

# WA Polio Clinic Newsletter



Polio Clinic WA Inc.

## Polio Clinic WA Inc

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## Latest on Diphtheria Outbreak in WA, NT, SA & Qld—11 June 2026

Numbers to the 1st June for this year are now 288, with 111 in WA. 168 for NT and 9 in SA & Qld. Of interest is that 85% of these have had at least 3 vaccinations (childhood) but are still catching it. 30% are requiring hospitalisation. It seems that vaccination doesn't last a life time as we thought, and we require boosters of lots of our vaccinations, at least every 10 years. We do know that if you are visiting a country that still has polio, we are advised to get a polio booster. **So, do we need to get a Diphtheria vax Booster?**

**If you intend to travel up north, or live there, it would be advisable to get a Diphtheria Boost.**

Although most cases have been indigenous, 14 have not, and 2 cases have spread to the prison system in WA. And 2 have died. Also, the biggest age range affected is 5–45. Derby and Kununurra are the worst affected regions. The Federal Govt is putting up \$7.2 m for more than 10,000 people who have been given Diphtheria vaccinations in NT. A WA state-funded diphtheria booster vax is now available where it has been more than 5 years since a person's last dose, for those in the Kimberley, Pilbara or Goldfields regions.

Diphtheria occurs in the nose, throat and airway, forming a membrane that can choke and block the throat, causing death (respiratory diphtheria), or on the skin as chronic skin ulcers that won't heal. These sores are a source of the bacteria and can spread causing respiratory diphtheria. One third of present cases are respiratory and two thirds are skin. It can also cause heart damage and nerve paralysis.

More than 4,000 Australians died from diphtheria between 1926 & 1935. Vaccinations started in the 1930s but there were still epidemics. This is a photo of children at RPRH with Diphtheria in 1952. Ward 1 was Polios and iron lungs. Ward 2 was Diphtheria cases. Sometimes wrong diagnosis!



### CHEQUES STOPPING

We will no longer be able to accept cheques from September this year!

If you don't do internet banking (we don't), you can pay us with cash at a Commonwealth Bank branch near you.

Otherwise talk to Tessa to find a way to get money to us. 9284 9201

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### Your Mobile Phone No. Needed

It gets worse!

Now Australia Post is insisting we must put your mobile phone contact on the parcel orders we send out to you! So they can tell you it is coming. You may have to give us a family members?

Half way through the year already. Time flies!

### OFFICE OPEN TIMES

Tessa hopes to be here **Tues** 9.30am - 5pm  
**Wed** 10.30am - 5pm  
**Thurs** 9.30am - 5pm

As you will see if you read my story on page 4 — I need to get our volunteers doing more of the jobs here that I have been doing for many years.

My own health is struggling and I may have to take more time off and rest more—not keep working till midnight like I often do! So please **ring first** to make sure that someone is here to help you. You can always leave a message or send an email.

### MAIL OUT of ORDERS

This is working well with our new lady, Joan, who is coming in on **Thurs mornings to do the Mailouts of Orders**. Phone or email your orders through **before Thurs** so that she can get straight on with them when she gets in. It may take her all morning to do them.

If the order is **URGENT, say so**, and someone else may be able to do a one-off for you.

**Carnitine, Taurine and Borax now Available again.** Return of our old good Carnitine has been welcomed. We have found a source of Taurine and Borax too. **Put your orders in as needed.**

### AUST POST and Mobile Phones on Parcels

From the end of May 2026, **we have to put mobile phone numbers** on all the parcels we post out! This is so that you can be sent a message that your parcel will arrive today! **If you don't have one**, can you supply us with **a relative's or friend's** that can be phoned, who will then let you know on your landline, that it is coming. They don't want to leave it if you are not home, unless you have given them permission!

### CHEQUE BOOKS CEASING!

Despite what we were told, Bank of Qld is not accepting Cheques for us to bank, from **Sept 2026**. You can still put cash into our Commonwealth or BoQ accounts at a local branch near you, or online. We can't accept Card payments and you can't pay to us at the Post Office. We can take cash at our Office.

**For Polio Clinic Commonwealth Bank Account -**

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

### 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 invoice number & your name & what your payment is for in the details so we know who paid**

**Pay by BANK of QLD account preferable please**

We don't do internet banking.

**Next newsletter will be out in Sept 2026.**

**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 el)	\$40
Borax 200G	\$25
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)	\$21.50
(large parcel)	\$26.00
Express Post (small parcel)	\$20.00
(large parcel)	\$31.00

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

# Laughter is the best Medicine!

## "The Cuckoo Clock"

The teacher confidently walks around the room with a raised glass of water, while giving the class a lesson on stress management to her students. Everyone know she is going to ask the ultimate question, 'Half empty or half full?' She fools them all, with a smile.

"How heavy is this glass of water?" she enquires with a grin. Answers ring out, ranging from 120ml 240ml.

The teacher replies, "The absolute weight doesn't matter. It depends on how long I hold it. If I hold it for a minute, that's not a problem. If I hold it for an hour, I'll have an ache in my right arm."

"If I hold it for a day, you'll have to call an ambulance! In each case it's the same weight, but the longer I have to hold it, the heavier it becomes. So, what is the solution to carrying our stresses around with us for a long time?" She asks her class.

Johnny puts his hand up. "It is not our problem." announces Johnny. "The sooner you get around to drinking that glass of water, Miss, the sooner we all get to go home!"



