



THE LIGHTHOUSE

Coastal Empire Polio Survivors Association, Inc.
Shining Light on Post-Polio Health

January, 2013 Newsletter

www.coastalempirepoliosurvivors.org

Vol. XVI, No. 1



The President's Message...

HAPPY NEW YEAR, CEPSA Members and Friends!!

It was wonderful to see so many of you at our December Holiday banquet. We regret that Janet DiClaudio, our 2012 president, was sick and could not attend. As most of you know, Janet has been gravely ill and hospitalized at Candler for several weeks. We are praying for a New Year miracle for our dear friend to return to improved health and to us.

2012 has ended and we welcome the fresh start, the clean slate of a new year. Many people scoff at making New Year's resolutions. I understand that. However, for me it is a time to reflect on the year past and plan for the year ahead. Recently an article written by a local psychotherapist appeared in the *Savannah Morning News*. Michelle Aycock wrote about people re-evaluating their lives as the year came to a close. She advised about things to eliminate from our lives. One was "someday" thinking. Many of us admit to this type of thinking. It prevents our moving forward. We say "Someday I will ____." Fill in the blank with anything you might have planned to do *someday*. Unfortunately *someday* often never comes. Let's eliminate "someday" thinking in 2013--in our personal lives and in CEPSA.

Your executive board and I will propose new goals and activities for 2013. We want CEPSA to inform, uplift, challenge, and entertain you. Among our goals we want to locate more polio survivors; publish more of our polio stories; connect with more providers in the medical community; obtain free mailing so that our newsletter can reach more people; impact local and national disability issues more intensively. Your ideas are welcome. We need you; the members are the heart of CEPSA. I look forward to seeing you on January 26.

Cheryl Brackin , President

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Next Meeting

Saturday,
January 26, 2013,
10:30 AM

Coastal Empire Polio Survivors Association, Inc.



2013 Executive Board

Co-Founders

- Lorraine Frew- Care Team Leader
- Cheryl Brackin- Care Team Leader

Officers

- Cheryl Brackin- President
- Michael Dunnermann-
Vice-President & Secretary
- Marty Foxx- Treasurer

Committee Chairs

- Cheryl Brackin- Publicity Chair &
Newsletter Proofreader
- Lavonne Calandra- Care Team Co-Chair
- Betty Goff- Care Team Co-Chair

- Carlos Clas- Newsletter Co-Editor
- Wanda Clas- Newsletter Co-Editor

- Diane Davis- Polio Awareness &
History Chair

- Janet DiClaudio- Correspondence &
Care Team Leader

- Terri Dunnermann- Hospitality
Co-Chair & Care Team Leader
- Adrienne Stallworth- Hospitality
Co-Chair

- Richard Graham- Mobility Project
Co-Chair & Care Team Leader

- Harvey Varnadoe- New Member &
Accessibility Awareness

- Jim Veccia-
Website,
Bylaws,
Mobility Project Co-Chair & Care Team Leader

- Marie McManus- Care Team Leader

- Charlotte Richter- Event & Meeting
Photographer
- Larry Richter- Event & Meeting
Photographer
- Penny Smith- Event & Meeting
Photographer

Voluntary Dues of \$ 15.00 may be paid to:
Marty Foxx
23 East 61th Street
Savannah, GA 31405
 Please try to make your payment this month,
 either at our next meeting or else by mail.
Thank You!

***** REMINDER *****



CEPSA's new meeting place is at **The Exchange** (Restaurant) on **Waters**, 6710 Waters Avenue Savannah, GA 31406

Our January Meeting

Pain Management: Part 2

Our January meeting will be a continuation of our October, 2012 meeting on Pain Management. CEPSA member Harvey Varnadoe, RN, will again share his professional knowledge with the group.



New Online ABA Complaint Form Available for Public Review

The Access Board is planning to launch an online form for filing accessibility complaints under the Architectural Barriers Act (ABA) and invites comment from the public on this new website feature.

