

SECOND TIME AROUND



Publication of the Boca Area Post Polio Group

October 2023

“Sharing and Caring Together”

Volume 26 Issue 10



Thursday, October 12 12–2:00 PM

10-Minutes With – Mercedes Gomez, FL

Guest Speaker – Jeffrey S. Farber, MD

Topic – *How to Optimize Living with PPS*

Lunching Around

Tuesday, October 17 @ 11:30 AM

Cooper’s Hawk, Coconut Creek

4473 Lyons Road 954-861-4699

(SW corner Lyons & Wiles Roads)



Zoom.us on computer/tablet/smart phone

Join a Meeting & follow prompts

OR call in – 1-929-436-2866 US

Meeting ID: 881 998 9941# # **Passcode:** 1996 #



Next ‘Zoom’ Meeting – November 9, 2023

Guest Speaker – Professor Mike Kossove

Topic: *How Did I Get Polio?*

SEPTEMBER MINUTES

BAPPG had 59 members from all over US & Canada including 6 newbies!

Lunching Around begins: Come join us!

Member update: Terri knees surgery; Sheila loss of Larry; Sylvia loss of Leon; Mike K. mineral deficiency. Prayers for all members.

Cruise 2024 – 41 cruisers are booked!!

Sanjeev Agnihotri [framed] born 1967; New Delhi, India; battled typhoid fever which he believed resulted in polio at 18 months leaving entire body paralyzed.

By age 4-5, he initially regained upper body strength to use braces/crutches and then transitioned to a wheelchair due to the persisting leg paralysis.

He received a quality education, earning dual Bachelor’s Degrees in Business Administration and Law at University of Delhi, which led to a 23-year career with the Government of India. Sanjeev has been married to Indu, for 23 years, enjoying the unwavering support of her and his loving family.

In 2011, he & Indu relocated to Canada working briefly at a law firm; transitioned to a career as a Financial Advisor. His commitment to giving back remained steadfast as he volunteered with various organizations like Markham Stouffville Hospital, Canada Revenue Agency and actively participated in panels related to health and accessibility.

In a remarkable turn of events, 50 years after his initial battle with polio, Sanjeev confronted a new challenge in 2018 – extreme fatigue; muscle and nerve pain in his legs; breathing difficulties; and sleep/focus issues. These symptoms were attributed to Post Polio Syndrome, severely impacting his physical strength and confining him to extended periods in bed. Despite these daunting challenges, Sanjeev's quote on life is: *Life itself is an ongoing journey, and even from this bed, I continue to travel through the moments of my thoughts.*

September's discussion, *What Has Been The Biggest Adjustment To Living With PPS* yielded remarkable responses: spouse's death; leg deterioration; having to use braces, scooter, powerchair, walker, wheelchair, shower chair, commode riser; quit working; couldn't walk well, personal aide; lack of get-up-and-go & not just being able to get up and go; not being able to do all the things I did when working; there's always going to be another adjustment; thought I was done with my braces until I wasn't; trying to save shoulders/arms; a passer having to give up sports; can't travel easily except for cruising; fell, didn't bounce back well, slow recovery; done traveling; left knee hyper-extended, braces hurt, one crutch, hard to get around like I used to; it's given me validation; for me & my family it was just a little inconvenience; you always have to have a Plan B; not being able to walk; adjustment from being a passer to using a rollator; getting weaker after age 80; and difficulty in travelling.

This discussion really hit home for many of the members. We learned so much by sharing with each other.



Submitted by Jane M. & Maureen

About our Speaker: Jeffrey S. Farber, MD is a physiatrist in Palm Beach, Florida and is affiliated with Delray Medical Center, Delray Beach, FL. He received his medical degree from New York Medical College; Board Certified in Physical Medicine & Rehabilitation and has been in practice for more than 20 years. Physiatrists are physicians who specialize in helping patients with disabilities. Their focus is rehabilitation, restoration of function and a return to a better quality of life. Subspecialists include sports medicine and pain management specialists. His expertise is in sports injuries, knee, shoulder and musculoskeletal. To make an appointment with Dr. Farber call 561-659-5443. (internet bio)

BAPPG appreciates the generosity of people who enable the printing of *Second Time Around*.

Terri Daniti Al & Marilyn Metzler
 Madelyn Kane Ron & Jane Berman
 Ed & Joyce Hoffenberg Marcia Jacobs
 Syd & Rose Kalichman Rita Makower
 Yehuda & Helene Hershkovich
(In memory of Larry Meselsohn)

Paul & Michele Sosnick
 Cynthia Hopkins

WITH MANY THANKS

We wish to thank the many benefactors* who have given so generously to the Boca Area Post Polio Group.

Bruce & Charlene Murray
 Randy McMullen
 Wilbur & Hansa May
 Gretchen Ross
 Margaret Boland

(In honor of Carolyn DeMasi's 81st Birthday)

Mark Harris
 Sandy Katz

(In memory of Joan, Terri Daniti's sister)

Lois Nichols
 Vivian Yentes
 John & Georgia Connell
 Stanley Rose
 Ralph & Marcie Sandall
 Larry & Barbara Czech
 Marty Foxx
 Leo Quinn, MD
 Capt. Mick Nealey

***Names remain for 1 year.**

BYE-BYE MYSTERY. McLEAN SPILLS SECRETS OF 'AMERICAN PIE' IN DOCUMENTARY

By Mark Kennedy

Don McLean has listened for decades as people belted out his song “American Pie” at last call or at karaoke – and applauds you for the effort.