Mick, from Dublin, appears on the "Who Wants To Be A Millionaire" show and towards the end of the program has already won 500,000 euros.

"You've done very well so far," says the Quiz Show's Presenter, "but for a million euros, you've only got one life-line left. You can phone a friend. Everything is riding on this question. Will you go for it?"

"Sure," says Mick. "I'll have a go!"

Big Pause. Drum roll. - "Which of the following birds does NOT build its own nest?" He pronounces.

- a) Sparrow
- b) Thrush,
- c) Magpie,
- d) Cuckoo?

"I haven't got a clue," panicking, replies Mick. "I guess I better use my last lifeline, and phone my friend Paddy back home in Dublin..."

Mick calls up his mate, and tells him his predicament. The audience waits silently, as he repeats the question.

"Fookin' hell, Mick!" cries Paddy. "Dat's simple. It is a cuckoo!"

"Are you sure?" hesitates Mick.

"I'm fookin' sure!" says Paddy.

Mick hangs up the phone. "I'll go with cuckoo, as my answer."

"Is that your final answer?" asks the Presenter.

"Dat it is." affirms Mick.

There is a long, long pause...

and then the Presenter screams. "Cuckoo is the correct answer! Mick, you've just won one million euros!"

The next night, back home, Mick invites Paddy over to their local pub to buy him a drink.

"Tell me, Paddy? How in Heaven's name did you know it was da Cuckoo that doesn't build its own nest?"

"Because..." confidently responds Paddy. "He lives in a fookin' cuckoo clock!"



# Polio Stories Page - Life's Pitfalls - Tessa Jupp

Throughout our lives, things happen that we have no control over, that can affect us, at any time. For many of you, that was having polio and that could have been when you were young, or when you were older. None of us know what is round the corner; then, now or in the future. **We carry on, one step at a time.**

When I was training as a nurse, being artistic, I started doing paperbark paintings, for our youth group to sell to raise money for missions. I have done some to raise money for our Polio work over the years too. This is one I have just done for an art exhibition we are having now at church. We can't see around the bend ahead, until we get there. And this is where I am, in life's journey at the moment.

When I was a baby of only 9 months in 1948, the doctors talked my mother into letting them imbed four **radioactive implants** into my cheek to get rid of a birthmark. At the time this was experimental, and used as well for acne, tonsillitis, ringworm, thymus boosts and **even on polio children**, to see if it could stop their good leg growing.



This was hoped to prevent **leg-length discrepancies** with shorter polio legs. It was used on a number of our **WA polio children**. None of it worked of course!

You may remember when we had x-ray machines in shoe shops in the 1950s, encouraging us to view the bones in our feet when fitting shoes? People didn't realise the **dangers of radiation emission** - see the glow all around them? Then suddenly some years later they all disappeared. Radiation - too dangerous!

Now, as well as dealing with the **Late Effects of Polio**, we are dealing with the **Late Effects of Radiation**. Dr Niblett started to keep track of all of this extra radiation exposure when working at SCGH.

About twenty years or so after this experimental radiation started, people were getting **thyroid cancers**. They traced the boys to warn them, but the girls had got married and changed their names! So they just waited for the girls to turn up with thyroid cancer, and hope they caught them in time!

As a nurse, I had been expecting something might happen. I was 40 when I had my thyroid removed and was warned to **watch out for further cancers**. I have since had breast cancer at 50 and again in my 70s.

The latest is that they are discovering that the radiation is now causing **heart disease** as we get older as well. In particular, the **heart valves are damaged by the radiation**, and heart muscle, leading to **heart failure**.

In babies and small children, the smaller body mass leads to more of the body and organs being exposed to radiation, and so to more damage being done. In my case, my immune system struggled and I caught everything that was going round and developed multiple allergies. I had nutritional deficiencies. My health didn't improve until I got to high school age.



Above: Geikie Gorge paperbark painting by Tessa Jupp

Left: Tessa (15 months) on swing, pushed by her mother.

Below: Shoe shop X-ray viewers in the 1950s in Perth.

## THERE'S NO GUESSWORK WHEN FITTING SHOES AT SEARS

**CHILDREN**  
*benefit most of all...*



by **X-RAY** shoe fitting

In fact, it's **dangerous** to have your child's shoes fitted in any other way.

The tender child foot with its soft bones and pliant muscle can be compressed into almost any type of shoe. The child, feeling no pain, cannot tell if the shoe fits properly or not.

That's why we insist upon fitting children's shoes by X-Ray. That's the only way we, and you, can be sure that your child's shoes will help to develop normal, healthy feet for a lifetime of foot health and comfort.



My health was good in my 20s, but by my 30s, I was reacting to electronic music. Even the radio made me feel sick. I developed more allergies, then the thyroid tumour, followed by breast cancer 10 years later.

Researching nutritional supplements and foods to help polios and other people has helped me too. I had been going down that track to help my polio husband already, and have expanded on old nursing regimes, backed by more recent medical research. All the new invisible radio waves in the air around us, like wi-fi, mean that **I can't have a mobile phone and need corded computerware**. I am reacting badly to newer medications, and despite heart valve surgery 2 years ago, **I am now battling heart failure**. I don't know what is around the corner for me, but will continue on with our Polio Clinic for you all, as long as I am able.