The ABA, one of the first laws passed by Congress addressing access for people with disabilities, requires that federally funded facilities be accessible according to established standards. The law applies to facilities designed, built or altered with Federal dollars or leased by Federal agencies. The ABA covers a wide range of government buildings, including post offices, social security offices, and Federal office buildings. It also applies to non-Federal buildings that are federally funded, such as schools, transit stations, local courthouses and jails, and public housing.

The Board enforces the accessibility standards of the ABA through the investigation of complaints from the public. Upon receipt of a complaint, the Board opens an investigation to determine whether the facility in question is covered by the ABA and if so, whether it meets the applicable accessibility standards. If a covered facility is not in compliance, the Board will pursue a corrective action plan and monitor the case until all necessary work is completed.

The new online submission form will make it easier and more convenient for the public to file ABA complaints with the Board. It also will improve how the Board monitors and tracks complaints. Members of the public are invited to view and try out the proposed [complaint form](#) which is available for comment until February 15. A published [notice](#) provides further details, including instructions on submitting feedback. The new form, which replaces an earlier one previously made available on the Board's site, will be launched under procedures that Federal agencies must follow in collecting information from the public.

For further information, contact Lisa Fairhall, the Board's Deputy General Counsel at fairhall@access-board.gov, (202)272-0046 (voice), (202) 272-0064 or visit the Board's [ABA enforcement web page](#).

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A Thought for the New Year THE MAYONNAISE JAR

When things in your life seem almost too much to handle, when 24 Hours in a day is not enough, remember the mayonnaise jar and 2 cups of coffee.

A professor stood before his philosophy class and had some items in front of him. When the class began, wordlessly, he picked up a very large and empty mayonnaise jar and proceeded to fill it with golf balls. He then asked the students if the jar was full. They agreed that it was.

The professor then picked up a box of pebbles and poured them into the jar. He shook the jar lightly. The pebbles rolled into the open areas between the golf balls.

He then asked the students again if the jar was full.... They agreed it was.

The professor next picked up a box of sand and poured it into the jar. Naturally, the sand filled up everything else. He asked once more if the jar was full. The students responded with a unanimous - "yes."

The professor then produced two cups of coffee from under the table, and poured the entire contents into the jar, effectively filling the empty space between the sand. He then asked the students again if the jar was full... and got another unanimous "yes."

Once again he asked his students if the jar was full - laughing they all agreed.

"Now," said the professor, as the laughter subsided, "I want you to recognize that this jar represents your life. The golf balls are the important things - God, family, children, health, friends, and favorite passions -- things that if everything else was lost and only they remained, your life would still be full.

The pebbles are the other things that matter like your job, house, and car.

The sand is everything else -- the small stuff. "If you put the sand into the jar first," he continued, "there is no room for the pebbles or the golf balls.

The same goes for life. If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you.

So...

Pay attention to the things that are critical to your happiness.

Play with your children.

Take time to get medical checkups.

Take your spouse/partner out to dinner.

Play another 18.

There will always be time to clean the house and fix the disposal.

"Take care of the golf balls first -- the things that really matter. Set your priorities. The rest is just sand."

One of the students raised her hand and inquired what the coffee represented. The professor smiled. "I'm glad you asked". It just goes to show you that no matter how full your life may seem, there's always room for a couple of cups of coffee with a friend."

-Author Unknown



CEPSA'S 2012

Holiday Banquet

December 1, 2012
Hilton Garden Inn

Banquet Speaker:
Rev. Jim McIlrath





Photos courtesy of Charlotte Richter, Larry Richter, Penny Smith and Linda Clas Rosario

Happy Birthday



January

Gigi Veccia - 5
Lorraine Frew - 10
Penny Smith - 10
Harriett Merritt - 14
Linda Graham - 15

February

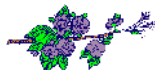
Edie Porter - 4
Sharon Underwood - 4
Sandra Bath - 16
Charles Johnson - 22

Member Concerns

Janet DiClaudio, Nancy Hess, Bobby Johnson,
Patrina Johnson, Bob Parkhurst,
Jan Schendorf & Jim Veccia

Please keep these members in your prayers.

