

WA Polio Clinic Newsletter



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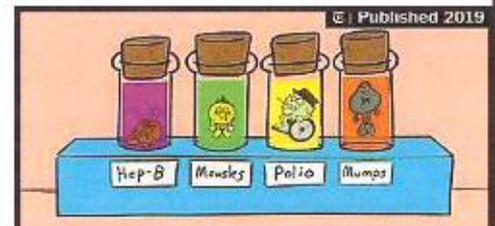
The latest on Polio Eradication World-wide in 2026

Australia was declared polio-free in 2000. Since 1995, Australia has had acute-flaccid-paralysis surveillance. This determines whether the cause is due to polio or not. Stool testing is done on these children, including at the Perth Children's Hospital. Australia provides testing for other countries around us as well. This has picked up vaccine-caused polio out-breaks in PNG and Indonesia over the years, the latest being 5 cases reported up to December 2025, leading to bouts of upgrading of vaccinating procedures.

In Australia, polio-vax was changed in 2005, from oral to injectable, so we no longer can get polio from the oral polio vaccine. In WA, the baby vax regime now, gives 6-in-one, replacing the old triple antigen. It now gives diphtheria, tetanus, whooping cough, hepatitis B, **polio**, *Haemo-influenzae* type b, at 6 weeks, 4 and 6 months, and again at 4 years.

Afghanistan and Pakistan are the last two countries where wild poliovirus type 1 is endemic. Other third-world countries still get vaccine-caused polio. In 2024, there were 99 cases of wild polio virus compared to 463 cases of polio vax-caused, in 14 countries. In 2013, the WHO recommended all countries introduce at least one dose of IPV in the routine immunisation schedule to maintain immunity to poliovirus with a further recommendation in 2020, for at least two doses of IPV.

Ref: Internal Medicine Journal 56 (2026) 157-160 © 2026 Royal Australasian College of Physicians.



Oral polio vax



Injectable polio vax

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Welcome to 2026!

CHRISTMAS PARTY

We had a very friendly group of 13 with no stresses, fitting comfortably round the tables, laden with plenty of Christmas food. Hope to do it again for 2026

Polio Office opened again beginning of Feb, with Tessa and all the volunteers back.

OFFICE OPEN TIMES

Tessa here **Tues** 9.30am - 5pm

Wed 10 30am - 5pm

Thurs 9.30.am - 5pm

You can always leave a message or send an email.

If you want to come in - always a good idea to **phone first** to make sure someone is here. Tessa may have had to pop out, or be sick! Or a volunteer be here. You can phone other times, may catch me.

MAIL OUT of ORDERS

I have a **new volunteer** who is doing **order mail-outs** for me. But she is **only in on Thurs mornings**. If the order is **URGENT**, **say so**, and I can do a quick one.

SUPPLY ISSUES

Would you believe it? A **Middle East WAR** - just to complicate things further!

First, depending on petrol supplies and cost - it might be cheaper and easier to get the Post Office to deliver your orders rather than you drive in.

Second, we have our **good carnitine back**. People are appreciating having the better quality carnitine back again. Also the **Manganese powder is back**.

Third, **Borax is still unavailable**, and **Taurine** has gone off! I have managed to find an alternative to do us in the meantime. **So keep ordering Taurine**. Who knows what next? We have good supplies of other things. Don't buy other brands that may not work. **We have B6 too**.

CBA BANK a/c for those paying us by CASH

The Commonwealth Bank branch account is for walk-in payments to us. **Just make sure the teller records your name & invoice number or what your payment is for, in the details.**

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

For Polio Clinic Commonwealth Bank Account -

BSB is 066 125
Polio a/c - 1055 1096

Pay by BANK of QLD account preferable please

We don't do internet banking.

Next newsletter will be out in June 2026.

A Holy Easter

Tessa Jupp RN OAM

We do still need your donations!

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

Any payments made after March 2026 we will count for the **2026/2027 financial year**.

We do need people to keep purchasing the good quality nutritional supplements from us, that I have identified that 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 Mt Evelyn	\$210
Carnitine 100G Mt Evelyn	\$115
Magnesium Chelate 300G	\$55
Magnesium Chelate 100G	\$25
Magnesium (250 caps x 500mg)	\$40
Magnesium (75 caps x 500mg)	\$15
Manganese powder 200G	\$105
Manganese powder 100G	\$60
Manganese (250 tabs x 20mg EI)	\$40
Borax 100G	unavail
Gelatine 1kg	\$30
Glutamine 100G	\$30
Taurine 200G	\$50
Iodine Tincture 50ml (paint)	\$17
Lugols Iodine 100ml (oral drops)	\$35
Castor Oil eye drops	\$19
Vit A (120 globules x 10,000iu)	\$22
Vit A (300 tabs x 10,000iu)	\$63
Vit D3 (400 tabs x 1000iu)	\$40
Vit K2 (90 tabs x 180mcg)	\$38
Q10 (60 tabs x 150mg)	\$40

Molybdenum (50 tabs x 250mcg) \$28

Postage & Handling (small parcel)	\$16.00
(medium parcel)	\$20.50
Express Post (small parcel)	\$19.00
(large parcel)	\$28.00

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



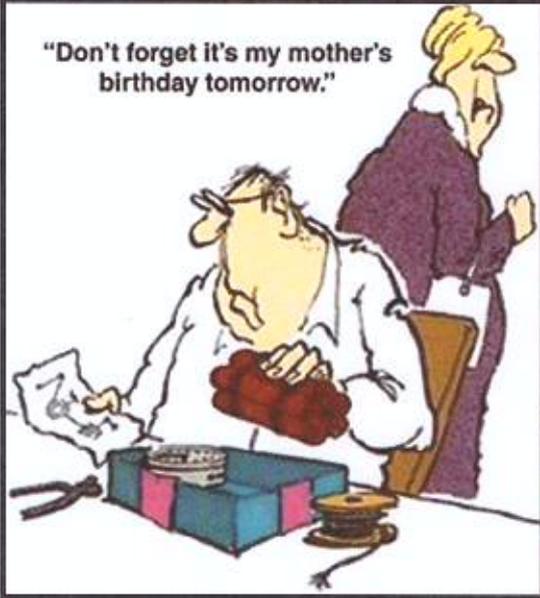
As a bagpiper, I play many gigs. Recently I was asked by a funeral director to play at a graveside service for a homeless man. He had no family or friends, so the service was to be at a small country cemetery.