**1989 - 24 Aug.**

**Our inaugural 1<sup>st</sup> Public Polio Meeting.**

**230 polio survivors from far and wide, Albany to as far as Dalwallinu,** turned up at the **Para-Quad hall** in Shenton Park, eager to find out what could happen to them, after polio, as the years went by. We found many were now deteriorating physically. Doctors, physios and health workers didn't understand. People needed help. Tessa had organised a questionnaire and 110 were returned that first night. We found that we had medical people also that had had polio, amongst our numbers, and by January 1990, we had rallied to help our own fellow polio survivors, **now mainly aged 30 -70.**

**1990 - Jan.** The **Polio Clinic WA** saw its first patients. It was a free clinic, headed by **Dr John Niblett** (SCGH) and staffed by respiratory specialists **Dr David Hillman** and **Dr Peter Nolan** from SCGH, a GP, physios, an OT, orthotists, and podiatrists, all on a voluntary basis after work, for one evening a week.

This started where **physio Brenda Lake** worked, at the Spastic Centre, and later being given space at PQA, where an office had been provided. Tessa Jupp, a trained nurse, ran this new charity and clinic at PQA.

6-10 patients were seen each week. **Country polio clinic trips** went to Bunbury, Geraldton, Narrogin, Kalgoorlie and Albany in 1990. Monthly meetings with relevant speakers were held at the PQA hall. Members organised fundraising events to fund this new venture. Raffles, Quiz nights, Fetes, Fairs, Film afternoons, Community days and cake stalls in shopping centres.

In 1991, we held a **Polio Reunion** with 150 people at the PQA hall, even wheeling an iron lung over from the old Shenton Park RPRH polio hospital. Polio doctor, Sir George Bedbrook, our planned main speaker, unfortunately died the month beforehand.

Our first few years were very busy. By 1992, we had set up the charity - the **Post Polio Network of WA Inc.** We had contacted similar polio groups in each of the other Australian states, visiting **Polio Conferences in Victoria 1991, South Australia 1992,** sending Tessa, Brenda, Dr Peter Nolan as speakers on the success of our Clinic. We were the only state with a Polio Clinic.

Tessa started our first **newsletters in 1989** and we have had one every 3 months ever since. They contain useful articles on medical and disability problems that people are encountering. We started our **Carnitine supplement research in 1994** with the assistance of Monash Uni in Vic and Princess Margaret Hospital in Perth. This has been very successful, along with our various other nutritional supplements we make available to members. Tessa first spoke on this carnitine research at the **1994 New Zealand Polio Conference** that she attended.

In 1995, we had outgrown the small office that PQA provided. We moved to rental office space at Perry Lakes Stadium Floreat. In 2007, the stadium was to be demolished, so we then rented a shopfront in Kirwan St Floreat, where we are still now. Tessa, whose polio husband had died of respiratory failure in the midst of us setting up the Network and Clinic, needed to be employed when their 2 boys left school, so our finances needed to cover that. Tessa has been employed full time by the Network from 1992 until 2014, when she was able to get an Aged Pension, continuing to work still full time as a volunteer nurse. Tessa has had other volunteers to help with office work, our longest being

**Debbie Renner, with us since 1995.**

In 2000, with the help of **Jega,** a physio on the RPRH ward of our longest iron-lung polio, we got the **Health Dept to provide a free hospital-based rehab clinic** to support people aging with a long-term disability. This of course included polio and this is ongoing - our **Late Effects of Disability Clinic.**

In 2007, Tessa was asked to speak at the **International Polio Conference in Miami USA** on our **Carnitine research.** Rotary in WA sponsored

this trip and a 3-week clinic trip to **7 centres in Qld in 2010.** In 2016, **Polio Australia** held the **International Polio Conference in Sydney** and again Tessa spoke on our carnitine and other nutritional research.

Tessa had been collecting **polio stories** from our members and in conjunction with a second larger **Polio Reunion in 2005,** we applied for a Lotterywest Grant to publish a 460-page book on the **History of Polio in WA.** This was released in 2013 and in 2016, Tessa was awarded an OAM for her polio work in WA.

**Dr Niblett,** who had been confined to a wheelchair since 2008, **died** working with cancer patients in New Guinea in 2017. **Brenda Lake died in 2019.** In 2020, Covid arrived, and the Network Committee, decided they no longer needed a Clinic. They left the Kirwan St venue and Tessa started the Clinic again from scratch as a separate new charity - **Polio Clinic WA Inc,** enabling the continuation of our clinical services and supplement supply. We continue with our volunteer office staff.

Our **age range is now mainly 60-100.** From more than 2,500 members we now have only **927** polios still living

But — **WE ARE STILL HERE!** And will continue.



**QUESTIONNAIRE RESULTS 1990**

<b>New increasing Pain</b>	<b>80%</b>
<b>New undue Fatigue</b>	<b>79%</b>
<b>New increasing Muscle Weakness</b>	<b>78%</b>
<b>New Breathing Problems</b>	<b>48%</b>
<b>New Sleeping Problems</b>	<b>38%</b>

# Viruses and our Immune system

by Tessa Jupp RN OAM

I listened recently to a lecture by Dr Peter Lim, a Primary Care Specialist with Canadian Heart Research in Toronto, going out to update Australian GPs here, through HealthEd for doctors and nurses.