“I’ve heard whole bars burst into this song when I’ve been across the room,” McLean said in a recent interview. “And they’re so happy singing it that I realized, ‘You don’t really have to worry about how well you sing this song anymore. Even sung badly, people are really happy with it.’”

Happy might be a bit of an understatement. “American Pie” is considered a masterpiece, voted among the top five Songs of the Century compiled by Recording Industry Association of America & National Endowment for the Arts.

McLean – and his singular tune – are now the subject of a full-length feature documentary, “The Day the Music Died: The Story of Don McLean’s ‘American Pie,’” now streaming on Paramount+.

It’s mandatory viewing for McLean fans or anyone who has marveled at his sonic treasure. It also represents an elegant film blueprint for future deep dives into a song and its wider cultural relevance.

For those fans who have wondered about the lyrics they are singing in bars and cars, McLean shares the secrets. “That was the fun of writing the song,” he said in the interview. “I was up at night, smiling and thinking about what I’m going to do with this.”

The documentary starts when a single-engine plane carrying Buddy Holly, Ritchie Valens and Jiles P. Richardson, the “Big Bopper,” plunged into a cornfield north of Clear Lake, Iowa, on Feb. 3, 1959, killing the three stars and their pilot.

McLean was 13, living in New Rochelle, New York, when the crash occurred. “I was in absolute shock. I may have actually cried,” he says of Holly’s death in the film. “You can’t intellectualize it. It hurt me.”

Years later, McLean would plumb that pain in “American Pie,” baking in his own grief at his father’s passing and writing a eulogy for the American dream. He was creating his second album in 1971 while the nation was racked by assassinations, anti-war protests and civil right marches. He thought he “needed a big song about America.” The first verse and melody seemed to just tumble out. “A long, long, time ago...”

It climaxed in the huge singalong chorus: “We were singin’, ‘Bye-bye, Miss American pie’/Drove my Chevy to the levee, but the levee was dry/Them good old boys were drinkin’ whiskey ‘n rye/And singing’, ‘This’ll be the day that I die.’”

“I said, ‘Wow, that is something,’ I don’t know what it is, but it’s exactly what I’ve been wanting to try to get ahold of – that feeling about Buddy Holly – all these years and that plane crash,” McLean said in the recent interview. “I always feel a tug inside me whenever I think about Buddy.”

The 90-minute documentary incorporates news footage of the ‘70s and uses actors in re-creations. Cameras capture McLean visiting the Surf Ballroom in Clear Lake, where Holly and his fellow musicians played before their fatal flight.

“(McLean) was glad to open up because he and his manager thought it was the time to do it and this was the platform to do it in,” says music producer and songwriter Spencer Proffer, CEO of media productions company Meteor 17, which helped make the film. “My hat's off to Don for writing something this magnificent. My job was to bring it to life.”

There are also interviews with musicians – Garth Brooks, “Weird Al” Yankovich and Brian Wilson, among them – as well as Valens' sister, Connie, and actor Peter Gallagher, whose character's death on “Zoey's Extraordinary Playlist” preceded an on-screen performance of “American Pie.” The British singer Jade Bird, Cuban-born producer Rudy Perez and Spanish-language singer Jencarlos Canela speak to how the song has resonated far past America.

Reprinted from *Sun-Sentinel*, 07/20/2022.
Contributed by Jane McMillen, FL member.

THE FORGOTTEN DISEASE

The two girls pictured here paying 'silent tribute' to the recently deceased President Franklin D. Roosevelt, a fellow polio victim, in 1945 were being treated for paralysis at the Shriner's Hospital for Crippled Children near Pittsburgh, one of the few facilities in the country at the time

focused on providing therapy for child survivors of polio. The highly infectious virus, which can cause paralysis within hours, terrorized families as more than 15,000 American children were



paralyzed each year during the 1940s and 50s. Following the development of the first successful polio vaccine by Dr. Jonas Salk at the University of Pittsburgh, polio cases dropped rapidly, with less than 100 cases reported in the U.S. during the 1960s.

The U.S. was declared polio-free in 1979, but the recent announcement of the first polio case in nearly a decade has raised concerns among public health officials, especially since it occurred in a community with a low vaccination rate. The young man, who lives in Rockland County near New York City, has been partially paralyzed and is believed to have caught the virus from an international traveler. The New York State Health Department further announced that the virus has been found in the city's wastewater, indicating wider community spread. While the U.S. overall has high rates

WORLD POLIO DAY, OCTOBER 24TH

END
POLIO
NOW



of vaccination against polio, there are community clusters with low vaccination rates – such as Rockland County and several Brooklyn neighborhoods – which have child vaccination rates of 60% or lower, leaving them highly vulnerable to outbreaks.

Officials believe that misinformation within these communities about the safety of vaccines, as well as a drop in childhood vaccinations overall during the pandemic, have led to these low rates. According to epidemiologists, such low immunity clusters can allow the disease to flourish, putting anyone unvaccinated or babies too young to be vaccinated at risk. Adam J. Ratner, director of pediatric infectious diseases at NYU Langone Health, adds that many people have forgotten how terrible the disease is and may take the vaccine for granted, especially parents of young children, many of whom were born after polio was eradicated. However, as Aidan O’Leary, director for polio eradication at the World Health Organization, warns: "The moment you take your eye off the ball, you know that the virus will simply reappear."