Not being familiar with this particular little town, I got lost and, being a typical man . . . I hadn't stopped to ask for directions. I finally arrived over an hour late and saw that the funeral bloke had evidently gone, and the hearse was nowhere in sight. There was only the digger crew left, and they were eating their lunch. I felt badly, and apologised to these men for being late.

I went to the side of the grave and looked down. The vault lid was already in place and earth covered most of it. I didn't know what else to do, so I started to play. The workers put down their lunches and began to gather around. I played out my heart and soul for this man with no family or friends. I played like I've never played before for this poor, homeless man. And as I played "Amazing Grace", the workers began to weep. They wept. I wept. We all wept together.

When I finished, I packed up my bagpipes and started for my car. Though my head hung low, my heart was full. And as I opened the door to my car, I heard one of the workers say, "I have never seen nothin' like that before. And I've been putting in these septic tanks for twenty years!"

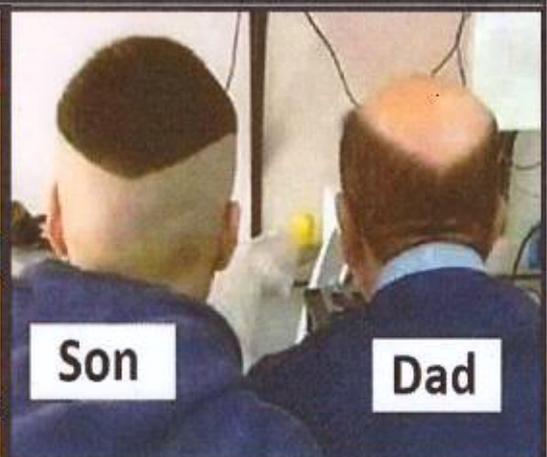
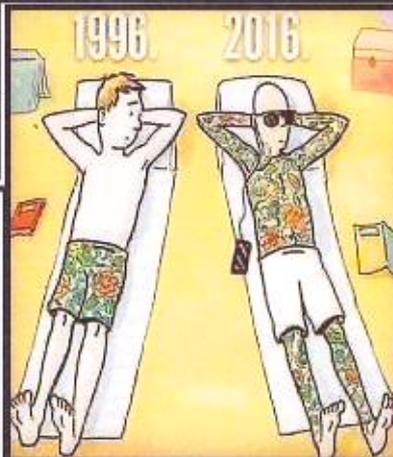


Advertising

The owner of a hardware store is dismayed when a huge new hardware store opens up next door, erecting a large sign saying, 'Best Deals'.

He is even more horrified when another huge hardware store opens up on the other side of his store putting up an even larger sign saying, 'Lowest Prices'.

The shopkeeper is panicking, then has a bright idea. He puts a large sign over his own store saying, 'Main Entrance'.



Eliminating Harmful Chemicals

A 14-year old had a project where he urged people to sign a petition demanding stricter control or total elimination of the chemical "*Dihydrogen monoxide*" because:

1. It can cause excessive sweating and vomiting.
2. It is a major component in acid rain.
3. It can cause severe burns in its gaseous state.
4. Accidental inhalation can kill you.
5. It contributes to the erosion of our natural landscape.
6. It decreases the effectiveness of a car's brakes.
7. It is found in tumours of terminal cancer patients.

He asked 50 people if they would support a ban for it?

43 said YES
6 were UNDECIDED

And only 1 knew — that the common name for this chemical is ...
Water ! (H₂O)

My teacher told me not to worry about spelling because in the future there will be autocorrect And for that I am eternally grapefruit.

Polio Stories Page - Brian Elliott - Polio during "Nashos" 1954

My "National Service" call-up came as a January 1954 intake, which was served at the Swanbourne Barracks. Our "A" Company, included University Teachers and Pharmacy Students and other Professionals Traineeships, all to be taught the fine art of "Warfare" by veterans of the Korean War, recently returned from nightmare confrontations with the Chinese hordes.

The first four to six weeks "Basic Training", taught all the fundamentals, whilst encouraging camaraderie and many close friendships. Warm weather encouraged swimming at the neighbouring beaches.

The journey to Northam in mid-February exposed us all to incredible heat, flies and long marches across dry and dusty paddocks, for our "front-line training".

Unbeknownst to us isolated people, the WA 1954 Polio Epidemic had just begun taking its toll around our state, causing the cutting of all "Leave" and the confinement of all persons to their barracks. As a result, I spent the Sunday break, moving from one card school game to the next. Around 6pm that Sunday, a mild headache had developed into an excruciating one, necessitating a visit to the Regimental Aid Post RAP for some Aspirin

The nursing aide however, was quite concerned by my appearance, and insisted on taking my temperature. The astonished look on his face, and refusal to indicate the result, was worrying. He insisted on a retake, then informed me that my 108°F temperature was consistent with Death! I was ordered straight into bed, and the Medical Officer was summoned. Following a thorough examination, he was unable to conclude a diagnosis. So a Perth Specialist was urgently summoned, and sometime later, following another thorough examination, I was advised that I had Polio.

At that time, with my Uni medical training, a diagnosis of polio was like a death sentence, producing in me a state of total depression. I suspected my golf and cricket future was ended before it had even started.

