

POLIO



POST

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You may visit our website at www.postpolionetwork.ca or email us at postpolionetwork@gmail.com

Presidents Report May, 2018

I t's May already and thankfully Spring has finally arrived. This year is sure going fast.

The Executive Committee is holding their June meeting on the 5th at the Canad Inn in Brandon at 11:30 a.m. If they wish our Westman members can join us. The telephoning committee is contacting members.

As per a discussion at the April General Meeting, I contacted the Movement Disorder Clinic regarding accepting Post Polio patients with balance, swallowing issues. Unfortunately, they do not treat Post Polio.

The executive committee would like a volunteer to be the chair/spokesperson for the advocacy regarding vaccinations. There are two or three members who are willing to assist.

PPN's expenses are increasing due to rent increase, meeting expenses etc. and to help allay these expenses we are attempting to have a raffle at PPN meetings. The last two raffles have been quite a success. Thanks to all who participated.

Issue 3 of Accessibility News from the Disabilities Issues Office (DIO) focuses on the rights of customers accompanied by a service animal under the Human Rights Code (Manitoba) and the Accessibility for Manitobans Act (AMA). Upcoming event for DIO is Manitoba Access Awareness Week to be held June 10th to 16th, 2018.

For further information contact DIO at 630 - 240 Graham Avenue Winnipeg MB R3C 0J7

Phone: 204-945-7613. E-mail: dio@gov.mb.ca.

This year, May 20th is World Autoimmune and Auto Inflammatory Arthritis Day.

The RSVP's for the June Summer Celebration Luncheon can be found in this newsletter. Please let us know if you are coming. I am looking forward to this Luncheon on June 18th. Don't forget to mark your calendars for the May General Meeting (29th) and the September General Meeting (25th).

Enjoy Summer!!

Therapeutic Nutrition - Paradigm for 21st century Medicine

Excerpt from <https://idmprogram.com/blog/>

About the Author: Dr. Jason Fung. Dr. Fung is a Toronto based kidney specialist, having graduated from the University of Toronto and finishing his medical specialty at the University of California, Los Angeles in 2001. He is the author of the bestsellers ‘The Obesity Code’ and ‘The Complete Guide to Fasting’.

Does your doctor talk about nutrition? My guess is no. My feeling, as a physician, is that most doctors know very little about nutrition. Why not? We are in the midst of a huge paradigm shift in the entire way we look at health and disease. It’s happened so gradually that most doctors are not even aware of it. The physician’s path has been corrupted over the last few decades from ‘The person who keeps you healthy’ to

‘The person who gives you drugs and surgery’. Let me explain.

A physician’s job has always been to heal the sick and give advice on how to stay healthy. The paradigm of medicine as a semi-useless and semi-horrifying profession began to shift with the development of antibiotics – starting with penicillin in 1928. Now, all of a sudden, we had an effective treatment for infectious disease, which had been the major medical problem of the 20th century. Doctors, for virtually the first time ever, had something reasonably useful to fight illness. Doctors had something better to offer than mummy extract or shoving sharp metal pointy things in through the eyeball. Similarly, with the advent of modern anesthesia and surgical techniques, we had effective treatments for diseases like ruptured appendices and gallstones and so on. Prior to that, surgery was a grisly sight. There were no effective antibiotics, there was no effective anesthesia, and post operative complications were many. It was really just some guy with a saw, ready to cut your leg off, giving you a rope to bite down on so

you didn’t scream. You were just as likely to die of the surgery as of the disease. Surgery was the last option, because the treatment was just as lethal as the disease.

By the middle of the 20th century, this all changed. The concepts of germs and the importance of anti-septics were discovered. Anesthetic agents were discovered. Penicillin and other miraculous antibiotics were discovered. Public hygiene and sanitation were improved. So, the doctor patient relationship changed.

Now, physicians saw ourselves as the fix-it guy or fix-it girl. You have a disease, I give you a pill. You get better. Or – you have a disease, I give you surgery. You get better.

This worked really well from the 1940s to the 1980s. Most of the major health issues were infectious

diseases. From bacterial pneumonia, to bacteria like H. Pylori, to viruses like HIV, to Hepatitis C – people were getting better. You can see this clearly in the life expectancy of people 65 years and older (this removes the effect of child mortality and wars etc., concentrating on chronic disease).