For a compelling book about one real-life girl's struggle to recover after being paralyzed with polio, we highly recommend "Small Steps: The Year I Got Polio" for ages 9+ at: <https://www.amightygirl.com/small-steps>

There's also an excellent story about a girl who contracts polio when an epidemic strikes her town, "Blue," for ages 9 and up at <https://www.amightygirl.com/blue>

For a powerful biography for adult readers, Judith Heumann, the famous disability rights leader who became paralyzed by polio as a toddler, we highly recommend <https://www.amightygirl.com/being-heumann> - her memoir is also available in a new Young

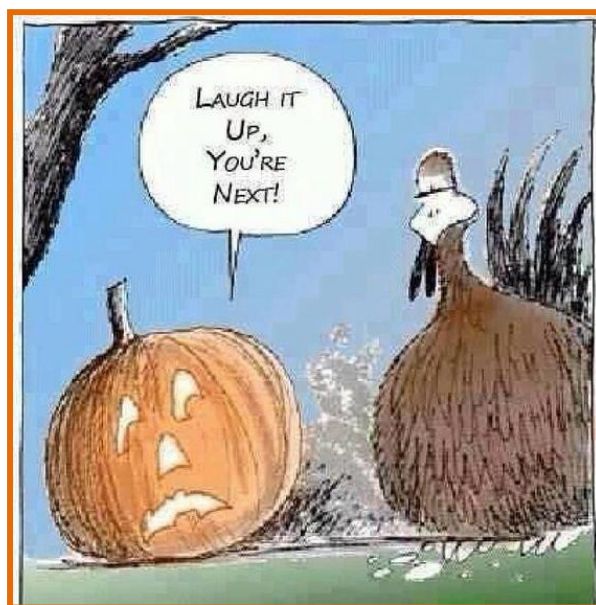
Readers Edition for ages 10 to 15 at <https://www.amightygirl.com/rolling-warrior>

For a Pulitzer Prize-winning account of the polio epidemic in America, we recommend "Polio: An American Story" at <https://amzn.to/33ipYad>

And to introduce children to several extraordinary women whose lives were changed by polio, check out "Wilma Unlimited: How Wilma Rudolph Became The World's Fastest Woman" ages 5 to 9 (<https://www.amightygirl.com/wilma-unlimited>), "Splash! Ethelda Bleibtrey Makes Waves of Change" ages 5 to 9 (<https://www.amightygirl.com/splash-bleibtrey>), "Joni: The Lyrical Life of Joni Mitchell" for ages 6 to 9 (<https://www.amightygirl.com/joni-the-lyrical-life>), "Dorothea's Eyes: Dorothea Lange Photographs the Truth" for ages 6 to 10 (<https://www.amightygirl.com/dorothea-s-eyes>), "Jubilee: The First Therapy Horse and an Olympic Dream" for ages 6 to 9 (<https://www.amightygirl.com/jubilee-therapy-horse>), and our Frida Kahlo Collection for all ages (<https://amgrl.co/2xleYrQ>)

Shared on Facebook 'Polio Survivors Serving Others', by Joe Randig, 8/25/2022.

<https://www.facebook.com/groups/Pa.PolioNetwork/permalink/2441002689393467/>



BAPPG CRUISE 2024!!

Royal Caribbean Cruise Line

Explorer of the Seas

February 23 – March 3, 2024

'new' Dominican Republic, St. Thomas,
Antigua, St. Maarten & St. Kitts
All Docked Ports-of-Call

Doesn't **9 nights** in February, enjoying
the warm Caribbean sun, sound enticing?

Now is the time to book that cruise
you've always wanted to experience. Why not
join our 19th annual trip leaving Port of Miami!

A variety of accessible staterooms have
been reserved for our group. **Rates begin at
\$1004 per person**, which includes all taxes
and port charges.

A \$250 deposit per person is 100%
refundable until **11/01/2023**.

PPS is not a pre-requisite – family &
friends are always welcome! Travel insurance
is **strongly** suggested with final payment.

Contact Maureen at 561-617-4450 or
bappg@aol.com for questions, accessibility,
roommates, scooter rentals & onshore tours.

Contact Judith at 561-447-0750 **x102**, or
judith@travelgroupint.com for booking, perks,
transfers, hotels and air.

More details – www.postpolio.wordpress.com

<https://images.app.goo.gl/kDiBqonz3GuEVU4w5> &
click on 'visit' to view pictures, etc.

41 people have already booked!

THIS IS FOR YOU... WHEN IN YOUR SCOOTER OR POWERCHAIR

PRIDE XLR USB CHARGER

Have you ever been out in your
scooter/powerchair and realized that your smart
phone is almost out of
power and there isn't a
plug in sight?

The Pride XLR
USB Charger is
compatible with most
iPhone, Android and
mobile devices. Simply
plug your USB cord into
this charger & plug the
other end into the charger
port on your chair. Your
device will charge whether your chair is moving or
off. **No need to be tethered to a wall!!** Charger
will switch off automatically when device is
charged & will not discharge [drain] chair battery.
Specs: 5V DC; 1-Amp charger; compatible with
24V/36V systems; 2" x 1" with lanyard.

The charger is offered at **\$23.00**. Internet
has some for almost twice as much + shipping!

Just provide name, address, phone #, &
mail check payable to BAPPG, 11660 Timbers
Way, Boca Raton, FL 33428.

Courtesy of a BAPPG member!