During a distressing night, my acute diarrhoea with abdominal colic, commenced accelerating towards a cholera-like condition. My two hut mates from the Swanbourne Camp, were admitted during the night with the similar diagnosis of poliomyelitis. We were deteriorating, and my dramatic loss of weight was of concern. Noticeable, was the panic spreading throughout the Camp. It was undoubtedly initiated by the collection and then incinerating of all my clothes and bedding. Of real concern was my movement through the various card games on the Sunday. Such was the fear of polio then - and entirely justified.

A decision was made to transfer the three of us back to the Swanbourne Camp, utilising three ancient Army Ambulances. My continuous diarrhoea was serviced by removing a floor panel and my sitting over the hole for the trip, including the drive through Central Perth!

My two room-mates continued to deteriorate, and were transferred from the Aid Post to the Infectious Diseases Hospital (IDB) at Shenton Park.



I was isolated in a section of the Aid Post in a very poor state, having lost half of my bodyweight. I was forbidden to have any contact with my parents, and it was only through my cousin, who was in our Intake, that my parents became aware of my polio situation. Eventually the Health Minister, Ross Hutchinson, raised the matter in Parliament and those rules were relaxed.

Progress was slow. However, I was eventually given permission to wander over to the Wembley Golf Course and play a few shots. This act did much towards my rehabilitation, restoring my belief that I might not be finished with sports after all.

Eventually I recovered in such a fashion that I was able to rejoin my comrades in "A" Company. We were unable to obtain any information on the lads at IDB. Later we were to discover one lad had a badly affected arm and leg, whilst the other was having to be treated in an Iron Lung. I have not been able to ascertain the final outcomes for those two lads.

My own health gradually improved, although I have never re-attained my 'Pre-Nasho' weight. After my enforced stint in the Army, I was able to return to Uni and earned my qualifications in Pharmacy. I have spent most of my working life as a pharmacist at PMH.

I thought that hopefully that was to be the end of my Polio Saga, until some seven years ago, when muscular aches and pains in my limbs commenced, with episodes lasting several days before each remission.

These bouts increased in frequency, causing my wife to contact Tessa at the Polio Clinic. It was recommended I undertake a carnitine blood test at PMH, which found that my Serum Carnitine levels were low, consistent with other WA polio survivors with the Late Effects of Polio. Taking Carnitine has proved beneficial for me.

Today, I float in and out of these bouts, some appearing more debilitating than others. In my retirement, I am having fun utilising aged demolition Jarrah wood, to undertake the manufacture of rustic furniture. Whether there has any significance to my new hard physical exercise with doing this, I have yet to fully examine.

Meanwhile, I have opened discussion with the Veteran Affairs Department, to see if there is any compensation for having contracted polio while serving in the armed forces. **Written by Brian Elliott - 3rd December 2000**

Brian died in November 2022 aged 87, at East Freo.

Your poop is the whistleblower!

by Tessa Jupp RN OAM

I have been saying to people
"Take your Magnesium, Vit C and
Carnitine to bowel tolerance"

— and they don't really seem to know what I mean?

We all have to go to the toilet - and should empty our bowels at least once a day. Not going often enough, we will end up constipated. And going too often, we will end up with diarrhoea.

This chart opposite explains it. We do have to look in the toilet bowl, to see what is coming out of us!

The longer our poop is in the gut, the more moisture is reabsorbed, making it harder to expel it. The shorter the time for whatever reason, the runnier it is

So, taking too much magnesium, Vit C or carnitine, our bodies say "*Hey! We don't need all of this! Move down the line. We will let some get out!*"

So that is why I say to only increase your dose every 2-3 days, so that if your poop is getting to # 6, not as # 7 and you realise before you get desperate.

Go back by the last increase, so your poop is somewhere between # 3 - # 5.

This is how to work your dose out by trial-and-error!

CONSTIPATION

- 1 Hard, dry pellets that are difficult to pass 
- 2 Sausage shaped but lumpy 

THE PERFECT POO

- 3 Formed, holds together and easy to pick up; leaves no residue 
- 4 Soft and Smooth; looks like a snake 

DIARRHOEA

- 5 Small, soft blobs with defined edges 
- 6 Mushy with ragged, non-defined edges 
- 7 Watery with no form 

So what else does our Poop tell us?

If it floats like a pool toy? Your liver wants you to know it is not digesting fats properly anymore. It has been trying to tell you for months. Get onto some Taurine — take half a teaspoon a day in water

If it is pale, clay-coloured, or weirdly light-coloured? That means bile is not flowing. Your liver is essentially on a work stoppage. Again, Taurine is needed, lemon juice with your meals to help digest red meat, and less of the salads and other veggies.

Is greasy, sticky, left on the pan? Your liver and gallbladder have been in meetings about this. The consensus is: "*We are overwhelmed and you keep eating cheese anyway!*" More Taurine again. Lay off processed foods and vegetable oils.

Pellets like a rabbit? Congratulations, your bile is basically sludge now. Your liver has filed a formal grievance. Get Taurine in, so your liver is cleaned up to make bile again. And get more fluids coming thru.

That lovely combo of urgency and undigested food in the loo? Your liver has given up! It is just sending everything straight thru. Digestion starts with stomach acid. As we get older we make less. Have more acid with your meals ie lemon juice, vinegars, tart sauces, pickles, relishes, pickled onions, gherkins, beetroot, sauerkraut.

Red or bright yellow coloured? Relax. Red is from eating beetroot. Yellow is from taking Vit B2. All OK.

Your liver is the co-worker who says:

"I have been waiting for you to pay attention!"