During this time, medical school training reflected this new role that physicians saw themselves. We wanted to know about drugs, and surgery, and more drugs and more surgery. Obesity, a dietary disease should be treated with, I know, drugs! If that doesn't work, then, I know, surgery! To the doctor with a hammer, all problems are nails. Nutrition training is virtually non-existent in medical school.

Starting in the late 1970s we had a massive obesity epidemic. Then 10 years later, a massive diabetes epidemic. Our drugs and surgery tools were completely inadequate to deal with this new reality. We tried to apply the 20th century attitude to the new 21st century medical problems, which are largely obesity related and metabolic in nature. We tried – You have type 2 diabetes, let me give you a pill (or insulin). It was a dismal failure. We tried – You have obesity, let me give you surgery. It works, kind of. But there are a lot of complications. So, we, as doctors, were lost. We were reduced to giving simple, puerile, and utterly ineffective advice like “Eat Less, Move More”, or “Count your calories” or “It's all about the Calories”. We lacked comprehension of the problem. We didn't understand obesity and its hormonal nature, and we didn't know how to treat it.

So, most of us gave up. We admitted defeat by trying to pretend that type 2 diabetes is a chronic and progressive disease. We pretended that obesity is a natural consequence of aging even though it had never happened on this scale in human history. Both statements, of course, are completely false.

Losing weight often reversed type 2 diabetes, so we told people to lose weight, but we didn't tell them *how* to lose weight. Without any training, we gave the only advice we knew – Eat Less, Move more. This is rather ironic, considering that all available evidence from our studies shows that restricting calories is a completely ineffective method of weight control. We knew that about 99% of the time, this Caloric Reduction as Primary strategy failed, but we didn't care. It was the best we had, so that's what we gave. But there is hope. More and more doctors are starting to recognize that the related conditions of the metabolic syndrome which are all closely related to obesity are treatable, not druggable conditions. This includes obesity, type 2 diabetes, cardiovascular disease, cancer, and Alzheimer's disease. You can't treat a dietary disease with drugs. So the weapon of choice for metabolic problems of the 21st century is not a new drug or a new type of surgery, although there are many who try to medicalize a dietary problem. No, the best option is to treat the root cause. Treat the dietary disease with correction of the underlying diet. The weapon of choice in 21st century medicine will be information. Information far beyond the simplistic notions of calories. Information about the ancient practice of fasting. Information about the dangers of excessive fructose intake. Information about reducing refined foods especially carbohydrates. Information about the hormonal basis of obesity and type 2 diabetes.



Celebration Luncheon

DATE: *MONDAY, June 18th, 2018*

TIME: *11:30 a.m. – 2:00 p.m.*

WHERE: *CABOTO CENTRE 1055 Wilkes Ave., Winnipeg*

COST: *\$10.00 for MEMBERS; \$15.00 for GUESTS*

Come and join us to celebrate summer and friendships.

RSVP by June 13, 2018 EMAIL: postpolionetwork@gmail.com or

*TELE: 204 975-3037 or MAIL to: Post Polio Network, 825 Sherbrook St.,
Winnipeg MB R3A 1M5*

Name: _____

No. of persons attending: _____ member(s) _____ guest(s)

Please list any food allergies: _____



WHY NOT CANADA ? Australian government is funding workshops around the country to raise awareness among care practitioners and Doctors

Excerpts from [ABC Newcastle](#) By Nancy Notzon

The modern fight against post-polio syndrome ramps up as sufferers fight misdiagnosis and rising costs

Polio was officially eradicated in Australia in the year 2000, and there are an estimated 400,000 polio survivors in this country — although the real figure is hidden because of a lack of proper medical records. Up to 40 per cent of people who have had the disease will develop post-polio syndrome. And as memories of polio have faded over time, there is a perception it is just a childhood disease.

"The problem has been that people with polio have lived their lives very successfully and they haven't been part of medical activities or rehabilitative or physiotherapy activities for many, many years," rehabilitation physician Helen Mackie said. Now they're emerging as a group who have special needs, but the understanding of their condition has been lost in the fullness of time.