*Please provide your NEW street/email address
to be sure not to miss an issue of
Second Time Around.*

HOW DIABETES AFFECTS THE HEART

By Dr. Malgorzata (Gosia) Wamil
Cardiovascular Disease
Mayo Clinic Healthcare, London

Q: I am 42 and recently was diagnosed with diabetes. My doctor said I could manage the condition with diet and exercise for now but suggested follow up with a cardiologist. As far as I know, my heart is fine. What is the connection between diabetes and heart health?

A: While many may not realize it, having diabetes comes with a high risk of heart disease.

Research has shown that people with Type 3 diabetes are up to four times more likely than the general population to die from cardiovascular causes. You can proactively take steps to reduce your future heart disease risk rather than by only managing blood sugar levels. Diabetes can damage blood vessels and make the heart muscle stiffer. This eventually leads to problems with fluid retention and heart failure. People with diabetes also have higher risk of premature accelerated coronary artery disease. This means that compared to those patients who do not have diabetes, the walls of the arteries have more fatty deposits and begin to harden earlier and without many warnings, making treatment difficult and causing the condition to progress faster. Subsequently, people with diabetes have an increased risk of recurrent heart attacks and scarring of the heart muscle, which increases the risk of sudden cardiac death. After a heart attack, the heart muscle does not heal as well as in people who do not have diabetes.

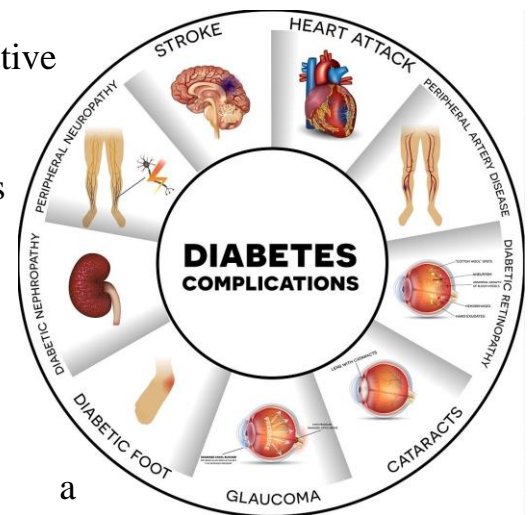
Due to nerve damage caused by diabetes, patients may not feel the chest pain or other types of chest discomfort that may signal something is wrong with the heart, so heart disease may not be detected until it is advanced. They also may suffer “silent heart attacks” because of the lack of warning signs.

Ongoing research also shows strong evidence that weight loss can reverse diabetes in some patients and that lowering blood pressure with drugs known as angiotensin-converting enzyme, or ACE, inhibitors and angiotensin II receptor blockers can reduce the risk of developing diabetes.

Positive lifestyle changes, such as quitting smoking, losing weight, exercising more, following a healthier diet and controlling blood pressure all can contribute to better health. Studies have shown that by achieving control of these cardiovascular risk factors, people prolong their lives by an average of eight years.

Fortunately, the recommendations for self-management behaviors generally align for the two conditions. This can make teaching self-care skills a bit easier for clinicians managing both diseases.

The recent development of cardiac imaging techniques, such as advanced echocardiography, cardiac CT and cardiac MRI, brings hope that medical professionals



will be able to detect diabetic heart disease earlier. Thanks to those innovative imaging techniques, it's understood that heart disease in people with diabetes progresses rapidly if not managed with well-established preventive treatments.

Ongoing research is using advanced medical imaging to study why the hearts of people with diabetes suffer more extensive injury after heart attacks and why those with diabetes develop heart failure more often than people with normal glucose control. Work is underway to review data to identify people who have diabetes who may respond better to certain treatments. The goal is to offer people with diabetes personalized plans to manage their heart health risk.

Heart disease and diabetes are chronic conditions that in most cases cannot be cured, but thanks to new therapeutic options, your risk of developing heart problems may be reduced. With proper guidance from your diabetes care team and heart health experts, you can go on to have a productive and more healthy quality of life.

Reprinted from *Sun-Sentinel*, 7/10/2022.
Contributed by Jane McMillen, FL member.



OUR SUNSHINE LADY

Jane McMillen is there to brighten your day.

Let her know about those special occasions or just when you need a little sunshine to come your way!

561-391-6850



PEPTO-BISMOL FOR SKIN AILMENTS

By Joe Graedon, MS & Teresa Graedon, PhD

Q: Years ago, I discovered that applying Pepto-Bismol to my skin could cure acne. Lately, I have developed seborrheic keratoses. I have been applying liquid Pepto-Bismol to those also with great results. The ugly patches are shrinking and gradually disappearing.



A: More than a decade ago, a reader reported that topical Pepto-Bismol helped speed acne healing. At the time, we could find nothing in the medical literature to support that approach. Ten years later, there is still nothing.

The active ingredient in Pepto-Bismol is bismuth subsalicylate. The salicylate part of this compound is related to acetylsalicylic acid (aspirin) which has been used to treat acne.

Seborrheic keratoses are benign skin growths. These round brownish to blackish lesions are scaly and slightly raised. Salicylic acid is used to peel down the rough spots. Reprinted from *Sun-Sentinel*, 03/05/2023.

Contributed by Jane McMillen, FL member.



BLOOD TEST #3 **B12**

By Dr. Anthony Martin, PhD in Nutrition
October 18, 2022

Hey, it's Dr. Martin here...