If you have:

1. Skin issues that won't quit (acne, eczema, mystery itchy rashes on your body)
2. Digestive chaos (bloating, constipation, or the fun combo of both)
3. Food and chemical sensitivities that keep you feeling miserable
4. Fatigue that sleep doesn't fix
5. Trouble digesting carbs or proteins
6. Brain fog and mood swings
7. You have that need
- to have an "afternoon nap" feeling ...



There is a good chance your liver is trying to tell you something. You are not broken. Your body is giving you all the clues . . .

It is your LIVER! Take TAURINE!

"Your Cough Is Talking!"

by Tessa Jupp RN OAM

Most people think a cough is a nuisance. But it is actually the way our body tries to keep our airways clear, so that we can breathe. We need to get oxygen in, to go to every cell, so it can function properly.

1. **A dry cough** — feels like a tickle or irritation in your throat, and is often worse at night. It is commonly linked to viral infections like colds or flu, but can also occur due to exposure to dust or pollution.
2. **A tickly cough** — feels like an itch deep in our throat and is usually caused by inflammation or allergies, like hay fever or mould exposure.
3. **A chesty cough** — produces mucus as our body clears out infections, such as bronchitis or severe colds, flu, RSV or Covid.
4. **Wet coughs** — which sound "loose" and produce phlegm, can indicate infection or postnasal drip i.e the mucous draining from our sinuses down our throat.
5. **Chronic coughs** — lasting over eight weeks, are **red flags** that something deeper is wrong, such as asthma, reflux, heart disease or early lung disease. This could also be caused by drugs that our doctor has put us on, eg certain blood pressure drugs.

So what happens when we cough?

Whether we cough on purpose, or it creeps up on us unexpectedly, there are **3 steps that happen** when we cough. A cough starts with a quick breath in to get air into our lungs. That is immediately followed by the closing of the glottis at the back of the throat, which allows pressure to build in the lungs. Finally, the glottis opens and releases a high-speed burst of air, along with any particles caught up in the action, that the body needs to get out of the lungs. This could be phlegm, dust, infection, choking, or heart disease congestion.

The **glottis** is our "**voice box**", that opens, closes and vibrates to make the sounds of speech. This is why we make small and large, or even explosive! cough sounds, when we cough or sneeze. The **epiglottis** is the flap above the glottis, that closes shut when we swallow food and drinks, so it goes to the stomach, and not into the lungs. If we **choke** on anything, that **does cause frantic coughing**, as the lungs try to clear any foreign substances. **Lung tissue** is designed for **air and oxygen exchange**, not for us **drowning** in damaging fluids!



Stay hydrated
Adequate hydration means that our vocal cords don't have to work as hard to vibrate. This makes using our voices feel easier and reduces our chances of lung tissue injury. Hydration also

thins out and loosens secretions that can pool in the glottis, making us have to cough or clear our throats constantly. **Constant coughing isn't good for our vocal cords.**

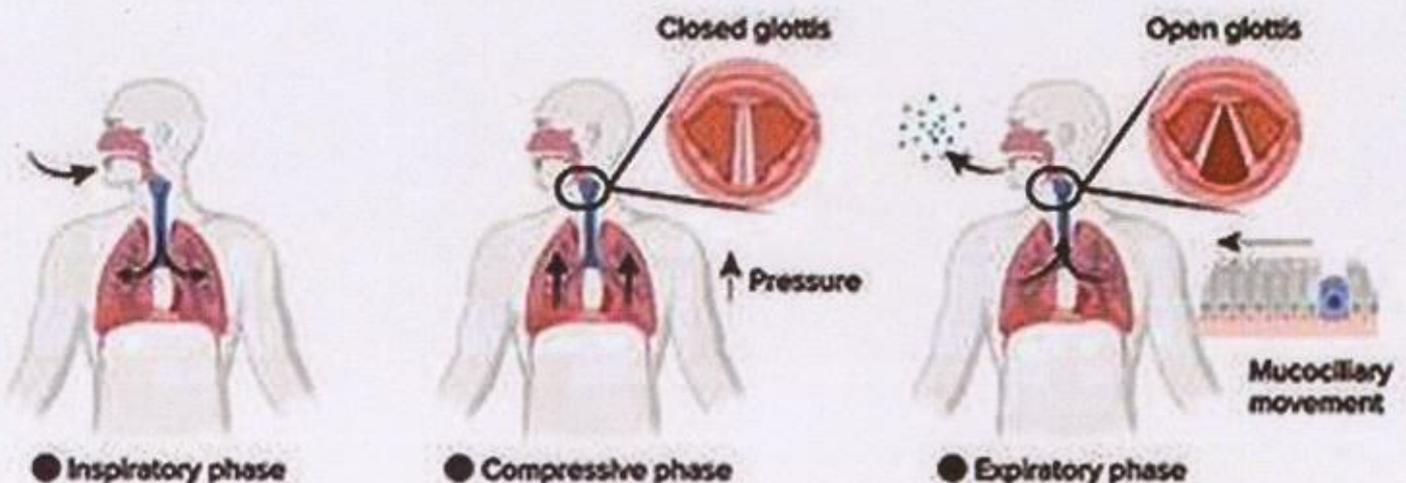
Chronic or unusual coughs require medical attention. Ignoring them risks long term damage. Coughs lasting more than 8 weeks are considered chronic and a justified cause for medical attention.

Persistent coughing is the way our body warns us that something deeper is going on that needs attention. Conditions like asthma, chronic bronchitis, acid reflux, heart disease or even early lung cancer.

Cough symptoms that shouldn't be ignored

Even before hitting that 8-week mark, we need to pay attention if we **cough up blood**, feel short of breath, or experience chest tightness, fatigue, or unexplained weight loss. **Your cough is talking to you!**

Three phases of a cough



SOURCE: ADAPTED FROM K.E. NAQVI ET AL / AR PHYSIOLOGY 2023

KNOWABLE MAGAZINE

Stopping a cough!

by Tessa Jupp RN OAM

Occasional coughing helps our lungs stay clear — Infrequent coughing is normal and even healthy, since it helps mobilise small amounts of mucous and clears any particles we inhale throughout the day. Just like the nose is there to filter the air we breathe, so particles don't get into the lungs. We can see these when we blow our nose, and they get onto the tissue. That is why we breathe through our nose, not our mouth, to filter and warm the air going to the lungs.