Condolences



CEPSA would like to offer condolences to CEPSA members Velma and Sharon Underwood on the passing of their brother. Please keep Velma, Sharon, and their family in your thoughts and prayers.

For Your Information



Nana Needs a Nap by Beryl K. Baker

Illustrated by: Chris Barry
Design & Color by: Terry Bodnar

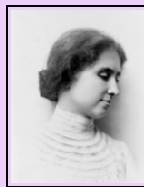
You will be delighted by the amusing and distinctive illustrations of Mr. Bodnar and Mr. Barry as the author discusses her true story and some of the symptoms of Post-Polio syndrome. This coffee table book is told from the perspective of a grandchild and can be understood and enjoyed by young and old alike.

Please Visit: www.nananeedsanap.com

Book Price: \$10.00 (includes shipping and handling)

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Quote of the Month



"Your success and happiness lies in you. Resolve to keep happy, and your joy and you shall form an invincible host against difficulties."

-Helen Keller

Congratulations

Congratulations to Mr. & Mrs. Bill Pierce who celebrated their 62nd wedding anniversary on December 30, 2012.

Thank You

A "Thank You" e-mail received from Robbie White. It reads: *I must tell you though how much I appreciate CEPSA and especially Richard who helped me tremendously. I had been dead in the water for two years and he spent a lot of his time to help me get new batteries and he and my wife and his wife put them in my Powerchair. Now I zip around the school free as a lark. The students call it my BMW. Now I can move around to all the kids working on the 70 computers in my lab and monitor their progress. Thanks again.*

Robbie White

NO LONGER ABLE TO USE DUE TO HEALTH REASONS!



2002 Winnebago Adventurer

Very Clean---Excellent Condition---Low Mileage

Less than 26,000 miles

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2 Slide Outs

Many Extras

For more information and price contact:

Richard @ 728-3393 or 656-0635

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GAIL'S TIPS ON ORGANIZING TO SAVE ENERGY



- Nutrition is important for feeling well. Do meal preparation (chopping veggies, measuring recipe ingredients, thawing out meat, preparing nutritious snacks) first thing in the morning before energy runs out and the temptation to grab anything sets in.
- Use carrying totes to save steps (I use one for cleaning products, one for common cooking ingredients, and one for my drawing supplies).
- Make "to do" lists for the day and the week. Then prioritize. Which tasks are important, which can be delegated, which can be done at a later time? Don't forget to schedule in at least one thing you really enjoy doing every day.
- Schedule rest breaks. (I have at least two scheduled, one for morning, one for late afternoon and I usually need at least 30 minutes of down time.)
- Going out in the evening? Plan time to rest, rest in the afternoon.
- Errands can be exhausting. Keep a list of items that you run out of or need. Then plan errands carefully.
- Entertaining? Organize a potluck dinner, preferably in the park!
- Need to make decisions? Do tasks that need careful thinking in the morning (or whenever your energy level is highest.) Don't be afraid to use the phrase, "I'll think about it."
- Carry a backpack rather than a purse. (Purses tire out my arms quickly).
- Bring one item in your backpack that will make you happy (a good book, sketch pad or crossword puzzle) in case you have to wait, need a break, or can't keep up with your companions.

Simplicity. The less "stuff" you have, the less energy it takes to take care of it. (My favorite simplifying book is [Living the Simple Life](#) by Elaine St. James.)

A Note from the Editor of *Colorado Post-Polio Connections*:- I have found that wearing pants with pockets is the best that we can do for ourselves. Instead of a purse or backpack, I have a change purse that holds my money (I try to avoid change), my driver's license and two or three credit cards. If I find it's necessary for me to carry a purse, I use a small one. I try to use soft cover books as they weigh less, and you may be able to insert them into your purse.