Today, I want to discuss the third blood test - **B12**.

B12 deficiency is a common disorder affecting millions of people in North America. One reason it's common... doctors aren't trained to look for it... and the serum B-12 test is unreliable. But... those aren't the only reasons why B12 deficiency is common.

You can't absorb B12 in your stomach without something called intrinsic factor. Intrinsic factor is secreted by your stomach, enabling you to absorb B12. Which means...If you have ANY digestive issues, you'll have a problem absorbing B12.

Many medications also directly impact your B12 levels... Proton Pump Inhibitors (acid reflux), Metformin (metabolic syndrome, diabetes), H2RA's (Zantac, Pepcid, etc.), antibiotics, and many NSAIDs (anti-inflammatory)...All lower your B12.

And...Drinking alcohol (even wine) **ROBS** you of B12. Throw in the fact most of the world is scared of red meat... and you have a recipe for population-wide low B12.

The problem with B12 deficiency... it causes a lot of different... and sometimes weird symptoms. You need B12 to make red blood cells, nerves, and DNA...This is why

you can have many different symptoms all over your body, inside and out...

Symptoms include heart palpitations, shortness of breath, a lump in your throat, depression, anxiety, faintness, **tinnitus**, muscle spasms, twitches, confusion and dementia, dizziness, numbness, tingling, or burning in your hands, arms, legs, and feet. Read that list again. **Every system in our body is represented**.

Let me highlight 3 symptoms. First...The most common symptom is **FATIGUE**. It makes sense because B12 is often called the "energy vitamin." It's impossible to have energy if you don't have enough red blood cells...And you need B12 at the cellular level to make energy. **Your brain needs B12**.

1 in 3 seniors dies with Alzheimer's or another dementia. It kills more than breast cancer and prostate cancer COMBINED. Alzheimer's and dementia are BIG problems. The health of your brain is like a 1000-piece jigsaw puzzle. Every piece is needed to complete the puzzle...Lose just one piece, and the whole puzzle is ruined.

There are a lot of 'pieces' when it comes to making sure your body doesn't outlive your brain...And B12 is a big one. A chronic B12 deficiency can cause your brain to shrink... it can literally cause your brain to rot.

Nerve Pain or Neuropathy Your nerves are protected by an outer layer called the 'myelin sheath.' Without protection from the myelin sheath, your nerves can't function. When you don't get enough B12 — it could damage the myelin sheaths protecting your nerves. Here's the thing...**MILD B12 deficiency** can lead to neuropathy (pain, numbness, tingling) of your extremities.

Alright...Let's talk about the B12 test. Most "alternative" doctors agree the optimal levels for B12 are...800-1200 pmol/L. As mentioned...If your B12 levels aren't optimal...Then you're most likely TIRED, have poor concentration, and are at risk of brain disorders. You may already have heart palpitations and neuropathy or nerve pain.

How do you fix low B12? If you have a digestive issue already...Even "mild" problems like bloating, heartburn, indigestion...Then you have to also fix your gut. Digestive enzymes and Probiotics are a good place to start. It goes without saying...If you're low in B12... then you need a B12 supplement. But... There's a significant problem.

Let me explain...Did you know every lump of coal contains gasoline? But good luck trying to use coal in your car's gas tank. Even though a lump of coal CONTAINS gasoline... it's in a form that's USELESS to your car...And most B12 supplements are in the WRONG form.

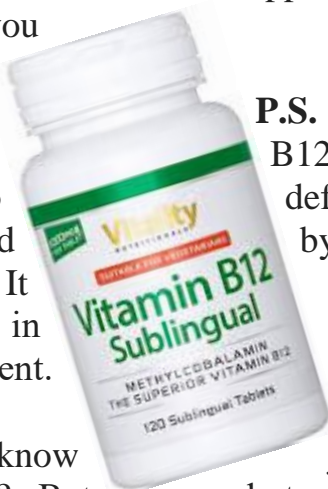
First of all...If you swallow a pill that has vitamin B12 in it... it's useless. As I mentioned earlier... you need intrinsic factor in your stomach to absorb B12...B12 supplements must be in a SUBLINGUAL form (a tablet that dissolves under the tongue).

Also...**99.9% of vitamin B12** on the market comes in the form of cyanocobalamin. Cyanocobalamin is FAKE NEWS. It doesn't exist in nature. It's unnatural. It's completely fabricated in a lab. It's also not effective.

Instead...B12 needs to be in the form of **METHYLCOBALAMIN**. BUT. . . Methylcobalamin is more expensive and

harder to get. As you can see...Just because a supplement contains vitamin B12...Doesn't mean it's in a form your body can actually use. That's one way you end up with expensive urine.

In short...You need to take a sublingual methylcobalamin B12 supplement.



P.S. Not long ago... Doctors used to give B12 shots. That's rare today. B12 deficiency is overlooked and minimized by mainstream medicine.

But... the good news... you don't need to get a B12 shot to help your levels to be normal. You may be surprised to learn that an oral B12 is just as effective as getting a B12 shot...AND you don't have to experience the discomfort of needles.

A study published last year showed (again) oral B12 is EQUAL to injectable B12...And this study was done on gastric bypass patients.

Remember...To absorb B12...You need a substance called intrinsic factor. Intrinsic factor is secreted by your stomach, enabling you to absorb B12.