However, if we cough so much that it disrupts sleep, daily activities, or breathing comfort, our body is alerting us that something deeper needs our attention.

If the **colour of the mucous is yellow or green** phlegm, it can indicate **bacterial infection**. **Blood-streaked sputum** may be more serious like advanced bronchitis, lung cancer — or **simply fragile blood vessels** because of **in-sufficient Vitamin C!**

A non-productive cough, which is dry and harsh, often stems from irritation caused by **allergies, acid reflux**, or certain meds like **ACE inhibitors**, used for high blood pressure. This helps us and the doctor target the real cause, instead of masking symptoms with over-the-counter products, like cough mixtures. If so, ask the GP to change you to a different BP medication.

Acid reflux

If we get indigestion, heartburn, or central breast-bone pain, it is not antacids we need, but more stomach acid to help digest our meal. **A teaspoon of lemon juice or apple cider vinegar** with our meals, will close the sphincter at the top of the stomach, stopping the burps! If we have problems later, like bedtime, **½ a teaspoon of Bicarb in ½ a cup of fruit juice** to make it fiz, will fix it. NB It will fiz to the top of the cup — drink it! The old **milky cocoa** or **hot chocolate** might work too. Often a cough when asleep can be acid reflux coming up the throat and spilling into the lungs. This irritates and damages the lung tissue. So we need the stomach contents to be alkaline when we are asleep.

Decongestive — for a wet cough

If we need to **drain fluids**, from the nose, eyes, ears, sinuses or chest, an old-fashioned, safe, cheap way is to pour a **cup of aerated cool drink** (dry ginger ale has less sugar) **into a saucepan, bring to the boil** on the stove (doesn't work in a microwave), pour back into cup and **sip hot** (don't burn your mouth). It drains all the fluid. **Effect lasts 30 mins**. Can be **repeated as often as needed**. Tastes good when you need it!

Infections

If the problem is a germ we have caught, give the body enough of what it needs to fight it. **1-2 grams of Vit C every hour to bowel tolerance**. **10 of 10,000iu of Vit D3** all together every 6 hours. **3 of Zinc 30mg** 6 hourly.



Dry cough

This is usually caused by an irritant or allergen. It could be caused by dust and dust mites in bedding or furniture. Vacuum the bedding or furniture and carpets. Damp-dust indoor surfaces, wash curtains. Close windows and doors when windy or in areas

that have heavy traffic going past. Avoid pollens and grasses, smoke from fires and bushfires. Gas stoves and barbecue fumes may be a problem too.

To calm coughs, trickling **honey** in to coat the throat, may ease the irritation and kill any germs. If you don't like honey, slowly sipping a teasp of **Colloidal Silver** to coat the throat will do the same job, easing the cough. Rub **Vicks VapoRub** on chest or soles of feet works too.

Common Food Triggers for Coughs

While the specific foods that trigger coughs can vary from person to person, there are some common culprits that are worth mentioning. These include:

1. Foods high in **acidity**, eg citrus, tomatoes, vinegars
2. Foods high in **histamine**, eg fermented foods
3. Food additives, preservatives, colourings, flavourings
4. Foods that are high in **processed ingredients**
5. Foods that are **common allergens**, such as milk and all dairy, gluten, peanuts, tree nuts, fish, shellfish, eggs, wheat, soya, spices and herbs.



Heart-failure Cough

A persistent cough or wheezing could be due to a fluid build-up in the lungs because the heart is struggling. Normally, the left side of the heart receives oxygen-rich blood from the lungs and pumps it out to the rest of the body. If the left ventricle has weakened or stiffened, it cannot empty properly. This causes pressure to build up in the veins coming from the lungs, forcing fluid to leak back into the air sacs. This fluid build-up irritates, triggering a cough reflex, as the body tries to clear this congestion. This makes us short of breath and we have to sit up to breathe, particularly at night. The doctor needs to give us diuretic tablets to drain the excess fluid in our lungs, to help the heart keep beating, and so that we can lie down to sleep again. We may need to have an early tea, so there is less pressure on the lungs too, when we lie down.

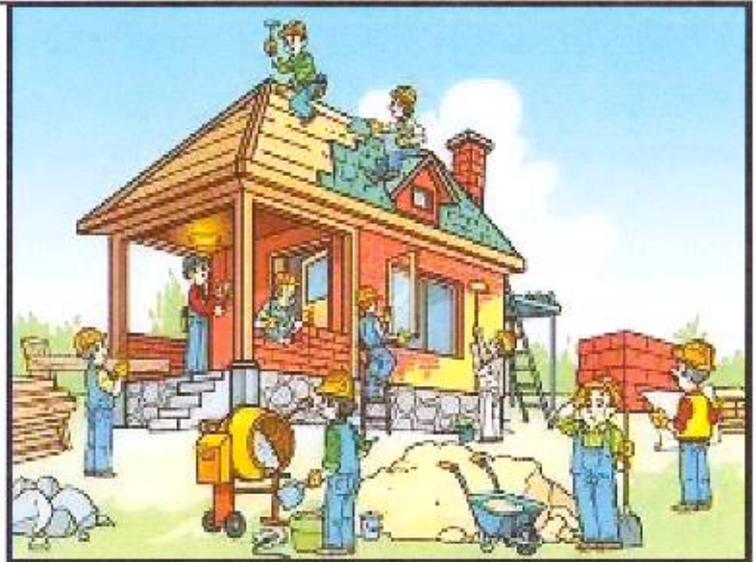
Osteoporosis - We need team-work to rebuild

