getting a little desperate."*

The old guy says, *"Well, maybe I can help you find her... what does she look like?"*

The young guy says, *"Well, she is 27, tall, with red hair, blue eyes, is busty... doesn't wear a bra, long legs, and is wearing short shorts. What does your wife look like?"*

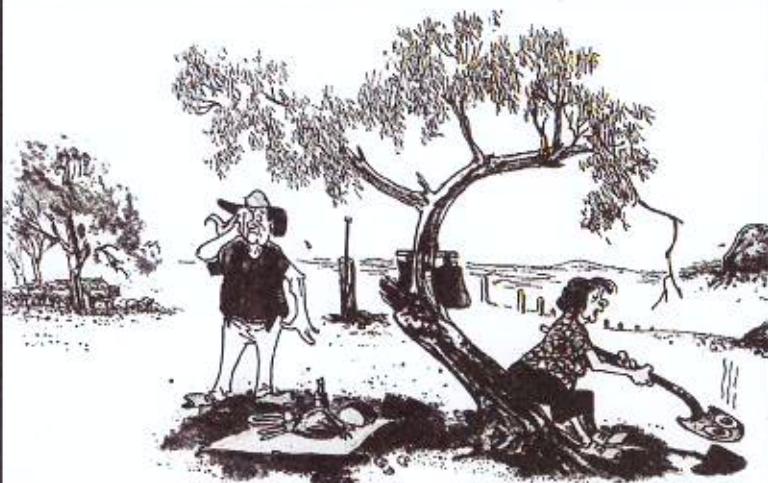
To which the old guy, brightening up replies,

"Doesn't matter --- let's look for yours."



Q: Why is Cinderella no good at sports?

A: Because her coach is a pumpkin and she is always running away from the ball.

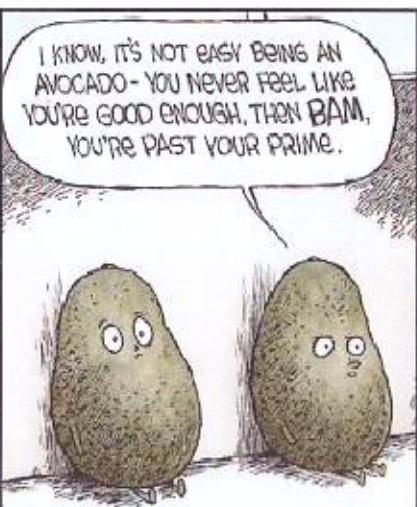


"It is not all that hot. Yesterday's sun cooked our eggs in half the time!"

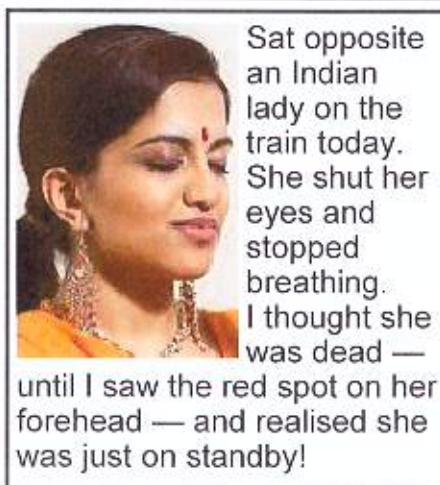
An old man is sitting on his porch when a young man walks up with a pad and pencil in his hand. *"What are you selling, young man,"* he asks. *"I'm not selling anything."* the young man replies, *"I'm a Census Taker."* *"A what ...???"* the old man asks. *"A Census Taker. We are trying to find out how many people live in Australia."* *"Well."* The old man replies, *"You're wasting your time with me. I have no idea!"*



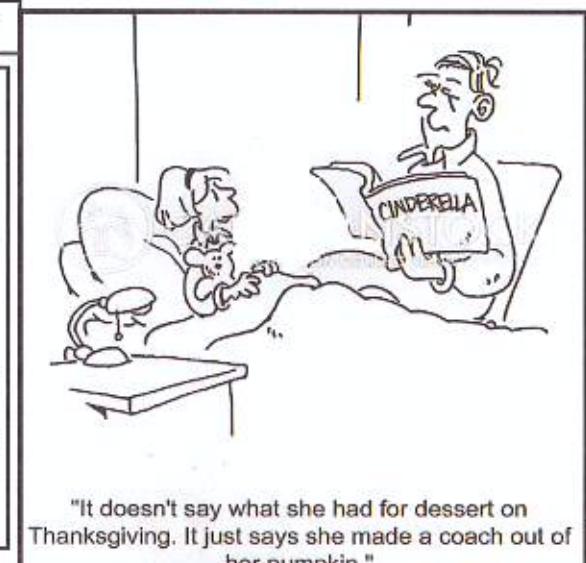
"These aren't bath crystals! They are jelly crystals!"



I KNOW, IT'S NOT EASY BEING AN AVOCADO - YOU NEVER FEEL LIKE YOU'RE GOOD ENOUGH, THEN BAM, YOU'RE PAST YOUR PRIME.



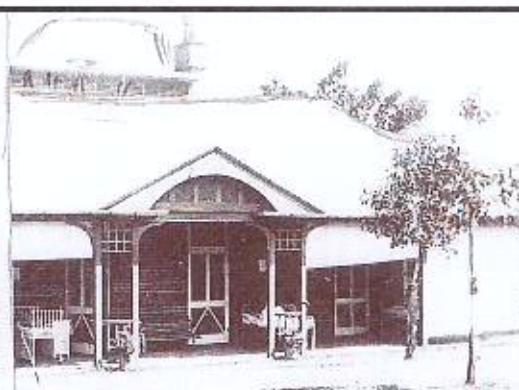
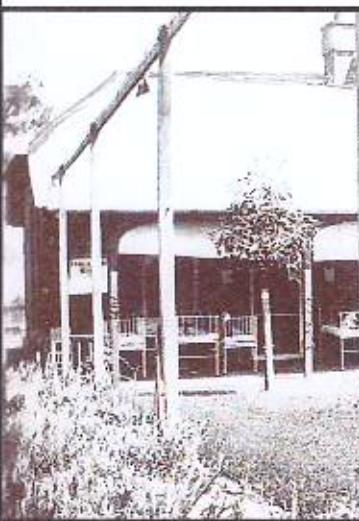
Sat opposite an Indian lady on the train today. She shut her eyes and stopped breathing. I thought she was dead — until I saw the red spot on her forehead — and realised she was just on standby!