Reprinted from Colorado Post-Polio Connections, Fall, 2002
Reprinted from "Library of Articles" Central Virginia Post-Polio Support Group, Richmond,VA.

Well Worth the Investment

by Jim Veccia



Over the years as my body has gotten weaker one very big concern that I have faced is raising up off the toilet. I realize this is not a great topic, but I'm sure every polio survivor has thought about this problem. Recently after suffering damage to my one good knee I found this task extremely difficult, if not impossible. I have tried raised toilet seats of various kinds, but none proved to my liking. One day while surfing the web I came across a toilet elevator!! I went to Lowe's, Home Depot and Ferguson only to be told that what I wanted did not exist. I was told that all toilets now conform to the ADA government rules for height from the bathroom floor to the bowl rim of 16.5 inches. Back to the internet I went, located it, ordered it and had the whole set-up installed by my plumber (not necessary if you are handy, instructions were very simple). I did purchase a new toilet (also not necessary, all parts come included). By placing the 'elevator' between the floor and toilet I gained an additional 5.5 inches in height and do not have to deal with bulky additions for the seat. The new toilet also gives me the bonus of a vacuum flush and uses less than 15% of the water my old standard toilet used. Here on Hilton Head water is an expensive utility. The 'elevator' cost was \$80, new toilet (optional) \$99. My plumber charged me \$85. Links below for items:

[Easy Toilet Riser Toilet Seat and Base Riser](#)
[ActiveForever.com](#)
[AquaSource White High-Efficiency WaterSense](#)
[Elongated Single 2-Piece Toilet Kit](#) - Lowe's

I added arms; if you do, be sure that they reach down to the floor. Again, they are not necessary. I can now get up effortlessly.

**If you would like more information,
you may contact Jim Veccia at (843)837-1230.**

THE POST-POLIO LETTER

Basic facts about PPS for polio survivors' doctors, family & friends.

Dr. Richard L. Bruno

Chairperson, International Post-Polio Task Force Director, The Post-Polio Institute
The International Centre for Post-Polio Education and Research
Englewood (NJ) Hospital and Medical Center, USA

WHAT ARE POST-POLIO SEQUELAE?

Post-Polio Sequelae (PPS, Post-Polio Syndrome, The Late Effects of Poliomyelitis) are the unexpected and often disabling symptoms -- overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anesthesia, cold and pain, as well as difficulty swallowing and breathing -- that occur about 35 years after the poliovirus attack in 75% of paralytic and 40% of "nonparalytic" polio survivors. There are about 2 million North American polio survivors and 20 million polio survivors worldwide. The existence of PPS has been verified by articles in many medical journals, including The Journal of the American Medical Association, the American Journal of Physical Medicine and Rehabilitation and The New England Journal of Medicine.

WHAT CAUSES PPS? PPS are caused by decades of "overuse abuse." The poliovirus damaged 95% of brain stem and spinal cord motor neurons, killing at least 50%. Virtually every muscle in the body was affected by polio, as were brain activating neurons that keep the brain awake and focus attention. Although damaged, the remaining neurons compensated by sending out "sprouts," like extra telephone lines, to activate muscles that were orphaned when their neurons were killed. These over sprouted, poliovirus damaged neurons are now failing and dying from overuse, causing muscle weakness and fatigue. Overuse of weakened muscles causes muscle and joint pain, as well as difficulty with breathing and swallowing.

HOW ARE PPS DIAGNOSED? There is no diagnostic test for PPS, including the electromyogram (EMG). PPS are diagnosed by excluding all other possible causes for new symptoms, including abnormal breathing and muscle twitching that commonly disturb polio survivors' sleep, a slow thyroid and anemia. Other neurological or muscle

ARE PPS LIFE THREATENING? No. But because of damaged brain activating neurons polio survivors are extremely sensitive to, and need lower doses of, gas and intravenous anesthetics and sedative medication. Polio survivors can have difficulty waking from anesthesia and can have breathing and swallowing problems, even when given a local dental anesthetic.