Gastric bypass patients have MUCH less intrinsic factor and are almost always low in B12. If there was a group of people who would do better with a B12 shot, it would be gastric bypass patients. BUT...They did just as well on an oral B12.

Another thing we like about taking an oral B12...Is that you can take it every day. This helps to maintain an average blood level of B12.

When you get a B12 shot every month...Your levels increase quickly...Then slowly decrease the rest of the month.

Many people who get B12 shots feel good for the first week and then notice a gradual decline in energy until their next shot.

There's no need for that. There's no need to have fluctuating energy.

Talk soon,

Dr. Martin

Contributed via email by Maureen Sinkule, FL with Author's kind permission. To listen to podcasts, etc. – www.martinclinic.com or order supplements 1-866-660-6607.

HONEY HELPED WOUNDS HEAL BEFORE ANTIBIOTICS WERE USED

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

Q: When I worked in a nursing home 30 years ago, the nurses often used a mixture of A&D ointment and a packet of table sugar to heal bedsores. It worked like magic. I have carried that idea with me ever since. However, I've heard that manuka honey is better for wound healing. I bought a bottle to keep in my medicine cabinet in case it's needed.



A: The history of honey for helping wounds to heal dates back at least to the ancient Egyptians, Greeks, and Romans (*Bioengineering*, June 14, 2018). When antibiotics were introduced, however, doctors lost interest in using honey for wounds. A recent review acknowledges that "...honey is used mainly in topical cutaneous wound care because of its potent broad-spectrum antibacterial and wound healing activities" (*Drug Resistance Updates*, May 2022). These scientists conclude: "Honey is a valuable alternative to conventional antimicrobial and anti-inflammatory therapies that can strongly reduce nosocomial hospital-acquired infections." A combination of povidine iodine and sugar (known as Knutson's formula) was tested in hard-to-treat wounds (*International Wound Journal*, August 2019). It was surprisingly effective.

Reprinted from *Sun-Sentinel*, 2022.

Contributed by Jane McMillen, FL member.

PAST ZOOM PRESENTATIONS ARE AVAILABLE ON OUR WEBSITE!

Go to – www.postpolio.wordpress.com, click on 'Guest Speakers', where you can view Zoom presentation recordings you missed or would like to view again!



JOIN OTHER 'FREE' ZOOM MEETINGS

Third Monday 3 – 3:45 PM Eastern

Yoga For You, Quebec

<https://us02web.zoom.us/j/9022299642>

First Tuesday 1– 2:30 PM Eastern

South Denver, CO PPSG—Hal Goldberg, PhD
303-212-0017 or halgoldberg@halgoldberg.net

Tuesdays 7 – 9:00 PM Eastern

Polio Quebec - Mona Arsenault

<https://us02web.zoom.us/j/3776897370?pwd=VnZSMWdVV1h2U2x6QXMxazEzMzY5QT09>

Passcode: 3500

First Wednesday 12 – 2 PM Eastern

PPSG of Dallas Area, TX – Maggie Whitehead

Meeting ID: 501 308 4368 Passcode: NTXPPSG

Wednesdays 2 – 3:30 PM Eastern

March of Dimes Canada – Kimberly Smith

must register first -

<https://www.marchofdimes.ca/en-ca/programs/Pages/Online-Support.aspx#polio>

First Thursdays (Qtly) 4:30–6 PM Eastern

8/3/2023, 11/2/2023, 2/2/2024, 5/4/2024, etc.

Marin County Polio Survivors, CA – Francine Falk-Allen

francineallen@comcast.net for info/links

Second Thursday 12 noon - 2 PM Eastern

Boca Area Post Polio Group, FL – Maureen Sinkule

<https://us02web.zoom.us/j/8819989941?pwd=dEwlc0QyUUE4bGcrQkZUUGZ6emJLUT09> Passcode 1996

Fourth Thursday 10 – 11 AM Eastern

Rotary Post-Polio Syndrome Advocacy Group – Ina Pinkney

PPSadvocacy@gmail.com – to get link/emailing list

<https://lnkd.in/e4QbpQm6> Passcode: PPS

First Saturday 1–3 PM Eastern

(no meeting Jan & July; July - 2nd Saturday)

Atlanta Post Polio Assn., GA – Rita Carlsen

<https://us02web.zoom.us/j/84874247822?pwd=MUdaRjc5ZEgXKOZtNWpYbnRSbFpzd09> Passcode 415481

First Saturday (Qtly) 2:00 – 4 PM Eastern

Sacramento Region Polio Survivor Group, CA

Dec., March, June, Sept. (2nd Saturday)

Larry Badger – lbadger@badsound.com

Third Saturday 12:00 – 2 PM Eastern

North Denver, CO PPSG—Jill Eelkema, LCSW

720-657-9902 or jille@westerncarepartners.com

Third Saturday 1:30 – 3 PM Eastern

PSG San Gabriel Valley & W. Inland Empire, CA – Marci Ellison

<https://us02web.zoom.us/j/81428179432>

Third Saturday 1:30–4:00 PM Eastern

San Francisco Bay Area Polio Survivors, CA –

Stella Cade – stellacade@aol.com

<https://us02web.zoom.us/j/84417410304?pwd=bXY3ZTE0Q1JkODhrKzF5SHNabk5kQT09>

Passcode:475508

Fifth Saturday 12:30–2:30 PM Eastern

Colorado Post Polio State Wide, CO

9/30/2023 2024 TBD

Mitzi Tolman - mtolman@eastersealscolorado.org

Must register first –

https://us02web.zoom.us/meeting/register/tZ0sdOGqrzloG9C7HKLGnpS_nyk6OfekZFgk

First Sunday (ex. Holiday wknds), 3–5 PM Eastern

Nebraska Polio Survivors Assn. – Steve Jackson

<https://us02web.zoom.us/j/87943253835?pwd=M2M0dk9xNG9EaXdTb29GdmNGTF1aQT09> *Passcode 143756