"It doesn't say what she had for dessert on Thanksgiving. It just says she made a coach out of her pumpkin."

I mentioned LEDC at Fiona Stanley in the last newsletter. Brenda, Jega and I were the instigators for this special rehab clinic in 2000. Luckily, Brenda recorded a number of oral histories and write-ups of her polio days and work as a physio. Here are some of her words, recounting those times.

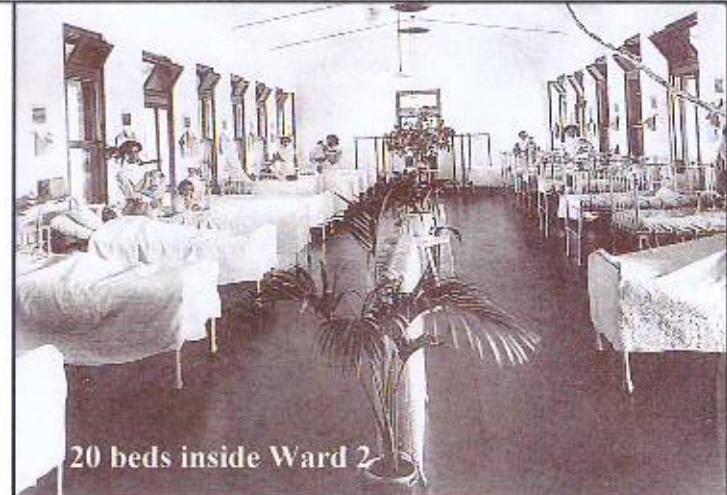
"I lived in Nedlands in Smyth Road during the War, where all the military funerals came up that street. As kids, we walked along behind lots of the funeral processions up to the Karrakatta Cemetery, often — and our play too, was often of funerals. And it was also walking in the cemetery one day, that I realised that I was really tired, and I could hardly make it. That was the first sign that I was about to get polio. A day or so later, Mum made an appointment for me, after school, to see the replacement Doc, as ours had joined the Army and gone off to War. **The time was 1944 and I was 8.** I was the eldest and Mum had my 3 younger siblings to look after at home. Mum sent me on my own to the doctors, as I was limping, but this new lady Doc found nothing wrong with me and sent me home. She was distraught a few days later, when my leg was paralysed and she found I had polio. An ambulance was called to take me to the Children's Hospital. This hospital had opened in 1909, with all separate buildings. They included 2 wooden pavilion wards of 20 beds, an operating theatre, an outpatient building and nurses quarters. All nurses had to live in, in those days. In the 1930s, more wards and an Xray Room were built. By that time there was at least 6 wards. Ward 5 was opposite us and I was in Ward 2. Beds were out on the verandas too!"



Each ward was an individual building with a grassed area

The beds were iron-framed with horsehair mattresses. For the first 3-4 months I was inside, then graduated to the veranda beds, where long-term patients had their beds. I was on the outside veranda for at least 10 months, and another 6 months, when I broke my leg a few years later. It was cold out on the verandas, especially in winter, and they pulled down canvas blinds when it rained - but we still got wet!

I was there for 2 Christmases and through my mother agitating, a school teacher was eventually appointed. We were not happy at having to do school work.



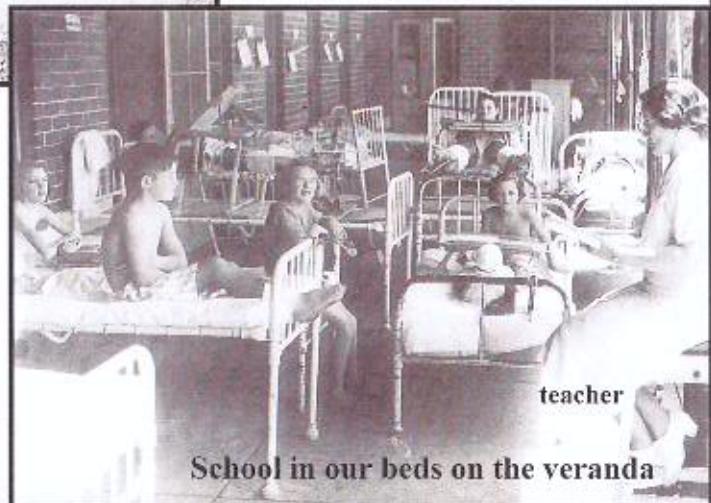
20 beds inside Ward 2

The veranda floor was rough concrete and visiting hours were 2pm - 4pm on Sundays and Wednesdays. Children were not allowed to visit. Although our beds were wheeled out onto lawns in the morning to get sunlight for Vitamin D, there was a War on, and trenches had been dug in the hospital grounds, and windows taped up, in case of Air Raids by the Japs, reaching as far as Perth. They had bombed Exmouth!

After I left hospital, my Mum had to take me back for exercising 3 times a week. Dad took me to Crawley Baths for swimming, before he went to work. I went

back to my school at Loreto in Nedlands, walking to start with, then riding a tricycle. I used an adult trike to get to UWA, RPH, Shenton Park Annex etc when I later trained to be a physio from 1955 - 1957.