IS PPS A PROGRESSIVE DISEASE? PPS is neither progressive nor a disease. PPS is caused by the body tiring of doing too much work with too few poliovirus - damaged, oversprouted neurons. However, polio survivors with untreated muscle weakness were found to lose about 7% of their remaining, overworked motor neurons each year.

IS THERE TREATMENT FOR PPS? Yes. Polio survivors need to "conserve to preserve," conserve energy and stop overusing and abusing their bodies to preserve their abilities. Polio survivors must walk less, use needed assistive devices - braces, canes, crutches, wheelchairs -- plan rest periods throughout the day and stop activities before symptoms start. Also, since many polio survivors are hypoglycemic, fatigue and muscle weakness decrease when they eat protein at breakfast and small, more frequent, low-fat / higher-protein meals during the day.

ISN'T EXERCISE THE ONLY WAY TO STRENGTHEN WEAK MUSCLES? No. Muscle strengthening exercise adds to overuse. Pumping iron and "feeling the burn" means that polio-damaged neurons are burning out. Polio survivors typically can't do strenuous exercise to condition their hearts. Stretching can be helpful. But whatever the therapy, it must not trigger or increase PPS symptoms.

IS TREATMENT FOR PPS EFFECTIVE? Yes. The worst case is that PPS symptoms plateau when polio survivors stop overuse abuse. Most polio survivors have significant decreases in fatigue, weakness and pain once they start taking care of themselves and any sleep disorders are treated. However, because of emotionally painful past experiences related to having a disability, many polio survivors have great difficulty caring for themselves, slowing down and especially with "looking disabled" by asking for help and using assistive devices.

WHAT CAN DOCTORS, FAMILY AND FRIENDS DO TO HELP? Polio survivors have spent their lives trying to act and look "normal." Using a brace they discarded in childhood and reducing overly-full daily schedules is frightening and difficult. So, friends and family need to be supportive of life-style changes, accept survivors' physical limitations and any new assistive devices. Most importantly, friends and family need to be willing to take on taxing physical tasks that polio survivors may be able to do but should not do. Doctors, friends and family need to know about the cause and treatment of PPS and listen when polio survivors need to talk about how they feel about PPS and lifestyle changes. But friends and family shouldn't take control of polio survivors' lives. Neither gentle reminders nor wellmeant nagging will force polio survivors to eat breakfast, use a cane or rest between activities. Polio survivors need to be responsible for caring for their own bodies and ask for help when they need it. Whether you had polio or not, please COPY and MAIL this letter to your doctors. With your help every doctor will learn about the cause and treatment of PPS and give polio survivors the care we so desperately need. Thank you!

Mia Farrow, polio survivor **Thaddeus Farrow**, polio survivor
Co-Chairpersons *The POST-POLIO LETTER Campaign*

See Next Page for printing instructions.

THE POST-POLIO LETTER

(from previous page)

For more information
about the cause and treatment of PPS go to
www.postpolioinfo.com

POLIO SURVIVORS ARE NO LONGER POSTER CHILDREN.

We are accomplished adults who are being disabled by POST-POLIO SEQUELAE, new fatigue, weakness and pain, affecting the world's 20 million polio survivors. Yet most doctors don't know PPS exists. Please go to: www.postpolioinfo.com print and then mail THE POST-POLIO LETTER to your doctors. With your help every doctor will learn about PPS and give polio survivors the care we so desperately need.

Thank you!

Mia Farrow

Thaddeus Farrow

Co-Chairpersons, The POST-POLIO LETTER Campaign

Please, bring this to your local newspaper and ask them to print this public announcement.

Reprinted from Post Polio Voice, FL, Jan/Feb 2007.