First Monday, Sunday 9 PM Eastern

Australia Polio Community—Devalina Bhattacharjee, MD

www.trybooking.com/BOBOW to register

**DON'T BE LEFT OUT –
IT IS SIMPLE TO 'ZOOM'**

I'm happy and available
(except BAPPG meeting day)
to provide 'zoom' trial-runs.
Maureen 561-617-4450.

CLASSY INSULTS

These insults are from an era before the English language got boiled down to 4-letter words. Insults then, had some class!

1. "I am enclosing two tickets to the first night of my new play; bring a friend, if you have one." – George Bernard Shaw to Winston Churchill.

"Cannot possibly attend first night, I will attend the second...If there is one." Winston Churchill, in response.

2. A member of Parliament to Disraeli: "Sir, you will either die on the gallows, or of some unspeakable disease."

"That depends, Sir," said Disraeli, "whether I embrace your policies or your mistress."

3. "He had delusions of adequacy." – Walter Kerr

4. "I have never killed a man, but I have read many obituaries with great pleasure." – Clarence Darrow

5. "He has never been known to use a word that might send a reader to the dictionary." – William Faulkner (about Ernest Hemingway).

6. "Thank you for sending me a copy of your book; I'll waste no time reading it." – Moses Hadas

7. "I didn't attend the funeral, but I sent a nice letter saying I approved of it." – Mark Twain

8. "He has no enemies, but is intensely disliked by his friends." – Oscar Wilde

9. "I feel so miserable without you; it's almost like having you here." – Stephen Bishop

10. "He is a self-made man and worships his creator." – John Bright

11. "I've just learned about his illness. Let's hope it's nothing trivial." – Irvin S. Cobb

12. "He is not only dull himself; he is the cause of dullness in others." – Samuel Johnson

13. "He is simply a shiver looking for a spine to run up." – Paul Keating

14. "In order to avoid being called a flirt, she always yielded easily." – Charles, Count Talleyrand

15. "He loves nature in spite of what it did to him." – Forrest Tucker

16. "Why do you sit there looking like an envelope without any address on it?" – Mark Twain

17. "His mother should have thrown him away and kept the stork." – Mae West

18. "Some cause happiness wherever they go; others, whenever they go." – Oscar Wilde

19. "He uses statistics as a drunken man uses lamp-posts... For support rather than illumination." – Andrew Lang (1844-1912)

20. "He has Van Gogh's ear for music." – Billy Wilder

21. "I've had a perfectly wonderful evening. But this wasn't it." – Groucho Marx.

22. "He has all the virtues I dislike and none of the vices I admire." – Winston Churchill

Contributed by email, Jane McMillen, FL member, 5/6/2023.

'DIE-95': READERS GIVE TIPS FOR SURVIVING THE DRIVE

By Lois K. Solomon

It's hard not to hold your breath as you drive onto an I-95 ramp: You never know what's in store.

Will you hit an accident that will shut down the highway? Will someone veer into your lane and force you to swerve? Will the driver next to you be putting on makeup, or eating breakfast, or texting?

"You take your life in your hands, and pray to God you make it to your destination," said Boca Raton resident Anna DeSantis-Rowe. "I've been here 22 years and it was never like this when I first moved here."

In the latest stressor, a construction crane collapsed on Dec. 5 along a stretch of Interstate 95 in Fort Lauderdale, closing the highway for more than 12 hours.

"My husband and I have lived up and down I-95 our whole lives," said Teresa Pisano, a former New Yorker who moved to Boca Raton two years ago. "Nothing compares to what I've seen in South Florida."

Besides constant accidents, the highway has been plagued with construction that seems never to end, lanes that are not clearly marked, minimal police presence and newly arrived motorists not familiar with South Florida driving patterns.

The experience seems to deteriorate daily.

"It's worse than ever," said Mark Horning, of Boynton Beach. "Let me count

the ways: Texting. [Getting] cut off for having more than 6 inches between cars. Signaling [as] permission for people to actually speed up and not let you in. Left-lane folks at 55mph. Just the ones off the top of my head."

The Florida Highway Patrol began a campaign earlier this year to warn people to avoid distractions while driving. In the meantime, South Florida counties have racked up some of the highest distracted-driving crash rates in the state: Out of 56,735 accidents in 2021, 5,396 were in Broward; 4,209 in Miami-Dade; and 2,439 in Palm Beach County, according to the state's website.



Advice from the experienced

Are there strategies to make the drive easier? Options are limited. But here are a few that will lessen stress and improve civility, recommended by South Florida motorists

who have experienced the many vexations of the highway over the years.

Avoid rush hours. The Florida Highway Patrol defines rush hours in Miami-Dade, Broward and Palm Beach counties as 7 a.m. to 10 a.m. and 3 p.m. to 6 p.m. There's no question the highway is extremely crowded at these times of day as drivers go to and from work and trucks get on the road to make their deliveries.