I had wanted to be a splint maker, after getting my first caliper when I was 13 and radiation to my good leg to stop it growing, but they laughed at me saying - **"No! That is a man's job!"** So I had to be content with training as a physiotherapist instead.



teacher
School in our beds on the veranda

I started my Physio training in 1955. The Board of Physiotherapy started in 1952 in WA and only chose 12 applicants a year. I was surprised to be chosen. In our third year of training, we were sent for 3 months each to PMH, the Spastic Centre, RPH and Hollywood, to gain experience. After graduation, in 1958, I worked for a year in Outpatients at RPH to get experience with adult patients, but I had already decided that I wanted to work with disabled kids, so in 1959 I applied for a job with the Spastic Welfare Association.

As physios we had been taught that there is:

An hierarchy of disability.

1. **Blind** - acceptable, as could ask for help
2. **POLIO** - acceptable, as they got on with life
3. **Spinal Injuries** - acceptable, as speak up
4. **Cerebral Palsy (CP)** - not acceptable, 'weird'
5. **Genetically abnormal** eg Downs, rhesus 'blue' babies, fetal alcohol and drug abuse, etc.

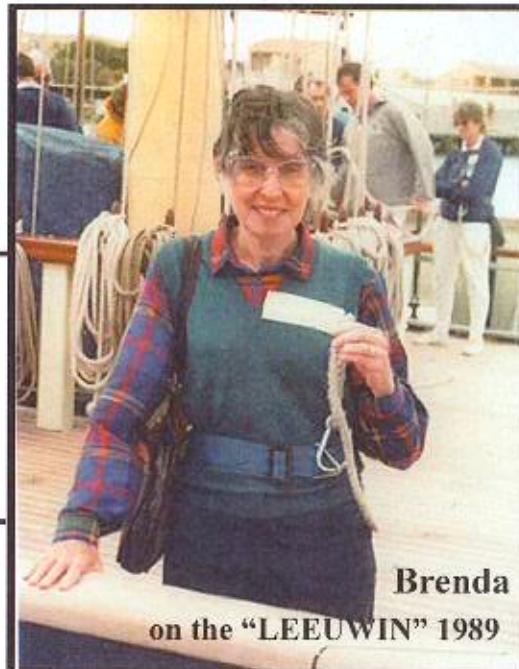
The last 2 categories, babies often born with an abnormality, were seen as parental failures, to be hidden away. Parents were encouraged to put them away in a "Home" as "wards-of-State" and forget about them. Get on with your life without them. Or keep them hidden at home. That you can't do anything for them. We even had trouble getting staff to look after them.

In 1953, some parents had banded together, fundraised and bought a house in Mt Lawley. The Govt reluctantly agreed to sponsor them £1 for every £3 they raised, so that they could buy equipment and schooling needs. Numbers soon grew to 100. They bought more houses and by the time I was working there, there was 375 kids! Often they were barely able to pay teachers and therapy staff's wages. But I hung in there.

In 1963, I married Willem Lake, a school teacher. From 1964 to 1976 we had five children and I had to stay home to look after them, as Willem had jobs out in the country areas and could be away for weeks. He ended up training as a school psych and working with handicapped children too. I went back to work in 1972 at the now Sir James Mitchell Spastic Centre. A new building to house residential kids and school buses to transport day students, was set up in Coolbinia and named the Sir David Brand Centre. We tried many options for therapy. Some worked, others didn't. We were dealing with a wide range of disability in kids — physical, spasming, screeching, non-verbal.

Sports days and shopping expeditions were introduced. As well as physio sessions for swimming in heated pools. I helped set up Riding for the Disabled, Noah's Ark Toy Library, a Sports Medicine and Recreation group for WA and the Cerebral Palsy Sports Association.

In 1983, after developing regular sports training, a WA team competed in Sydney. I accompanied a team to the Seoul Paralympics in 1988. A team then competed in the Nottingham Games in the UK, followed by a competition in Ireland.



Brenda
on the "LEEUWIN" 1989

1989 was a busy year for me, as I was also invited to take a group of CP people on a 10-day adventure on the training sailing ship "Leeuwin". We sailed to Geraldton and back. This was something new for the disabled and was an

adventure that even included climbing the mast.

1989, was also the year the Post-Polio Network was set up. Reluctantly I became Vice-President and Clinic Physio, from 1989–2017. In my paid job at David Brand, I had become the Physio-in-Charge, so was able to arrange to use the Physio area for our free Polio Clinics at night. Dr David Hillman and Dr Peter Nolan came from SCGH to assess breathing, and I invited some physio friends to help us assess poor muscles.

1989 was also the year I received the Medal of the Order of Australia (OAM) for my services to people with disabilities.

In 2000, together with a colleague, Jega, I have assisted in the formation of the free, hospital-based Late Effects of Disabilities Clinic (LEDC), initially at RPRH and since 2014, at the Fiona Stanley Rehab Hospital. This caters for CPs too. I have been on the committees of several other organisations formed to assist the disabled, including helping set up People with Disabilities.

On several occasions I was a guest speaker at National and International Conferences on Polio, including in 1998 being the Consumer Representative to speak for all polio survivors of the world, at the Polio Conference in Tunisia.

I was awarded the Australian Sports Medal in 2000 for 12 years' voluntary service to the Disabled Sports Association. In 2003, I was also recognised by the Lions Club International with an Exemplary Services Award for community services for the disabled. I retired from work 1992

Update on our Free hospital-based Clinics

by Tessa Jupp RN OAM

"LEDC - Late Effects of Disability Clinic"

This is a free hospital-based outpatient clinic at the Fiona Stanley Rehab Hospital (FSRH) for people "Aging with a Long-term Disability".

It is not well-known. Your GP is not likely to know about it, as he won't find it if he looks on the Fiona Stanley Hospital website.

It was set up in 2000 at RPRH Shenton Park, thanks to the efforts of our Polio Network.

Brenda Lake and her friend, "Jega", a physio on Ward 1, who had Paul Berry in his iron lung as one of her patients, along with Dr Niblett, myself and some other specialist doctors that we roped in, approached the WA Health Dept, and convinced them of the need for a special clinic for small disability diseases that were not covered otherwise. This included Polio, Cerebral Palsy, old TB patients, Guillain-Barré, congenital hips, and other rarer disabilities. We were lucky, they agreed, we got our clinic.