Q & A by Dr. Richard. L. Bruno

Q: *I have terrible trouble climbing stairs. I get totally out of breath and my hips and knees kill me. My doctor sent me for breathing studies, a stress test and X-rays. My lungs and heart are fine but I have arthritis in my "good" left hip and knee. The orthopedist says I may need a hip replacement. But both hips hurt the same when I climb stairs. What's wrong with me?*

A: You probably just have PPS. Many Post-Polio Institute patients report shortness of breath when climbing stairs or walking any distance. Your doctor was right to test your lungs and heart first. You should always rule out other diagnoses before saying symptoms are due to PPS. But it's usual that those tests would be negative. The overwhelming majority of polio survivors aren't short of breath because of lung or heart disease. The problem is that they're doing too much with too little.

Since polio survivors have weaker muscles and about half the usual number of motor neurons, it makes sense that activities that aren't breathtaking for others will be for polio survivors. If one of our 25-year-old therapists gets winded running up a flight of stairs, you wouldn't worry that she had heart disease. She is short of breath because she just did something strenuous. Polio survivors may be using the same amount of energy walking up stairs as the therapist does running. What is the treatment for your shortness of breath? Stay off the stairs.

And the treatment's the same for joint pain. The overwhelming majority of polio survivors don't have hip,

knee or back and neck pain due to arthritis. The pain-causing culprit is usually overexertion, doing too much with too few motor neurons and weakened muscles. When you climb stairs repeatedly, your muscles burn, your ligaments complain and you develop "polio hip"--inflammation and bursitis in your overstressed joint. The same thing can happen in your knee or shoulder. The big question is if your pain is in the joint, due to arthritis, or in the muscles and tissues around the joint.

Even if severe arthritis is causing hip pain, polio survivors aren't the world's greatest candidates for joint replacement. You need strong muscles around an artificial hip to hold it in its socket. Unfortunately there isn't even one follow-up study of hip replacements in polio survivors. But our experience is that polio survivors with severe arthritis can have successful hip replacements if their hip muscles are strong enough.

Adequate muscle strength is also the limiting factor when polio survivors have total knee replacements, as the only follow-up study shows. Pain decreased and function increased after knee replacements in 60 percent of knees where the thigh muscle had at least antigravity strength. But all knees with less than antigravity strength and 45 percent of the knees even with antigravity strength weren't better or got worse after the replacement. So knee replacements aren't a cure-all for post-polio knee pain.

Unfortunately, some polio survivors have actually been told that knee replacement is a "cure" for new leg muscle weakness, especially knee buckling due to a weak quadriceps. A patient came to the Post-Polio Institute from Puerto Rico and had both knees replaced with the promise of walking without braces; he was unable to stand at all after surgery. Replacing a joint to "cure" post-polio muscle weakness is like replacing a tire to "cure" a car that's run out of gas.

If you have a joint replaced, you need to be concerned about muscle weakness after surgery. In this age of managed care your insurance company will want you out of the hospital long before your muscles are ready. Non-fatiguing muscle strengthening exercise--which is monitored by a physiatrist and physical therapist knowledgeable about PPS and whose pace is determined by you--is required if muscle strength is to be regained and retained after surgery (see "Preventing Surgical Complications" at:

<http://www.postpolioinfo.com/library/surg.pdf>

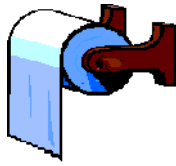
But before you decide to replace anything, you need to stop your huffing, puffing and moaning by stopping the climbing. Limit trips up and down stairs to two a day, get treated for any inflammation or bursitis and then see how your joints feel. Even if you end up needing a joint replacement, replace your stair climbing now with a stair glide. Your lungs will thank you. And remember that old adage: Be true to your joints and they won't be false to you.

Note: *This column is for information purposes only and is not intended as a substitute for professional medical advice.*

Please visit Dr. Bruno's website <www.postpolioinfo.com>

or <<http://www.newmobility.com/articleViewIE.cfm?id=755>>.

The Scoop on Poop



From the POST POLIO NETWORK OF WA. INC.
PPNWA is a self help group of Polio survivors in **Western Australia**.