by Tessa Jupp RN OAM

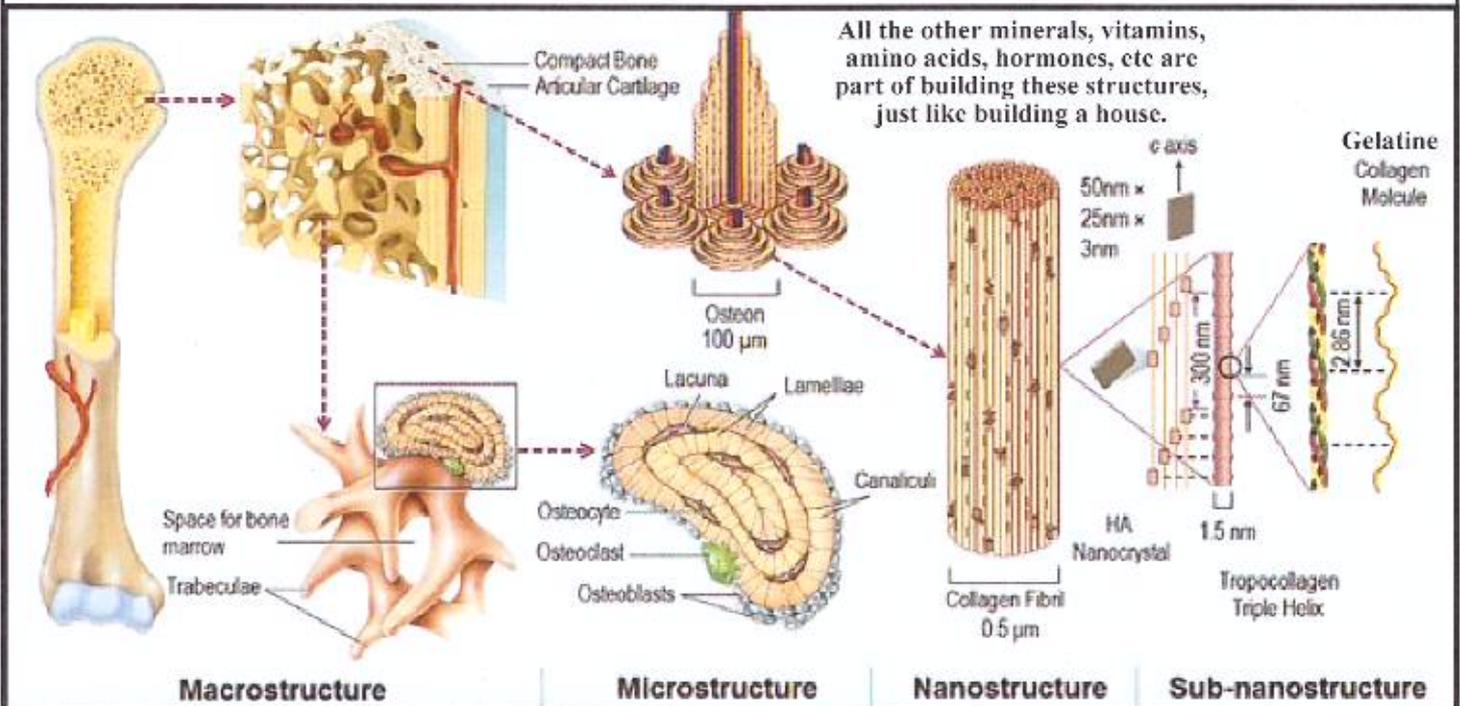
Bones do not break because they are old. They break when the body can no longer support them. Restore the system — and bone strength follows.

Just as we need many people to build a house — it needs team-work to build a service-able bone structure.

To build the house we need the man with the plans, the supervisor, the men to do the different jobs and the materials for the structure. We need the mixing of things in the cement to hold the bricks in place, the framework for the walls, roof, windows, tiles. The nails and screws, hinges, paint, floor boards, ceilings, steps, wheelbarrow, electric wiring, switches, globes, taps, pipes, water, drains inside to function and all the labourers needed to do all the different jobs.



In the diagram below, the thigh bone on the left is the finished house. And all the other structures are all the same things we need to build the bone, as we do a house, right down to the collagen (gelatine) molecule (right).



Bone is an active tissue with a rich blood supply, nerve connections, and constant communication with muscles, hormones, and the immune system. It stores minerals, produces blood and stem cells, regulates metabolism, and supports whole-body health. It is **flexible, not rigid** — and **is 25% water!** Water provides bones with flexibility and elasticity, preventing them from being overly brittle and prone to fracture. This allows bones to shock-absorb while walking, falling and to withstand various stresses. Water also contributes to the lubrication of joints, reduction of friction and promotes smooth movement. Water transports essential nutrients, such as calcium, magnesium, Vitamins D, K2, etc to bone cells.

Osteoporosis is not a single failure. It is the result of multiple systems breaking down all at once — energy production (food and digestion, including carnitine), hormones (including thyroid and progesterone),

immunity (bone marrow cells), and nutrition (multiple vitamins, minerals and amino acids). Bones do not respond well to single nutrients taken in isolation. The calcium, vitamin D, magnesium, manganese, borax, proteins, liquids and trace minerals, **all work together.** When one is taken without the others, the balance is lost. Nutrient synergy means they all have to work together to support and activate one another.