Referral is from your GP to Dr Colin Crawford at LEDC to: FSH.Referrals@health.wa.gov.au

There is a long wait to see the doctor but your initial appointments will be for the physio to be assessed and a program set up, either exercise or in the heated pool in the basement at FSRH. Physio Clinics are **fortnightly on a Wednesday**. You should get an appt in 6-8 weeks.

State Orthotic Dept

This is another free hospital-based outpatient clinic that has always been there for polio survivors since the epidemics of the 1940s and 1950s. When RPRH Shenton Park closed down in 2014, it too was transferred to FSRH. Most of work is done at RPH in Wellington St but the **patients** are seen at FSRH in Murdoch

They would like people to come back every year to check that their calipers and shoes are still fitting properly and in good condition.

Ideally people have their old caliper as a spare that can be used when the other one breaks or needs repairs or alteration. You may also be able to get funding for a pair of shoes, if your feet are 2 different sizes because of polio.

You may need a new referral from your GP if it is more than 12 months since you were last seen. Check when you make your appt.

Referral is again to Dr Colin Crawford but at Orthotics at FSH. Both clinic are same venue.

Contacts: LEDC **6152 7420**
Orthotics **6152 7450**

The cost of your items ie calipers and odd or specialised shoes should ideally be covered by your NDIS or My Aged Care funding. If it is refused, you may be able to get it covered under the CAEP funding.

CAEP - Community Aids and Equipment Program

This was another WA State and Health Dept funded program that we had had here, before NDIS and My Aged Care were brought in.

It has been **resurrected in 2023**, for people in WA, like old polios, who were found to be falling thru the cracks, with these new fund-givers, and struggling to get or maintain their equipment.

CAEP provides an equitable and accessible scheme for the provision of equipment and home modifications to benefit people with long-term health, disability or age-related functional impairment living at home.

ELIGIBILITY for CAEP

1. To access CAEP you must have **not been able** to get the help from **NDIS or My Aged Care**
2. Have a Pension card, HealthCare card or be in financial hardship ie can't afford it.
3. Must live at home and need for independence.
4. Not have been in hospital in the last 3 months.
5. Item needed for personal use.
6. Item needed must cost more than \$50.

Equipment Needs List

Orthosis - eg calipers, corsets
Specialised footwear - eg shoes, shoe build-up
Crutches, walking sticks, walking frames
Manual wheelchairs
Scooters, electric wheelchairs
Hoists or aids for transferring
Equipment to assist standing
Bed equipment
Toileting assistance equipment
ie commodes, toilet raises, handrails
Showering assistance equipment
House ramps and railing modifications
Bathroom or toilet modifications
C-PAP, humidifiers, ventilators

Other items may be considered on a case-by-case basis and if needed urgently.

Referral is by your GP or allied health worker.

All the information and referral forms are on-line. GP needs to look up "CAEP—WA Govt." website.

Surviving in Hospital!

by Elizabeth Edmondson

My name is Elizabeth Edmondson and I contracted polio when I was 15-months old in 1951. I wore a caliper on my right leg until I was 17, when I had more surgery to fuse my right ankle. Dr Bedbrook said I walked very well with elbow crutches, so I used them for the next 17 years. I then went back to a caliper, when I had my daughter. When Late Effects of Polio started to affect me, I started using crutches as well as my caliper, until shoulder surgery 12 years ago, when I came home from hospital in an electric wheelchair, as I could not use my left shoulder for 6 weeks. I need to use both arms when transferring.

On **5 December 2024**, I had a total reverse shoulder reconstruction. Unfortunately, due to osteoporosis, it fractured during surgery, so my recovery was delayed by a month. My daughter and I made this poncho about 30 years ago – it is very handy to use with one arm in a sling. It also can be used as a rug when in bed.

I want to give you some **Tips Before Surgery**.

Prior to surgery, I was going to a physio every week, who would give me acupuncture, massage and manipulation. He also gave me exercises to strengthen the muscles around the shoulders. This worked very well, as 1 day after surgery, the hospital physio, was able to gently move my elbow out to the side to 85° - a lot of people never achieve this after surgery.

What I didn't get **prior to surgery**, as I didn't know to ask, was exercises to keep the rest of my body working. Also, take a video of what you can do prior to surgery. For example, how you transfer, from bed to chair, chair to toilet, having a shower (if you do, how you do it unaided). How you get dressed. Not many physios have treated polio survivors, and we all have different ways of doing things – what works for me – you will have a different way of doing it. After surgery the hospital physio and OT will try to get you to do things their way. - **Be firm** and show them your video on how you used to do it, and ask them ways to achieve this. Try and **get an appointment** with the **Late Effects Clinic physio** or hospital physio, before surgery, so you can practice transferring techniques with your arm in a sling.

Prior to surgery, I had a pre-admission appointment, where I was told that I would spend 5 days in Sir Charles Gairdner Hospital (SCGH) with a pain drip in my shoulder, then transfer to Osborne Park Hospital, (OPH) then a Transitional Care Programme (TCP). Surgery went reasonably well, except my shoulder bone fractured, which meant an extra month before



I could weight-bear. Two days after surgery, a nurse, and 2 physios tried to get me to stand up. Not at all successful, as it is something I couldn't even do before surgery, as I need to use both arms. After the 5 days, I was transferred to OPH, as I had been told.

While in OPH, using a ceiling hoist, I had to be hoisted in and out of bed each day, to have a shower and sit in my wheelchair. After 4 weeks, a place was available at Juniper Karrinyup TCP. They advised they had a ceiling hoist, but when I got there, it turned out the only ceiling hoist was in the aged care facility!