Anyone who has ever been in hospital, will remember the strange question "Have you had your bowels open today?" What business is it! - such an intimate topic - to anyone else but me?

In ancient times - when we were children - there were such things as a Saturday dose of castor oil. My mother, a nurse, was a bit more enlightened and we got milk of magnesia! People seemed to have an obsession with "being regular". Dad used "Ford Pills". If we kids were lucky we might get "laxettes" (a chocolate aperient). More recent research confirms that yes, the longer faeces remain in the gut, more water is reabsorbed making it harder to move it along. With stagnation, more toxins are produced by the bacteria in the gut and these can find their way into the body, causing more problems. So there was some wisdom in "being regular."

As a nurse, learning how to read "poop" was part of our basic training. Many diseases and other problems were portrayed in "the pot" and a nurse's duty was the inspection of a used bedpan. Many polio patients will remember the embarrassment of either constipation and/or diarrhea that accompanied acute polio. Now we may be having problems with our nether ends again.

My husband had problems breathing if he didn't empty his bowels two or three times a day. With weak intercostal muscles from polio, he needed abdominal space for diaphragmatic breathing. He had a regime of apples and raw cabbage at certain times of the day to make him "go".

In hospital we used to use a variety of aperients, - agarol, senakot, coloxyl, dulolax and glycerine suppositories, soap enemas, as well as dietary measures like hot water, prunes, allbran, figs, grapes, dried fruit, to name but a few.

CONSTIPATION

In reality, if we have sufficient Vitamin C and magnesium, we will not have any problems with our bowels, because too much of either of these (or carnitine) gives diarrhea. So if we take supplements of both to bowel tolerance we need not ever have problems with constipation again. As well our bodies will have sufficient of both of these for healthy immune, muscular & peristaltic function. In other words, magnesium allows the gut muscles to push it along and Vit C makes it softer and hurries it along!

WATER

The other thing we need, is plenty of water to dilute the internal sewerage so it can flow. **8-10 glasses of water** - not tea or coffee or soft or hard drinks. Plain water! Grandad always had hot water to move him!

To HAVE a GOOD POOP!

1. Drink 8-10 cups of water/day - to liquify the gut residue
2. Enough Vit C twice/day - to soften & keep it moving
3. Enough magnesium X 2/day - for peristalsis (gut movement)
4. Exercise - if possible

So what can we learn from our "poop"?

A **normal stool** should be soft, may be formed, effortless to pass and should be medium to dark brown in colour - does not float - but sinks to the bottom of the toilet bowl.

Constipation - hard pellet like stool, can be an effort or strain to pass; be painful, you can sweat or feel faint.

Diarrhea - frequent, loose, watery stool; may have difficulty getting to the toilet in time.

SOME SIMPLE TREATMENTS - for vomiting & diarrhea or food poisoning - boiled water only for 24 hours - may eat freshly grated apple - or sip a dessertspoon of white malt vinegar over 5 mins - or take 60ml colloidal silver once or twice a day as needed.

POOP SIGNS	CAUSES
Bright red stool	Beetroot if eaten, or lower gut bleed
Red streaks on stool	Haemorrhoids, anal fissures, cancer
Pale yellow, floating	Too much fat in the diet
Canary yellow	All milk diet e.g. normal for babies
Bright yellow	If taking Vitamin B2 or multivitamins
Green	Gastro-enteritis or food intolerance (new bile)
Pale	Jaundice, liver disease
Clay colour	Lack of bile production, gall bladder
Light brown	Mixed meat & veg/fruit diet
Dark brown	High meat diet, wine or stout
Black (melaena)	Old blood i.e. gastric bleed, iron tabs
Jelly coating hard stool	Irritable bowel
Ribbon shaped motion	Bowel obstruction, polyps?, cancer?
See undigested food	Need to chew more or avoid that food