The Federal Government is now funding workshops around the country to raise awareness among healthcare practitioners and doctors. "They [post-polio sufferers] need to have a greater consideration before having surgery and understanding of the effects of surgery," Polio Australia clinical health educator Paul Cavendish said. "And then the rehabilitation protocols afterwards need to be adjusted in terms of the types of exercises that are performed to recover someone, and also the timeframes in which they are performed need to be extended out for them to get a successful outcome." Feedback from the workshops has been positive, with the program set to continue until June 2019.

Shingles

Shingrix: Is the Hype Justified By Paul A. Offit MD Source: Medscape—13 February 2018

NOTE: *Any views expressed are the author's own and do not necessarily reflect the views of WebMD or Medscape. Dr. Offit is at the Vaccine Education Centre at Children's Hospital of Philadelphia, PA*

Shingles is a reactivation of an original chickenpox infection. It's a common infection — roughly 1 in every 1,000 people every year in the United States will suffer shingles, and about 1 in 3 people in the United States will suffer shingles in their lifetime. Usually, shingles occurs in those > 65 years of age.

The first shingles vaccine was licensed and recommended in 2006. It's called Zostavax® and is a live, weakened form of the chickenpox (varicella) virus.

Recently, in October 2017, another shingles vaccine was licensed and recommended. It's called Shingrix, and it's made in quite a biologically different manner than Zostavax. The efficacy of Shingrix against rash, it's not 51% (as was the case

with Zostavax); it's in the mid-to-high 90% range, for all age groups — even for those over 70 years of age. Similarly, if you look at the protective efficacy against postherpetic neuralgia, it's in the high 80% to low-mid 90% range, and the duration is much greater — 4 years later, the protective efficacy is still about 85%.

How should this vaccine be used? This was the question faced by the Advisory Committee on Immunization Practices (ACIP) in October. They made the following recommendations:

- ◆ This vaccine can be given starting at 50 years of age;
- ◆ It's a two-dose vaccine, with the second dose being given 2-6 months after the first;
- ◆ It is the preferred vaccine — those who have not yet received a shingles vaccine should receive Shingrix rather than Zostavax; and
- ◆ Even if you've already had Zostavax, it is still recommended that you receive two doses of the Shingrix vaccine.

Excerpts taken from article in (Australia) Polio OZ News Fall 2018

Members Page

Upcoming Events

1. May General Meeting

DATE: **May 29th**, 2018

LOCATION: Caboto Centre

1055 Wilkes Ave; WPG

TIME: 1:00 p.m. – 2:30 p.m.

TOPIC: Vitamins

SPEAKER: Dr. A. Bryk, ND

2. Summer Celebration Luncheon

DATE: **June 18th**, 2018

LOCATION: Caboto Centre

1055 Wilkes Ave; WPG

TIME: 1:00 p.m.-2:30 p.m.

See notice in this Newsletter for further info.

A letter to a national newspaper in the 1950's declared: 'My grandfather, who is 87, has been converted to nudism. He sits all day long in the greenhouse without a stitch on except for his hat. When I asked him what he wants with a hat on if he's a nudist he hits out at me with his walking stick and hollers, "Because I'm bald."'



In his later life, a former Bishop of Lincoln, found himself having difficulty rising from a park bench where he had stopped to take the weight off his feet. After struggling ineffectively, he was delighted when a little girl offered a helping hand.

'That's very kind of you my dear,' he told her, 'But are you really strong enough?'

'Oh yes, the child retorted, 'I've often helped my daddy when he was much drunker than you.'

Words to live by:

“Life only comes around once, so do whatever makes you happy, and be with whoever makes you smile.”

“Thank heaven for dirty dishes, they have a tale to tell, while other folks go hungry, we're eating very well. With home and health and happiness, we shouldn't want to fuss by this stack of evidence, God's very good to us”

“It's been said that everlasting friends go long periods of time without speaking and never question their friendship. These friends pickup phones like they just spoke yesterday, regardless of how long it has been or how far away they live and they don't hold grudges. They understand that life is busy and you will always love them.”

“Good friends make bad days a little more bearable”

“Love is caring for each other even when you are angry.”

“What day is it?” asked Pooh. “It's today.” squeaked Piglet.

“My favorite day.” said Pooh.”



“Take one of these whenever you get the cap off.”

Passages

Mr. Arthur Morrow passed away on March 7th, 2018; our condolences to his wife, Helen, and family.

Do you have an interesting story to tell?