They only had cardboard bedpans, which broke when I tried to use one, so for the next 24 hours I had to use a nappy – something I hadn't used since a baby, so very humiliating! Luckily a carer found a Slipper Pan in the aged care unit. I was admitted late Wednesday afternoon, in a hospital nightgown, that did up on the shoulders. On Friday afternoon, the OT came and took photos of me on my side with pillows supporting my back, with a note on the board to change my position every 3 hours. With lack of staff, did not happen. With the help of a carer, she helped me have a bed-bath and put on my own nightie. I did not get another bed-bath till the following Wednesday, after I had been re-admitted to SCGH, following my 6-week check-up appointment. They did try twice to use a manual hoist, but the sling pulled my shoulders so far forward, that I cried with pain. They are very understaffed,

so the person who brought in my breakfast tray, also helped with the bedpan. Very un-hygienic!

After another week in SCGH, I was transferred back to OPH to wait for 12 weeks after surgery, before I could then start to weight-bear and then learn how to transfer again. The physios tried to get me to use a slide board, but as I have never used one before, it was very hard. I was also tried using the Sara Stedy hoist, but once again, that didn't work. You have to pull yourself up, when I always push down to transfer. Trying to stand up, the physio, would lock my knee, and I had to try and stand up with only one arm. This was not successful either, so I was lucky that I mainly had a room to myself and I set it up so I could do my exercises to strengthen all my muscles. I also got my own shower chair brought in, so I could practice, - transferring from my bed, to wheelchair, to shower chair, as I did at home, for the last week I was there.

Medications. Make sure you take a list of what meds you are taking, when and how much; as the doctors will change your medication. Also, as the hospital supplies your medication, you will not always get the same brand, so you might get 2 pills instead of only 1! I had 4 incidents, when the nurse gave me the wrong medication! So do please check them very carefully!

Cooking with Seed Oils - Dangers

by Tessa Jupp RN OAM

We've been told that **Cholesterol** is bad for us and can cause heart disease and strokes. And that doctors want everyone on **Statin** drugs, but that Statins drugs can cause muscle aches and other problems for polios

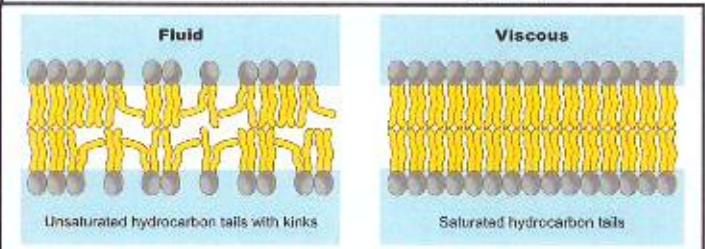
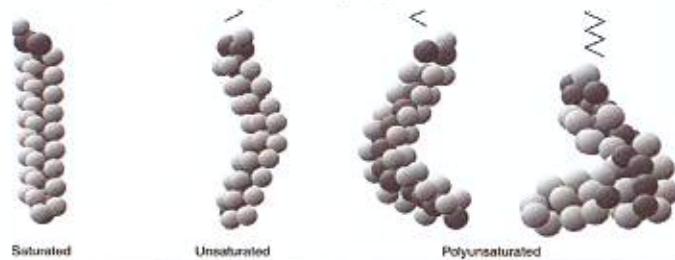
Recent research is showing that a lot of these so-called alternative cooking oils are actually worse than our old ways of cooking. Vegetable oils were seen as a way to avoid cooking with animal fats. Now a recent study suggests **seed oils are the cause of a surge in colon cancer among young adults**. The culprit being the **Omega-6 oil, Linoleic Acid**.

The chart opposite gives the worst oils for Linoleic Acid with Safflower the highest, and butter only 1%.

So what are Fats really?

Fats are the primary building block of our cell wall membranes. This is why eating the right types of fat is so important for our health.

All our cells have a protective fatty inner and outer layer through which nutrients and oxygen pass to feed the cell. This layer is a tight barrier formed of saturated, unsaturated, and poly-unsaturated fats.



Fats, liquid or fluid (runny) at room temperature are (un-saturated and **poly-unsaturated** ie **OILS** - with kinks in their tails) - or solid or viscous (squishy) at room temperature (**saturated** ie **BUTTER** - straight tails that can bind together). Butter can melt in hot weather, so can coconut oil or dripping and lard.

Straight tails provide a better barrier for a cell but may need some kinky tails for flexibility, but not too many.

A **fat molecule** is a **string of Carbon** atoms holding hands to a row of **Hydrogen** atoms on each side, with a couple of **Oxygen** atoms thrown in. **Saturated fats** are from animals - lard, dripping, butter and coconuts.

Mono-unsaturates are **missing one hydrogen**. Poly-unsats are missing more hydrogens, so bend more. The variations occur when changes are made to how many of these are missing. Processing can add more of the missing hydrogen back to the fat to stop it being runny in cakes, biscuits etc, but the **kinks can get twisted**, so don't work properly in our bodies, causing diseases like **cancer, diabetes, heart disease, allergies**, etc.

COOKING OILS	% LINOLEIC ACID (LA) AVERAGE VALUE (RANGE IN PARENTHESSES)
SAFFLOWER OIL	70%
GRAPE SEED OIL	70%
SUNFLOWER OIL	68%
CORN OIL	54%
COTTONSEED OIL	52%
SOYBEAN OIL	51%
RICE BRAN OIL	33%
PEANUT OIL	32%
CANOLA OIL	19%
OLIVE OIL	10% (3% - 27%)
AVOCADO OIL	10%
LARD	10%
PALM OIL	10%
TALLOW (CAFO)	3%
GHEE/BUTTER (CAFO)	2%
COCONUT OIL	2%
TALLOW (GRASS FED)	1%
BUTTER (GRASS FED)	1%

Omega-3 oils are primarily found in cold water oily fish. Omega-3 is needed for nerve function and repair in the brain and the eye. They **reduce inflammation**.

Omega-6 oils are mainly plant-based. They **increase inflammation** and **include the Linoleic Acid** in the chart above. They are found to be involved in lining damage to the gut wall, arthritis, brain, MS, cancers.