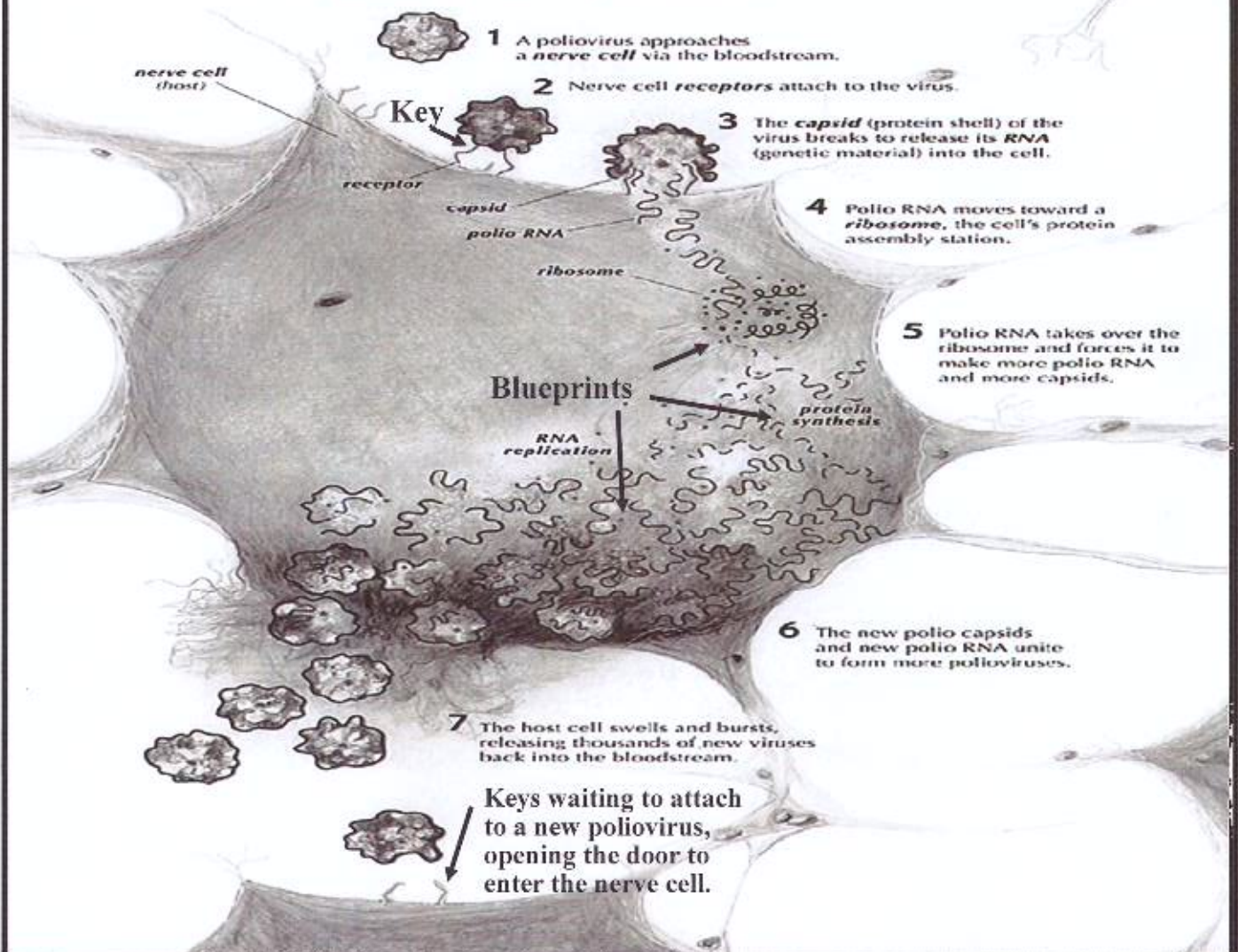
Dr Lim said that “all viruses have a key” to get into certain types of cells in our bodies, ie

1. a **key** for the exact lock to our home (cell) - and
2. once they are inside, like a thief - they have a **blueprint** to use things inside our house (cell), to make more of itself, until the house is full. Then it bursts the doors open to get out, having destroyed everything inside, to break into more houses, and do the same, all over again.

This reminded me of the picture we have of the Polio virus below. There are receptors on the outside of nerve cells that allow the Polio virus key to unlock the door, and to say “Come into my home!”



## Life Cycle of a Poliovirus



With Polio, the receptor (key) allows the entry of the polio RNA, like teenagers invading and getting drunk at a party, destroying the house, then spilling out into the street in a riot, with the police being called to arrest them (our immune system). Those that get away, continue to party at another house. So, the poliovirus multiplies until our “police” T-cells, can gain control, but the damage done to our house may be permanent.

So, when the parents come home, they have to try to fix the damage. Neighbouring nerves stretch out to reactivate orphaned muscles, but that puts them under pressure, and as time goes on, they get old, wear out or die off. That is when we get the **Late Effects of Polio** start to effect us. Our homes (cells) need more Meals on Wheels (nutrition), Aids & Equipment, people to help with housework & gardening, Aged Care Services

# Viruses and Covid

by Tessa Jupp RN OAM

With Covid, a similar process to the Poliovirus occurs. Covid has "*Spikes*" on its outer surface, and the receptor that allows those to "*dock*", is the ACE2 receptor, that is present on all of our epithelial body cells. Epithelial cells are lining cells, and create protective barriers for the cell. They are present in the lungs, heart, blood vessels, kidneys, liver, gut, mouth and nose. So that is why Covid can cause us problems in all those areas - as well as continuing problems with Long Covid, if we don't get rid of virus completely.