Or do you know any good jokes, inspirational or humorous quotes or poems? Then you are invited to email them to:

postpolionetwork@gmail.com or mail them to:

Post-Polio Network (Manitoba) Inc.

C/O SMD Self-Help Clearinghouse

825 Sherbrook Winnipeg, MB, R3A 1M5

Spring Cleaning and Organizing Tips*

By Maria Gracia

Along with Spring comes thoughts of crisp, fresh air, newly budding flowers, singing birds and a sense of renewal. Getting organized and doing a bit of spring cleaning, helps to bring that wonderful fresh feeling into your home and office. Here are tips to help you start the season off right.

Assign Yourself a Different Task for Each Day

Make yourself a schedule that is comprised of one hour and one task each day. Your schedule may look something like this:

Monday: Decluttering; **Tuesday:** Dusting; **Wednesday:** Vacuuming; **Thursday:** Scrubbing; **Friday:** Organizing and Rearranging; **Saturday:** Laundering; **Sunday:** Decorating.

Then, spend one hour each day doing your assigned task for each room, throughout your house. You'll be amazed at the difference you can make in your home by following this simple system.

Be Ruthless When it Comes to Decluttering

If you don't love it, and/or you don't use it, it's clutter. It's the perfect time to embrace the Feng Shui

art of uncluttered living. Feng Shui teaches that if energy can easily flow through a room, your life will be more harmonious and happy--and clutter is an obstacle to reaching this relaxed and calm state. Make it a quest of yours to be ruthless when it comes to your decluttering efforts. You'll have less to dust, less clutter to look at, an easier time finding the things you do use and less stress in your life.

Donate or Sell the Things You Don't Use.

If you have items that you don't use, but are in good condition, they are prime candidates to sell or donate. Decide whether you would prefer to donate them or sell them.

If you choose to donate, consider giving them to your local Salvation Army, or perhaps even a shelter or orphanage in town. Many of these organizations will even pick up your donations for you. If you choose to sell, you might set a date for a yard sale. Or, take some photos of these items with your digital camera, and put them up for sale at an online auction Web site.

*Reprinted from

<https://www.getorganizednow.com>

Pakistan Murder

Killing of Mother-Daughter Team Shakes Polio Eradication Drive in Pakistan

Source: *New York Times* — 22 January 2018

Two polio vaccinators — a mother-daughter team — were shot dead in Pakistan on Thursday 18 January, the first time in two years that the polio eradication drive has been shaken by assassinations. While tragic, the killings will not seriously disrupt Pakistan's eradication drive, said one of its leaders. "We are very close to winning the battle," said Aziz Memon, a textile executive who heads Rotary International's local polio vaccination efforts.

Excerpt from: *Post Polio Network of WA Inc. Newsletter, March 2018 Vol 29 No 1*

Vitamin D ?

Vitamin D is actually not a Vitamin*

This fact may seem surprising, but it's true. Vitamin D is not a vitamin at all. It's a fat-soluble steroid hormone. In fact, it is now regarded by scientists to be the world's oldest hormone. Based on scientific research, scientists now surmise that vitamin D has existed on this planet for at least 750 million years and was first produced by rays of sunlight interacting with phytoplankton in the northern regions of the Atlantic Ocean.

*Branton, Alice. *Vitamin D is the Key: The Myth, the Reality and the Revolutionary Breakthrough!* (Kindle Locations 17-21). www.TamiPatzner.com. Kindle Edition.

Membership Application Form



Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Telephone: _____ E-mail: _____

Please check one or more of the following options:

New Membership - \$15/year ____ for 20 ____

Membership Renewal - \$15/year ____ for 20 ____

I wish to make a charitable donation of \$ _____

(Tax deductible receipt will be issued.)

Total \$ _____

Please make cheque payable to: Post- Polio Network Mb. Inc.

Your NEWSLETTER delivery preference by: ____ mail or ____ email

Please mail the application form and cheque to:

Post-Polio Network, 825 Sherbrook St., Wpg. Mb. R3A 1M5

For further information please phone 204-975-3037

Signature

Date

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You may visit our website at: www.postpolionetwork.ca or email us at postpolionetwork@gmail.com

If at any time you wish to opt out of any services, simply contact us by phone (204-975-3037) or write us at 825 Sherbrook St., Wpg. Mb. R3A 1M5 and we will gladly accommodate your request.