Vegetable Oils in Australia, are mostly made from **canola, cottonseed and sunflower seeds**. Chemical extraction now makes them cheaper to process and they can be added to olive oil and avocado oils to make them cheaper. **So avoid all veg oils and marg.**

Coconut oil, Avocado oil, Palm oil

These are made from crushing the flesh of the fruit not the seed, so are ok to use. They are tropical and have a high smoke point. But watch out for Palm-kernel oil.

Pumpkin Seeds and tree nuts

These are usually raw, not processed, so ok to eat. They have many minerals and nutrients that we need. Pumpkin seeds relieve night aches and bladder probs.

COOKING WITH FATS

Best way is to use the fat that is part of the cut of meat we are cooking. You can start with a little water, it will evaporate as it cooks, and the **natural animal fats emerge**. This applies to **pan-fries** or **oven-bakes**. Grilling allows the fat to run off. Can try **Bake Paper**. If we need a little fat eg to **cook eggs, use butter**, or unprocessed **coconut oil or dripping, lard or Supafry** (edible animal fat). (And we always have water too.)

Water-logged? - getting the balance right

by Tessa Jupp RN OAM

Drinking too much? Water - I mean... Didn't think this possible?

I have had a few people tell me recently, that they have been hospitalised because they drank too much water, causing an electrolyte imbalance!

These days, everyone, from kids to the elderly, are running around with bottles of water, from which they take constant little sips! Are they that thirsty?

Especially in Summer, when it is hot, we don't want to get dehydrated. But drinking **too much plain water**, can make us "**water-logged**"!

All our inside fluids, and that of all living things, are part of an internal transport system, delivering nutrients (vitamins, minerals, sugars, proteins, fats, oxygen, carbon dioxide, enzymes, hormones, waste products etc) to and from our cells to keep our bodies going. And this goes for plants and animals too.

If cells are diluted by too much plain water, the balance is upset. We should have more magnesium (Mg) and potassium (K) on the inside of our cells to be a more solid cell, and Calcium (Ca) and Sodium (Na) on the outside, more fluid like a river. If the balance is not right, we can end up with all these problems in this picture! And **end up in hospital!**

Out-of-balance minerals can make too much water move from the blood into the cells, including brain cells, causing them to swell. This swelling can lead to various symptoms, including nausea, vomiting, fatigue, headaches, confusion, seizures, and in severe cases, coma and even death. Hence hospitalisation!

Excess fluid gets stored in our muscles, which leads to **weakness and unsteadiness**, muscle **cramps** and spasms, less stamina, being **more tired**. **Brain fog** is another sign that you may be drinking too much water. You may feel **perplexed or disoriented**.

When you are overhydrated, you may experience low **blood sugar** as the excess water in the body dilutes the blood's sugar (glucose) content. Low blood sugar may cause you to experience tremors, pallor, anxiety, **increased heart rate, sweating, and palpitations**.

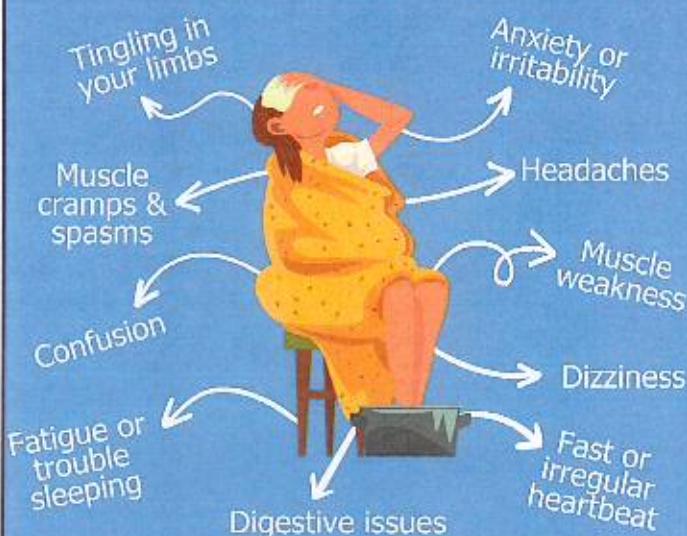
Older adults may take **multiple medications**, such as diuretics, that **can change electrolyte levels**. The kidneys may lose some of their function with age, so as well as running to the toilet, we may retain fluids!

Older adults may not get enough to eat or drink due to **disability, lack of appetite or thirst**, or because they **do not have regular access to food and drink**.

Foods rich in electrolytes include:

- **Sodium:** Salt, canned foods, processed meats, soups
- **Potassium:** Bananas, avocados, potatoes, tomatoes
- **Calcium:** Dairy products, leafy greens,
- **Magnesium:** Nuts, seeds, whole grains, leafy greens
- **Chloride:** Sea salt and processed foods
- **Phosphate:** Meat, poultry, fish, and dairy products

Symptoms of an Electrolyte Imbalance



So — **Do you have some of these problems listed above?** And are you drinking too much **PLAIN** water?

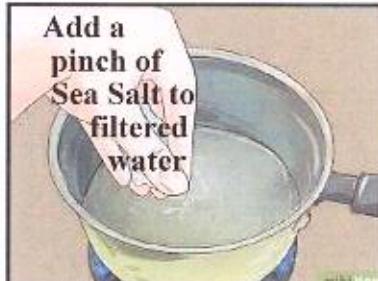
TAP WATER has had a **lot of additives** added to it, including to clean (chlorinated) and fluoride. Pesticides, fertilisers and other impurities get washed into our rivers, out to sea, and a lot of our water supply now is from desalinated sea water: which is full of plastic too now.

So if we use **filtered water**, the minerals have been removed and need to be replaced. If we buy **spring water**, we need to make sure it is good quality and local.