In the diagram opposite, it shows Covid spikes locking onto ACE2 and opening the doorway into the lining cells, but the ACE2 is also drawn into the cell, so losing its protective factor. ACE2 is the "*peace keeper*" that allows a damaged cell to be repaired by stopping bleeding, forming blood clots and allowing scars to repair damaged tissue.

If all the ACE2 has been used up by the Covid spikes, there is none left for repair, the cells become inflamed, we can't get oxygen absorbed in the lungs, clots are formed that block blood flow in the heart, brain, blood vessels, eyes, pancreas, gall bladder, liver, kidneys, etc. All of those problems that we have seen, sending people to ICU, and dying with Covid. Scientists have been working on trying to increase the soluble ACE2 that is floating around, to block the Covid spikes attaching to the cell's ACE2.

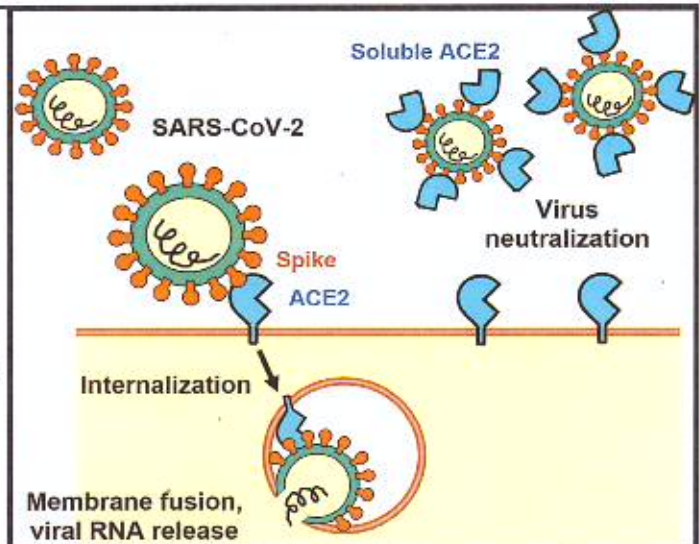
There is some evidence suggesting that ACE2 may be higher in people with hypertension, diabetes and coronary heart disease. Studies have found that used-up ACE2 is associated with more severe tissue injury in the heart, lungs and other tissue types.

Our immune systems try to clear any cells damaged by Covid, but they end up clearing out **all** damaged cells. As we age we have more cells also damaged by diabetes, high blood pressure, arthritis, cancer, asthma, heart disease, dementia, etc, so the body starts on self destruction ie auto-immune disease.

That is why Covid hits older people more, and younger people less. Younger bodies are more resilient and have less damaged cells, unless they have something already wrong with them. They are more protected too, with more antibodies from having had more recent childhood vaccinations.

So, scientists have been making antivirals for older people, to give their immune systems time to catch up. These tablets only last 12 hours, so need to be taken twice a day for 5 days. Because they may interfere with drugs for other diseases, like statins - those drugs may need to be stopped, while on these antivirals.

Like getting the flu, Covid keeps changing, to have another go at infecting us. Every time we get it, our body gets more damage to our cells. Just like some people got Polio twice. There are more flu strains around, like RSV, and now we are getting whooping cough, measles, diphtheria, etc surfacing again in Australia. We need to keep vigilant and get a booster.



## HANTAVIRUS

Dr Peter Lim has just given an update on Hantavirus along with Australian virologist Gary Grohmann, Prof at Sydney Uni, TGA and WHO. Of interest here, as WA has 6 people off the Hantavirus cruise ship at our Quarantine Centre at Bullsbrook, until end of June.



We can relax a bit, as this virus is not carried by Aussie rats, but it can be brought in by travellers coming back here. Different less deadly strains of Hanta are found in China, Europe and the Americas. It is spread by rats and bats urine and faeces, in the air via dust, ie breathed in. Rats climb ropes from wharves to ships, so can go everywhere - and we do have a mouse plague in WA at the moment!

Dr Lim says **never sweep or vacuum any droppings**. Cover your face with a mask. Disinfect with bleach. Can linger in air for 4 hours. Pick droppings up with gloves and wet cloth. Dispose of, well-wrapped in sealed rubbish. Rats are immune and don't get sick with Hantavirus. But it can spread to humans.

### BEST PROTECTION FOR ALL VIRUSES

1. **Wash hands** everywhere and before eating.
2. **Wear a mask** in crowds and when travelling.
3. **Open windows** and ventilate rooms—stops 85%!!
4. In lifts, face the walls to avoid others breathing out.
5. In hotels, cars, functions, open windows when enter.
6. If hugging, hold breath - then breathe behind them.

### SUPPLEMENTS for TRAVELLERS

Take Iodine sniffs and gargles. Take Zinc 90mg twice a day. D3 x 10,000iu daily. Vit C 1-2G every 4 hours.

# Bloating and Reflux

by Tessa Jupp RN OAM

People are still saying they are having problems with bloating and reflux. And doctors give them anti-acids to stop them making stomach acid. But —

## We need stomach acid to digest our foods!

We only need it there at the right time - **when protein foods are in the stomach!** That is when our stomach should be making it and using it!

Part of the problem is that we are eating foods that don't agree with us - like **fatty foods**. If we are getting fatty liver building up, from our sugary processed supermarket foods, (not necessarily alcoholic drinks), then we are not making enough **bile to break it down**.


My son has to have his **fatty foods for lunch**, rather than for tea, or he gets reflux. That is better for blood groups **A1 and AB**. They need to eat more vegetables. If he gets reflux when he is going to bed, he sucks on peppermint lollies or drinks bicarb in fruit juice drinks.