Floating, greasy	Excess fat in diet, digestive disturbance
Loose or runny all day, may have tummy pain	Gastro-enteritis, food poisoning, too much Vitamin C or magnesium
Loose for several hours	Too much carnitine
Loose, blood, mucous, pus	Ulcerative colitis, cancer?
Pale, bulky, greasy, foul	Poor absorption, coeliac disease
Constipation, hard pellets	Dehydration, iron tabs, low Vitamin C or magnesium, low fibre in diet, irritable bowel
Alternating loose & hard	Bowel obstruction, cancer?
Long worm - segmented, head & body	Worms - tape
Looks like earthworm	Worms - round
Like white cotton pieces	Worms - thread

Reprinted from POST POLIO NETWORK OF WA INC, Floreat, WA.
<http://members.upnaway.com/~poliowa/scoop%20on%20poop.html>

ASK THE DOCTOR

What is constipation?

Constipation is defined as having a bowel movement fewer than three times per week. With constipation, stools are usually hard, dry, small in size and difficult to eliminate. Some people think they are constipated if they do not have a bowel movement every day. A normal stool elimination may be three times a day or three times a week, depending on the person. Constipation is a symptom, not a disease. Almost everyone experiences constipation at some point in their life.

What causes constipation?

To understand constipation, it helps to know how the colon works. As food moves through the colon, the colon absorbs water from the food while it forms stool. Muscle contractions in the colon then push the stool towards the rectum. Constipation occurs when the colon absorbs too much water or if the colon's muscle contractions are slow or sluggish, causing the stool to become hard and dry.

Common causes of constipation:

- Not enough fiber.
- Lack of physical activity.
- Medications.
- Milk.
- Irritable bowel syndrome.
- Changes in life.
- Abuse of laxatives.
- Ignoring the urge to have a bowel movement.
- Dehydration.
- Specific diseases or conditions.
- Problems with colon and rectum.
- Problems with intestinal function.

Two types of constipation

The two types of constipation are idiopathic and functional.

Idiopathic - of unknown origin -constipation does not respond to standard treatment. Idiopathic constipation may be related to the problems with intestinal function, including hormonal control and nerve and muscle problems in the colon, rectum or anus.

Functional constipation means that the bowel is healthy but not working properly. Functional constipation is often the result of poor dietary habits and lifestyle. It occurs in both children and adults and is most common in women. Colonic inertia, delayed transit and pelvic floor dysfunction are three types of functional constipation. Colonic inertia and delayed transit are caused by a decrease in muscle activity in the colon. These symptoms may affect the entire colon or may be confined to the lower, or sigmoid, colon. Pelvic floor dysfunction is caused by a weakness of the muscles in the pelvic surrounding the anus and rectum. Because these muscles are, to some extent, controlled voluntarily, biofeedback training can be successful in retraining the muscles to function normally and improving the ability to have a bowel movement. Functional constipation stemming from the anus and rectum is known as anorectal dysfunction, or anismus. These abnormalities result in an inability to relax the rectal and anal muscles that allow stool to exit. People with chronic constipation caused by anorectal dysfunction can use biofeedback to retrain the muscles that control bowel movements. Biofeedback involves using a sensor to monitor muscle activity, which is displayed on a computer screen, allowing for an accurate assessment of body functions. A health care professional uses the information to help the patient learn how to retrain these muscles.

By Dr. Domingo E. Galliano a board-certified colon and rectal surgeon in Port Charlotte, FL.

Source: The Sun-Feeling Fit, 10/29/06.
 Reprinted from Post Polio Voice, FL, Jan/Feb 2007.
 Reprinted from "Second Time Around", Boca Area Post Polio Group, Boca Raton, FL; Jan 2009

CONTRIBUTIONS

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- * CEPSA Supporter - \$25.00 \$50.00 \$100.00 \$300.00 Other
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Thank you for your support and encouragement.



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Shining Light on Post-Polio Health

**CEPSA's next meeting is on
Saturday,
January 26, 2013,
10:30 AM
at The Exchange on Waters,
6710 Waters Avenue
Savannah, GA 31406**