HOW TO GET MINERALS BACK INTO YOUR WATER

We need to get those electrolyte minerals back into our water. One way is to **fill a bottle or jug with our filtered water, up to three quarters full, add a pinch of good quality Himalayan salt or Sea salt and taste it.**

Keep adding pinches of salt until you can just taste it. Then **fill the rest of the bottle up with more water**, and you **won't taste the salt!** Everyone needs their own salted water bottle, as **how much salt we need, will vary from person to person.**



Another way is to drink or **make soup** from the water we boil our veggies in. The minerals from unpeeled veggies gets into the cooking water. Mash left-over veg back into the water. Add onion and a stock cube. Very tasty!

Fruit and veg juices can flavour our drinks. Either dilute with hot or cold water eg lemon tea, or **top up with dry ginger ale** for a refreshing mineral drink in hot weather.

We need **about 8 cups of fluids a day** - includes coffee, tea, cocoa, Milo, soups, juices, mixers, etc. **Thirst** should guide you. **Urine colour** should be **light yellow**.

Urinary Tract Infections (UTI) can give some of the symptoms in the picture above, including tummy pain. And confusion and irritability in older people. Try **Ural** from **supermarkets/chemists or GP** for antibiotics.

Bits & Pieces:

CAN'T BREATHE IN? BLOW OUT INSTEAD.

If you can't breathe in. **DON'T TRY.**

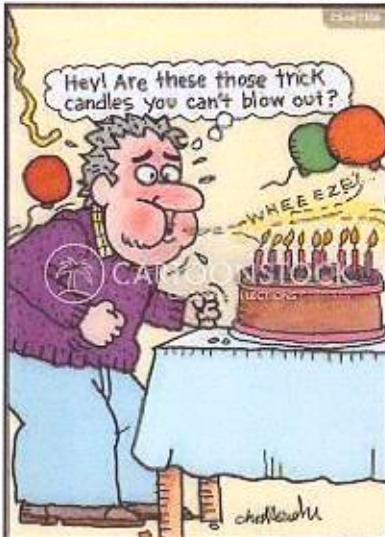
**BLOW OUT
INSTEAD!
HARD !! Why???**

There is always residual air in your lungs. **Blow hard once to blow it out.** This creates a vacuum. **The air rushes in.....**

You don't even have to breathe in voluntarily.

Keep blowing like this every couple of seconds for 5 or 6 breaths. By now, the problem should be resolved and breathing should be easier.

Sent in by Judy de Graw: from the Asthma Clinic, Royal North Shore Hospital in Sydney.



Covid Spike Damages Brain & Spinal Nerves

News Item in Sunday Times dated 8 Dec 2024

International Researchers, including Prof B Crabb from WA Kids Research Institute in Perth, have observed the accumulation of the **Covid spike protein** in the **skull-meninges-brain axis** of patients with Long Covid.

Prof Crabb said "Viruses in this brain region likely persists and shed spike protein which can be further neuro-invasive and persist even longer, for years even."

This spike moves freely around your body, finding long-term homes causing problems like memory issues, cognition, sleep, changes in taste and smell, in the heart, neuro-degenerative diseases like dementia, Parkinson's.

There are also a cluster of symptoms relating to stomach and digestive problems, particularly in adolescents and younger children, and a lowering of IQ by 3-6 points has been demonstrated.

A Perth 2-years Long Covid sufferer, being treated at SCGH by a senior neuro physio, said he doesn't know where else to refer her, as her neuro symptoms are bad.

We have a few of our polio members also battling with Long Covid for 3 years and more. **So be careful still!**

THYROID BLOOD WORK

By Joe Graedon, M.S., and Teresa Graedon, PhD

Q: I have long suspected that my thyroid function changes with the seasons. My doctor only orders a thyroid test once a year before my annual physical. Should I request more frequent blood work?

A: You might find that your thyroid lab results are different between summer and winter. A letter to the editor of Clinical Chemistry (March 1, 2023) states that **TSH** (thyroid-stimulating hormone) **peaks in the winter and is lowest in the summer.**

As a result, thyroid function may be lower in the winter than in the summer. Symptoms include sensitivity to cold, constipation, weight gain, low energy and dry skin. Ask your doctor to order blood tests for T3 and T4 as well as TSH twice a year, to better assess seasonal variation in function.

Taking Biotin can falsify Thyroid Tests

Biotin use can result in **falsely high levels of T4 and T3 and falsely low levels of TSH**, leading to either a **wrong diagnosis** of hyperthyroidism or that the thyroid hormone dose being taken is too high.

The American Thyroid Association (ATA) has recommended that patients **stop taking biotin for at least 2 days before thyroid testing**, to avoid the risk of having a misleading test and dose reduced.

People may be taking **Biotin with Chromium** to assist regulation of **Blood Glucose levels** or for **skin and hair health**. It may also be contained in other multi-vitamin pills. Foods where a reasonable amount is found, are **egg yolk and avocado.**

ATA Alert for patients December 2018

COVID FIGURES for 2025 - to end March

Australia-wide — 45,000 people

Currently in Hospital — 260 people

We are not being told - but there is still a lot of Covid around, including a new strain, LP.8.1

Because many people are no longer testing or reporting their infections, the real number of cases in Australia is probably far higher. Watch out!



Coffee-mate

A non-dairy whitener powder available in supermarkets. Make up as needed.

Ingredients: Glucose syrup, Veg fat, Mineral salts (E340, E451) Milk proteins, Salt, Flavours, Emulsifiers (E471, E472e) Anticaking agent (E 170)

Glucose syrup: more usually made from wheat in Australia but classed as gluten-free. High-fructose corn syrup (made in USA) is banned in Australia.

Veg fat: Coconut or palm oil in Aust - only sat fats. No trans-fats, mono or polyunsaturated fats in Aust.

Milk proteins by law: casein only - is lactose-free.