**O and A2** do better with lots of fatty red meats, but whereas **O**, coming from warm **manganeser** climates, is good with most fruit and veg, **A2** being from cold, snowy countries, is better with fish and red meats, with only berry fruits and below-ground veggies. Each with the foods that grow around where they should be living.

**A1** is from cooler climates and has more small farms, so is better with certain grains, fruit, veg, chicken, fish, pork, cheese, eggs, and slow cooking. **AB** does better with fish, ripe fruit, veg and small amounts of meats. **B** is traditionally in more colder, snowy mountainous areas, so diet is red meat stews, tangy fruits and quick growing veg. They may have animals to produce milk,

Make your own "Fizzy" !!

- ½ teaspoon of carb soda
- ½ cup of fruit juice (that has some citrus in)



Stir until froths up to top of cup then drink  
Take 1 – 4 times a day away from food

Take on rising, mid morning, mid afternoon, before bed. Take at least an hour after meals

so eat lots of cheese and dairy foods as well.

## So what we are eating can affect our digestion.

The foods and way of cooking in the areas of the world that our ancestors come from, are usually best suited to us and our blood groups. They are usually the foods and way of cooking that we prefer too. Each person has their own peculiarities. I am **not good with whole-meal or Rye bread**. **White is better** for me, as a lot of the problem bits have been taken out. A few bakeries have bread that is okay — but others give me a sore tummy. If I am **bloated**, I have some **lemon juice**, and that **helps**. Or I have the bicarb fruit juice drink above.

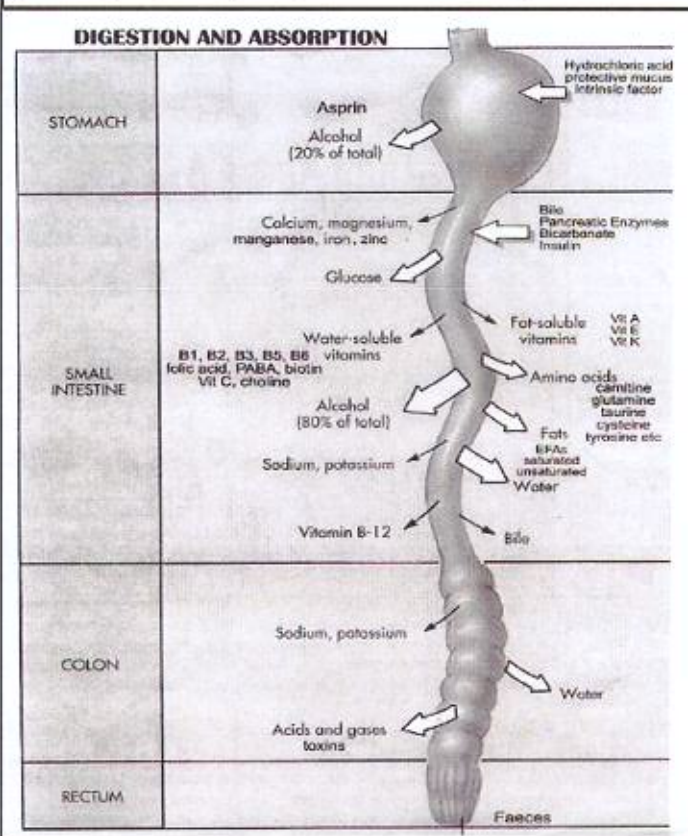
## Our digestion has a specific progression.

We see the **food**, which starts **saliva** in the mouth. We take a bite and **chew**. This releases saliva (alkaline) to breakdown carbohydrate, and liquify to swallow. If we don't chew (like a smoothy), the signal doesn't go to the stomach to get the acid ready to breakdown the protein part of the meal. Protein needs to **churn like a washing machine**, and the lid needs to be shut - the top of the tummy. If we are not making enough of our own acid (lessens as we get older) then sprinkle or take a teaspoonful of pure lemon juice with your main meal This releases **intrinsic factor** to absorb **Vit B12** too.

The acid is needed to tell the **liver and gallbladder** to get the bile (cholesterol) to break down the fatty part of the meal (**meats**). If this doesn't happen, we will feel queasy, tummy pain and bloated. The pancreas also gets the message for pancreatic enzymes and **bicarb** to further digest our carbohydrates (**plant foods**). At this point **insulin** comes in for the sugars and glucose too.

All of these are to break down the food we eat, to get what we need for the running of our bodies. **Minerals** mostly leave first, then **vitamins, proteins (amino acids), fats, B12** last from the small intestine. More digestion is undertaken in the large intestine with good bacteria (**pre- and probiotics**) water, gases and toxins. And finally we get rid of our wastes at the other end!

So **be wise in choosing the foods** we eat. Have a bit of **chewy soup**. Lemon or **something acidic** with your **main meal**, and some **alkaline food, fruit, for sweets!**



# "INCONTINENCE"

As we get older a number of embarrassing areas don't work as well as they used to and we may feel uncomfortable talking about it.

**BLADDER CONTROL** was often a problem at acute polio and if this was the case it may also be weakening now - not that this isn't a common problem with non polios too.


Your GP can refer you to continence clinics, physios and urologists but you might like to try some simple measures first.


Medical conditions like infections, diabetes, stroke, heart problems, medications, depression, excess weight, prostate for men, previous childbirth and menopause for women and even difficulty walking or moving around can be causal factors.