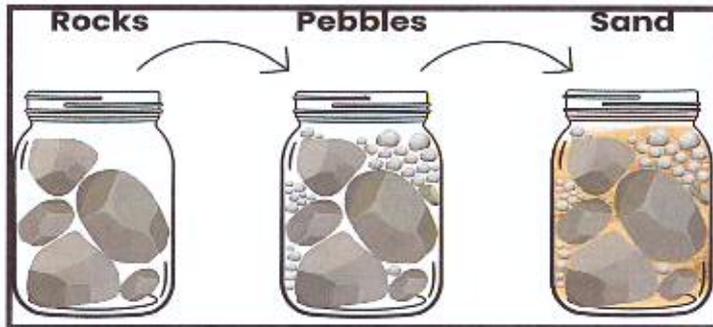
Magnesium activates vitamin D. **Vitamin D** increases calcium absorption. **Vitamin K2** directs calcium into bone. **Protein (gelatine)** provides the structural framework and flexibility. **Manganese** is the glue and **Borax (Boron)** is the cement, etc. Without this cooperation, supplements often fail. **Calcium without the "team" produces brittle bone - more likely to fracture!** We need to identify what we need more of? In WA, all our foods are grown on limestone which is high in calcium, so we don't need dairy to get calcium.

Water - needed for bones, muscles and joints by Tessa Jupp RN OAM

Drink Enough Water Every Day

Water makes up about 60–70% of the human body and is present in all tissues, including bones, muscles and joints, as well as blood vessels, lymph, heart, lungs, gut, kidneys, brain - everywhere. **Bones are 25% water, muscles are 75%! Joints are 60% - 80% water.**

With bone density, strong muscles, pain-free joints, the strength comes from all our *“team”* components. They all need to be present in proportion. Do you all know the story of the teacher asking his class if the jar is full?



If you fill it with large rocks, there is still room for pebbles, then room for fine sand, and **lastly - for water!**

This applies to our body structures as well. The more flexible part of us needs to be, the more fluid is needed.

One of the most important roles water, is maintaining **synovial fluid**, which lubricates the joints, reduces friction between bones, and prevents wear and tear.

When the body lacks water, the production of synovial fluid decreases, causing **stiffness, limited mobility**, and a higher risk of inflammation and **joint damage**.

Therefore, the first step in protecting joint health is drinking enough water daily. And that **water needs all the electrolytes (minerals) in it, not just plain water.**

Our **tap water** is underground and dam water, so has minerals. **Spring water** has minerals. **If you are filtering water** — fill a bottle $\frac{3}{4}$ full and **add a pinch of Himalayan or sea salt** and taste it. Keep adding a pinch until you can taste the salt. Then fill with more water up to the top, and **you won't taste the salt**, but will have enough minerals back in it for what your body needs.

Another way to get electrolytes into your water is to **boil your unpeeled vegetables** (the minerals are just under the skin) and then mash the left-over veg back into the water, add a stock cube and you have **instant soup!** Or just drink the veg water - tastes good when you need it.

When we **exercise** or engage in physical activities, our **muscles generate heat**. Water helps regulate our body temperature by carrying this excess heat away from the muscles, and releasing it through sweat. **Without enough water, our bodies can overheat**, leading to **fatigue** and even **muscle cramps and aches**.

For **older adults** who may **not tolerate intense exercise**, physio programs with gentle strength, balance, resistance training and aerobic movement, can help **maintain bone mass**. For **polios**, **short bursts with frequent rests**, may improve **muscle strength** and **balance**, and **reduce risk of falls**, but results on bone density are mixed.

Signs of Dehydration

Dry mouth or tongue: thirsty, dry cough.

Dark urine: should be pale yellow, wee-ing less.

Dizziness or headaches: feeling light-headed.

Irritability: anxiety, agitated, skin warmer to touch.

Fatigue: feeling unusually tired, sluggish.

Muscle cramps: after exercise, or at night.

Constipation: water helps keep the gut moving.

Confusion: fainting, wobbly on feet.

Fast Pulse and fast breathing.

When the body is dehydrated, it prioritizes water to vital organs, away from joints, muscles and bone. So we may get cramps, painful muscles and joints. **Fluid is diverted to maintain blood volume** and other life-sustaining functions. The synovial fluid becomes thinner and less viscous, compromising lubrication. This mechanical stress on the joint, leads to **stiffness and grinding**. The **cartilage loses water**, causing it to become less pliable and **more brittle**, impairing cushioning the impact of every step or movement, and triggering localized pain.

The Pinch Test for Dehydration



Pinch the skin over your eyebrows on your forehead. These spots are less affected by age-related changes in your skin elasticity.

Hold for 5 seconds, then let go. If your skin snaps back quickly, you're likely well-hydrated. If it stays **'tented'** or takes a while to return to normal, you may be dehydrated.

We used to say do this on the back of the hand, but as we are all getting older and the skin on back of the hand is more fragile and thin, pinch above the eyebrow is better.

There are lot drugs that the doctor may give you that will lower your bone density too. And don't get caught with being told to take extra calcium. Our food in WA is grown on limestone (calcium) so we get plenty in foods.

MEDICATIONS that REDUCE BONE DENSITY

Steroids

Thyroid Supplements

Hormone Blocking Drugs

Some Diabetes Medications

Proton Pump Inhibitors or Antacids

Mood Stabilizers Containing Lithium

Some Blood Thinners

Loop Diuretics

Some Anticonvulsant Medicines for Epilepsy

Antiretroviral Therapies eg for Covid

Tramadol Pain Reliever

"How do I Know I Need it?"

by Tessa Jupp RN OAM

Never take anything without having a good reason, and evaluating whether you are getting the results you want. You may only need it for a while, but if the problem comes back when you stop, you need to take it for longer.