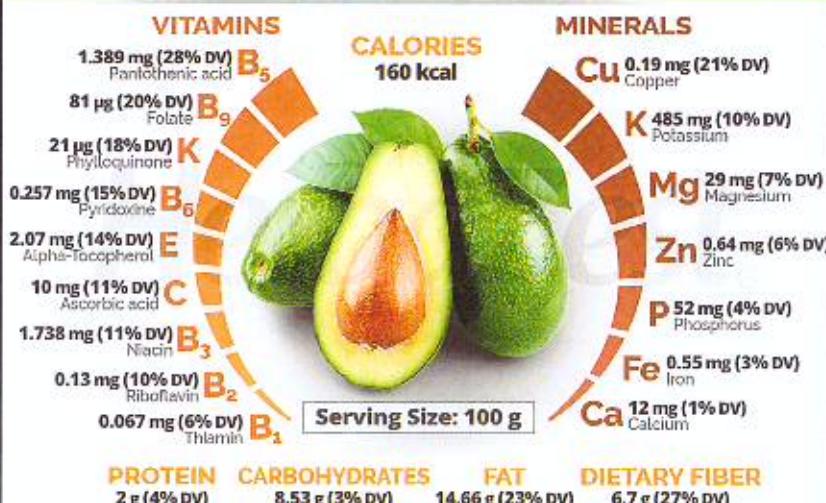
E340: Potassium Phosphate - makes urine more acidic to prevent buildup of calcium & kidney stones.

E451: Sodium Tripolyphosphate - helps retain water. Used in canned meats and commercial dips.

E471: E472e: from coconut & palm oils. Used in breads, cakes, custards and ice cream.

E170: Calcium Carbonate ie chalk. - for indigestion. In Alka-Seltzer and in toothpaste for plaque.

Avocado Nutrition



Sources: USDA National Nutrient Database. Average Daily Values reference: RDI Dietary Supplement Label Data

HerbaZest

The benefits of **Avocados** should be no stranger to polio survivors. We have known that they are a **good source of carnitine** since the mid 1990s.

When Brenda Lake said to me in 1995, that my first grandchild was a "*floppy baby*", I knew **she needed carnitine!** At 9 months of age, she couldn't sit up or crawl. I had come across this in the research I was doing with the **need for extra carnitine for Polios**.

I worked out how much she needed and gave it to her by **mashing half a 250G avocado into her baby rice**. Within a month, she was sitting, crawling, standing, and cruising around the furniture. Dr Peter Silberstein was impressed, when without the avocado for 4 days, she was too weak to sit up again. So he did a muscle biopsy, and **prescribed carnitine from PMH** for her.

I have had similar stories with other children and grandchildren of our polio members. So remember this with your families. **Feed them avocado!**

Many of our Polios say they '*crave*' Avocados. They are the only vegetable source of carnitine. Red meat is our best other source. Now "*Smashed Avocado*" is the latest popular Coffee Shop menu item!

More **modern research** is telling us that **eating Avocado can lower our cholesterol, lower blood pressure, fight cancer, stabilising blood sugar, improving eyesight, fights skin damage, improves osteoporosis, inflammation and is good for pregnancy and babies**. What a wonderful food!

You can see from the chart above, an Avocado is as close as you will get to eating a **Multi-Vit & Mineral pill and in a safe form**. With foods, your body only absorbs the nutrients it needs. Measuring for my grandchild, we worked out we get **250mg of carnitine from a 250G Avocado, as well ie more Energy!**

The **fats** in Avocado are about two-thirds Mono-unsat, and one sixth each Saturated and Poly-unsaturated. So good. **Glycemic Index is 0**, so good for Diabetics.

Avocados can be added to just about any recipe.

They can be eaten cooked or uncooked, chopped, sliced, mashed, whipped or puréed.



Smashed Avocado or Guacamole

Cut your Avocado in half. Scoop out the avocado flesh and place into a mixing bowl. Chop with a flat knife for chunky or mash with a fork for pureéd. Add a little lemon, lime juice or white vinegar, with finely chopped onions, herbs of choice (fresh or dried) and salt and pepper to mix gently. May add cream, creamy cheese or yoghurt if want it creamy. Can serve on toast with eggs and salad or use as a Dip with crackers, carrot or celery sticks.

Avocado Muffins

2 cups self-raising flour
 $\frac{1}{2}$ teasp bicarb soda
1 teasp baking powder
 $\frac{1}{2}$ cup milk or water
2 eggs
 $\frac{1}{4}$ cup honey
2 bananas, mashed
1 avocado, mashed
1 teaspoon vanilla extract
 $\frac{1}{2}$ punnet blueberries or other fresh or dried fruit



Combine sifted dry ingredients in a bowl. Whisk in wet ingredients and stir lightly into dry. Spoon into lined or greased patty pans. Cook for about 20 mins at 180C.



Avocado Cake

1 $\frac{1}{4}$ cups SR flour
 $\frac{1}{4}$ cup cornflour
1 teasp baking powder
1 cup sugar or honey
 $\frac{1}{2}$ cup coconut oil
2 eggs
 $\frac{1}{2}$ cup coconut milk
 $\frac{1}{2}$ cup desiccated coconut

2 medium avocados, mashed (1 $\frac{1}{4}$ cups mashed)
2 teasp finely grated lemon rind
 $\frac{1}{4}$ cup shredded coconut - to go with the icing

Combine sifted dry ingredients in a bowl. Stir in wet ingredients, lightly into dry. Pour into lined or greased loaf tin. Cook for about 50 mins at 160C. Poke with skewer to test if cooked. After 10 mins, loosen gently and lift or turn out loosened cake onto wire rack to cool. Ice if desired and sprinkle with shredded coconut.

Avocado can be added to salads, stews, casseroles, soups, rice dishes, stir-fried meals, curries, pastas, dressings, spreads, dips, desserts, custards, apple crumble. The list is endless. Have fun with Avocados in your meals!

POLIO CLINIC WA — MEMBERSHIP

Clinic Membership \$ 5
(1 July 2025 - 30 June 2026)

Clinic Donation

Total Enclosed/Deposited

Polio Clinic Banking Details

**Bank of Qld - BSB 126 577
a/c 234 269 64**

Please add notation with your Name and what deposit is for

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