Other factors can include alcohol, coffee, tea and cola which can act as diuretics. Artificial sweeteners can also increase symptoms. Along with foods that are spicy and acidic, carbonated drinks, citrus juices and fruits, tomatoes and tomato-based foods, chocolate, overeating and constipation can also aggravate bladder control. Restricting fluids can lead to concentrated urine that irritates the bladder and causes dehydration.

So try supplements that help with muscle control ie carnitine, magnesium, B6 and potassium. (signs of low potassium include being prone to urinary tract or other infections, hot flushes, swelling, heat draining energy, increased muscle weakness, palpitations (NB We can also get palpitations if potassium is too high - so ask GP for a blood test - needs to be in top half of normal).


When I was young . . .  
I thought I could  
change the world !!





When I was middle-  
aged I wanted to  
change those  
around me . . . .

Now that I'm old . . .  
I would be content  
if I could just change  
  
... myself !





## PELVIC FLOOR EXERCISES

As well as getting advice from a physio, try short spells on a mini trampoline (just move weight from one foot to the other - don't jump) or if you are not steady enough for that try sitting on an exercise ball and gently bouncing. Make sure you have something handy to steady you. Both of these will give you gentle all-over exercise (ie internal and external) for all your muscles without wearing you out.

# ANAL CRAMPS . . . . . or . . . a pain in the butt!

I have had this on the list for the newsletter for the last 2 years but there is never enough room. It was covered in Health & Medicine in the "West Australian" 1/5/02 and —  
I was horrified to see that it was considered as a 'no cure' problem.



The official name is "**Proctalgia Fugax**" - procto = anus or rectum; algia = pain; fugax = temporary or passing. Also known as anorectal neuralgia, perineal spasms, perineal neuralgia, paroxysmal proctalgia or sphincter spasm - this was first described in Ancient Rome over 2000 years ago as "**fleeting rectal pain**".

It occurs in 17% of women and 9% of men. It can occur at any time but more often in the middle of the night and comes on suddenly as a dull ache deep in the anal area that can be excruciating and last from a few minutes to hours of agony.

Treatments tried vary from applying pressure to the area, ice blocks, hot baths, & sitting on a tennis ball, to medications like Valium, blood pressure tablets, Ventolin and Anginine used for heart attacks!

Certainly have any investigations to eliminate anything more sinister BUT ANY MUSCLE IN SPASM will respond well to **EXTRA MAGNESIUM!** And anal cramps are simply our bodies telling us that we are getting low in magnesium, just as any other cramps do. If pain doesn't go within 5 mins you haven't taken enough.

# Muscle twitches and Cramps

by Tessa Jupp RN OAM

**MUSCLE TWITCHES** usually feel like a fluttering or ripple just beneath the skin, most often in the eyelids, calves, feet, or arms, and they tend to be most noticeable when we are sitting or lying still. They are usually momentarily, and **not painful**, but may be concerning.

Twitching paired with muscle loss, weakness, speech changes, or coordination problems, might need to be investigated by a doctor, but **for polios**, it is more often easily remedied. These are **involuntary movements**, triggered by a nerve, firing off, often on its own bat, without being directed from the brain. These can include eyelid flutters, facial twitches, hiccups, jerks on falling asleep, pumping palpitations, pulses, a rhythmic-jumping leg, a beating finger or limb muscle.

**CRAMP** on the other hand, can be **extremely painful**. A cramp is a **locked muscle** that won't release, to enable that muscle to action again. It is jammed!

**SPASM** is a quick, sudden, uncomfortable, involuntary, uncontrollable, tightening of a muscle.

**TREMOR** is a back-and-forth rhythmic continuous or intermittent, shaking or trembling. A tremor is related to motor control centres in the brain.

A **muscle** is activated by a message from the **nerves** in the brain, which may be **automatic**, like breathing, blinking and walking; or purposeful like getting dressed. If something is missing for that to happen, the pathways will go astray or be misdirected. The same causes and solutions may apply to all of these muscle problems.



## WHAT CAN CAUSE THESE?

1. Post-Polio Syndrome is now listed!
2. **Doing too much!** Over exercising. Nerve and muscle fatigue.
3. **Inadequate sleep/rest time.**
4. Family & work stresses - adrenaline
5. Too much screen time (not just kids)
6. Too many **stimulants** - like coffee.
7. Getting **COLD!** Keep warm.
8. **Not enough fluids - drink more.**
9. **Medications:** eg drugs that deplete electrolytes.
10. **Inadequate diets** - Not cooking meals for just one!

Most of these we have under our control. If we are having twitches, cramps, etc - our bodies are sending **HELP signals**. Make some changes. Talk to your GP.

## WHAT WE CAN DO

1. **Stop before you are tired.** Allow recovery time.
2. **Get enough sleep** and relax time.
3. **Drink enough fluids.** Cut back on coffee & alcohol.
4. **Do deep breathing exercises.**
5. **Cook good old-fashioned meals.**
6. **Talk to your GP about drugs** you are on. Get your medical test checked regularly, including electrolytes.
7. Check if you **need more electrolytes**. **Magnesium allows the muscles to relax.** Others we might need are good quality **sea salt**, potassium, Vits C & B12 & D3. Manganese, borax and **pumpkin seeds** help with pain.

## NIGHT DRIVING and CATARACTS

### Considering surgery for Cataracts ??

You need to **talk to your Eye Specialist** about fitting you with **lenses** that will enable you to **drive at night** as well as **during the day**. This may mean a different lens in each eye, or that you still need glasses for reading. We are all different.