ITEM	Common deficiency symptoms to guide you
Vitamin A	For glare intolerance, dry eyes, faded vision, sandpaper-feeling dry skin
Vitamin B1	Hoarse croaky voice, loss of feeling or numbness in hands & feet
Vitamin B2	Red, itchy, gritty or bloodshot eyes, varicose veins, haemorrhoids
Vitamin B3	Dry hard cracking skin, mouth ulcers, addicted to smoking, psychosis
Vitamin B5	Burning feet, allergies - hayfever/asthma (makes cortisone with Vit C)
Vitamin B6	Sharp stabbing nerve pain, morning sickness, swollen feet, depression
Vitamin B12	Loss of moons on thumbs, memory loss, weepy, Pernicious anaemia
Vitamin C	Craving sweet foods, allergies, bruise easily, nose bleeds, infections
Vitamin D3	Persistent cough, frequent infections, osteoporosis, skin cancers
Vitamin E	Loss of skin elasticity, wrinkles, restless legs, varicose veins, haemorrhoids
Vitamin K2	Improves bone density, removes plaque from arteries, strengthens muscle
Boron/ Borax	Improves painful joints, arthritis & heals fractures, heals bunions & gout
Calcium	Bone strength but too much makes brittle, causes cramps & muscle aches
Iodine	Needed for thyroid, kills germs & cancer cells, paint on skin or gargle
Iron	Iron anaemia, fatigue, pale skin, short of breath, crave ice or raw meat
Magnesium	Cramps, muscle aches, restless, hiccups, noise sensitivity, grinding teeth
Manganese	Stiff joints & back, clumsy, poor balance, carpel tunnel, tinnitus
Molybdenum	Candida, thrush, red itchy rash on skin or in mouth
Silver - Colloidal	Is a natural antibiotic, helps with infections, food poisoning & gastro
Sodium	Cramps, confusion, slurred speech, fatigue, drinking distilled water
Zinc	Poor sleep, racing mind, temper tantrums, memory loss, smelly feet/socks
Carnitine	Fatigue, muscle weakness, lack of endurance, round shouldered, slump
Castor Oil	Rub helps dry irritated skin, muscle aches, dry eyes & cataracts
Gelatine	Restores cartilage in joints & back, repairs tendons, builds bone, arthritis
Honey	Sooths coughs & throat, antiseptic, heals wounds & burns, use raw honey
Potassium	No energy reserve left, light-headed, palpitations, low BP, fainting
Pumpkin Seeds	Eating a handful before bed stops aching hip & shoulders, bladder probs
Sodium Bicarbonate	Take with fruit juice for reflux instead of antacids, alkalises gut after meal

"Food in cans and jars!"

by Tessa Jupp RN OAM

We may need to stock up on canned food if we find again that the shelves in the supermarkets are running low. With train lines and roads getting washed away with recent local floods across the Nullarbor, or due to the war in the Middle East, this may be prudent.

Putting food into sealed cans or glass jars allows them to be shipped over long distances without wilting or spoiling, and makes them shelf-stable for months, if not years or even decades.

Stocking your pantry with canned foods is a great way to always have food on hand for sudden visitors or emergencies.



There have been alerts that the BPA-lining being used in cans, could cause health problems. Some countries have banned BPA and in Australia, BPA has been removed from babies feeding bottles since 2010.

The latest in Australia from Oct 2025 says: ***"That Australian surveys have shown that very few foods contain detectable levels of BPA. Dietary exposure to BPA for Australian people is therefore low and likely to have reduced even further since then, because of the phase out of BPA use. Such low levels in the food supply are unlikely to pose a health risk to consumers."***

It had been found that BPA leaches into foods and drinks from BPA-lined cans and can contribute to cancer, behavioral problems in children, type 2 diabetes and even heart disease. As a result, many canned food manufacturers say they have gradually phased out BPA linings. So aim for BPA-free cans if so labelled, or foods in glass containers, and avoid highly acidic canned foods. Research has found that BPA levels vary significantly among different types and brands of canned foods.

Typically Higher BPA Levels in:

Canned soup:

Liquid, heat processing and often the acidic ingredients, can lead to higher BPA levels ending up in soups.



Canned pasta:

Favourites with tomato sauce added, create an acidity with the tomatoes that may increase BPA migration into the contents.



Canned vegetables:

Particularly canned tomatoes. The acid content plays a role in increased leaching of BPA levels.



Canned beans:

Again with the various sauces, the liquid component in this favourite, allows for more leaching of PBA.

Generally Lower BPA Levels in:

Canned fruits:

Generally lower levels and some are now marketed in glass jars.



Canned tuna and other seafood:

These products often have less liquid contact with the can lining.

Hopefully more products have now had PBA linings phased out by now.

Canned beverages:

Many have switched to BPA-free linings or alternative packaging. Many manufacturers have voluntarily moved away from BPA linings due to consumer concerns.



Remember:

Always wash your hands — and wash the cans too. Rinsing the can-contents will also reduce any PBA leaching. Strain the contents through a food strainer and then store left-overs in a ceramic or stainless steel bowl in the fridge. Will keep for 5 days or cook 10 mins again.

Here are some easy fun recipes to try. Add or change whatever according to taste or what you have on hand

Easy Fish Mornay

Tin of any fish (450g)
1- 2 cups of frozen mixed veg
Chopped onion
2 teasp mixed dried herbs
Salt and pepper to taste
2 cups of milk, milk substitute or half water & milk
Cornflour mixed with cold water to thicken liquids
4 teasp of lemon juice (add after thickened)



Boil in saucepan for 10 mins. Add cornflour to thicken. Add lemon juice last. Add anything else you like. Serve as is - or with rice or pasta or extra vegetables.

Easy Fish Patties

Tin of any fish
Left-over mashed potatoes
Chopped onion
Beaten egg
Sprinkle mixed dried herbs
Salt and pepper to taste plus 2 teasp of lemon juice
Combine all ingredients in a bowl. Mould into a flat ball with hands. Roll in saucer of flour (optional). Cook in frypan oiled with butter or organic coconut oil. Serve hot or cold with boiled vegetables or salads.



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