Talk to the doctor about your particular eye problems. You don't want to **not** be able to **drive your car at night**. Look at your options.



## DRY EYES and managing CATARACTS

Castor Oil 100ml (special hexane-free) eye drops will help **dry eyes** and help **stop cataracts** developing any further. Buying a small bottle is best as it needs to be **replaced after it has been open for 6 months**. (Use the rest of the bottle to rub on any dry skin patches.)

Pop a **drop into each eye** as you go to bed **each night**. Wash out when you wash your face in the morning.

Get from Polio Office for \$19 + postage.



## What do **ITCHY, GRITTY, BLOODSHOT EYES, MIGRAINES, VARICOSE VEINS, HAEMORRHOIDS** have in common?

All can be caused by **engorged blood vessels** somewhere in the body. In the 1940s, a female eye specialist in Perth WA, discovered that taking **extra Vitamin B2 (400mg)**, reduced engorged blood vessels back to their normal size, usually within 48 hours. It does work!



## OLD GALLSTONES REMEDY

**Sudden unbearable right-sided tummy pain?**

May be gallstones. Try **2 teaspoons of pure lemon juice with 1 teaspoon of Taurine powder in a little water**. Often relieves pain within 30 mins or less. **Continue** once or twice a day for 1 year or more, to **dissolve stones**. May halve dose after a week or so.



# Dark Chocolate Good for You! by Tessa Jupp RN OAM

Women have traditionally craved chocolate at certain times of the month. It gives them extra magnesium for hormone production. -- Not that they knew that!

Dark chocolate is rich in minerals such as **magnesium** particularly, **manganese, zinc, iron**, copper, calcium, potassium, as well as traces of vitamins A, B, E and K. It can have various health benefits including **reducing inflammation** and the **risk of heart disease**. But the more milk and other sugary things that are added to the chocolate, the less good stuff in the cocoa we get, so we should try to **buy 70% or darker chocolate**.

Maybe there was some old wisdom in that cup of cocoa before going to bed!

## HEART DISEASE

Regularly eating dark chocolate may help reduce a person's likelihood of developing heart disease.

Some of the compounds in dark chocolate, specifically **flavanols**, affect two major risk factors for heart disease - **high blood pressure and high cholesterol**.

The flavanols in dark chocolate stimulate nitric oxide production in the body. **Nitric oxide causes blood vessels to dilate, or widen, which improves blood flow and lowers blood pressure.**

It might interest you that in 2017, the Journal of the American Heart Association, published a study showing that adding **almonds, dark chocolate, and cocoa** to our diet, may reduce the risk of coronary heart disease. In combination, almonds and dark chocolate **decreased** the more damaging arterial dense **LDL**. So if you like the popular Roast Almond Old Gold Cadbury's, you might be onto a good thing!

## DIABETES

Another 2018 research finding, suggested that eating 4 small squares (or up to 8 of those with almonds) of **70% dark chocolate** each day or so, may help lower fasting glucose levels and reduce insulin needs. The **flavanols** in chocolate may influence how your body deals with insulin. Some studies have found that chocolate flavanols may **improve insulin production**, and others suggest that they could be involved in reducing insulin resistance. Dark chocolate has richer antioxidants and minerals, so usually has less sugar.

## BRAIN FUNCTION

Eating dark chocolate may improve brain function and help prevent neurodegenerative conditions, such as Alzheimer's disease and Parkinson's Disease. A 2010 Johns Hopkins study also suggests, that epicatechin, a substance found in chocolate, may help shield nerve cells in the brain, from damage after a CVA (stroke).



## GUT-BRAIN CONNECTION

Cocoa is also a **prebiotic**, a type of fibre that our gut bacteria digests and identifies, as 50 "good" gut bugs and 50 "bad" gut bugs, associated with better and worse health measures, in areas including heart and metabolic health. A 2022 South Korean study published in The Journal of Nutritional Biochemistry, found that eating dark chocolate was associated with increases in the diversity of the gut bacteria. Cocoa can help your "good" bugs flourish, and our research has found that some "good" bugs, particularly "like" dark chocolate.

## MOOD ENHANCERS

The flavanols in dark chocolate stimulate the release of endorphins and help with mental well-being. Cocoa compounds are also involved in the production of serotonin, a "feel-good" neurotransmitter that boosts mood. The results of research also suggest that eating **85% dark chocolate** may have an even greater boost to our mood. This was attributed to the extra diversity of the good bacteria in the gut, which can affect mood through the entire gut-brain linkage.

My Mum's chocolate cake recipe below, is really easy to make. **Cocoa, ginger and dates** are all high in **zinc, magnesium, manganese, potassium and iron**.

So treat yourself - Chocolate is actually good for you!



## My Mum's Chocolate Cake

This can be changed into any quick easy cake you like - just change the ingredients you put in it!

2 cups of allowed SR flour	1 cup chopped dates
1/4 cup sugar (or honey)	1 beaten egg
4 tbsp cocoa powder	Melt 120g butter - in
1 tbsp ginger powder	1 1/2 cups allowed milk

Finely sift dry ingredients into a bowl. Add dates and egg. Pour in hot melted ingredients. Stir with spoon. Tip into 2 loaf tins lined with Glad Bake. Bake at 375C for 35 mins. Test with skewer or knife. Cool in tin. Serve dusted with dry icing sugar, so less sugar.

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