Check traffic websites and apps before getting in the car. Google Maps and Waze are two apps that show you the fastest ways to get to a destination. "I always check Google maps before I leave the house," said

Kathleen Twork, of Delray Beach. “If I see anything crazy, I leave early and take surface roads.”

Take the train. Tri-Rail and Brightline are excellent options, even if they complicate your trip because they don't arrive at your exact destination. Elizabeth Grace, of Boca Raton, said she recently drove out of her way to West Palm Beach so she could get a Brightline train to Miami to avoid I-95 traffic. “Over the last week it seems I-95 has been shut down almost daily over an accident, a collapsed crane, or other incidents,” she said. “This year seems worse than it's ever been.”

Go to the bathroom ahead of your car ride. There are few sites with public restroom access near the highway. And we all know the feeling of being stuck in the car behind a crash scene when nature calls.

Leave extra time. Get on the road 15 minutes earlier than needed in case you encounter traffic. But if you hit extensive lane closures, you are likely to miss your appointment anyway.

“If your car has blind spot alerts, turn them ON!” said Mindy Waites of Fort Lauderdale, who has driven on I-95 for most of her adult life. Waites also recommends not waiting until the last minute to get in your exit lane. “If your exit is 2 miles away, don't wait until you're 0.5 or 1 mile away to get in the exit lane,” she said. “Go at 2 miles away and save yourself the anxiety.”

Don't text. Turn off notifications on your phone so you're not tempted to check a new alert. Listen to the radio, a podcast or a book on tape instead.

Watch out for road rage. The person you cut off/cuts you off may react violently to any response related to their driving.

Alternative routes? For shorter journeys, some drivers use nearby north-south routes, such as Congress Avenue in Delray Beach, which parallels the highway. Others favor Florida's Turnpike, another north-south artery. But speeding and congestion also plague that toll road, and South Florida turnpike users will soon deal with vexing construction as the state begins widening some stretches from six to 10 lanes in Broward and Palm Beach counties. “I stopped driving on 'Die-95' over 15 years ago,” said Donna Ferrera, of Boca Raton. “I work from home and now use Military Trail and Dixie Highway and back roads and A1A. It's only a little longer but may be shorter times if there is an accident on 95.”

Let go of your ego. A calmer attitude will help you endure the insanity, according to Sarah Taylor, of Fort Lauderdale. “I've lived in Florida and driven on 95 my whole life so there's just been countless times I've witnessed people cutting across four lanes abruptly with no signal,” she said. “The inflated ego mentality of 'me first' and 'I'm not going to let this guy pass' is how you die.”

Taylor's advice: “Let people pass.” Excellent counsel for those of us who want to survive the drive.

Reprinted from *South Florida Sun Sentinel*, 12/2022.
Contributed by Jane McMillen, FL member.



MAXINE

Senior citizens are constantly being criticized for every conceivable deficiency of the modern world, real or imaginary. We know we take responsibility for all we have done and do not try to blame others.

HOWEVER, upon reflection, we would like to point out that it was **NOT** senior citizens who took:

The melody out of music,
The pride out of appearance,
The courtesy out of driving,
The romance out of love,
The commitment out of marriage,
The responsibility out of parenthood,
The togetherness out of the family,
The learning out of education,
The service out of patriotism,
The Golden Rule from rulers,
The nativity scene out of cities,
The civility out of behavior,
The refinement out of language,
The dedication out of employment,
The prudence out of spending,
The ambition out of achievement or
God out of government and school.

And we certainly are **NOT** the ones who eliminated **patience** and **tolerance** from personal relationships and interactions with others!

And, we **DO** understand the meaning of patriotism, and remember those who have fought and died for our country.

Just look at the Seniors with tears in their eyes and pride in their hearts, as they stand at attention with their hand over their hearts, as the American Flag passes by in a parade!

YES, I'M A SENIOR CITIZEN!

I'm the life of the party....Even if it lasts until 8 p.m.

I'm very good at opening childproof caps.....With a hammer.

I'm awake many hours before my body allows me to get up.

I'm smiling all the time, because I can't hear a thing you're saying.

I'm sure everything I can't find is in a safe, secure place, somewhere.

I'm wrinkled, saggy, lumpy, and that's just my left leg.

I'm beginning to realize that aging is not for wimps.

Yes, I'm a SENIOR CITIZEN and I think I am having the time of my life!

Now if I could only remember who sent this to me, I wouldn't send it back to them. Or, maybe I should send it to all my friends anyway. They won't remember, even if they did send it.

Spread the laughter, share the cheer, let's be happy while we're here.

**MAY GOD BLESS AMERICA AND
MAY AMERICA CONTINUE TO
THANK GOD!!**

Go Green - Recycle Congress!!!!

Both articles contributed via email by Mike Kossove, NY member, May 2, 2023.



ROTATOR CUFF INJURIES, TREATMENT

By Christopher Camp, M.D., Orthopedic Surgery,
Mayo Clinic, Rochester, Minnesota

Q: I am 68 and I have been playing tennis for years. I also swim regularly. Recently, I have been experiencing pain in my right shoulder every time I hit the court and when I try to lift objects at home. How do I know if I tore my rotator cuff? What are the options for treatment, and can I get back to playing?

A: People can injure their rotator cuff in several ways. Accordingly, it can be hard to know if that is the primary source of your shoulder problems. For some people, a distinct injury or accident results in a rotator cuff tear. For others, it could be a slow, gradual increase in pain over time. For those with distinct injuries, these usually occur when trying to lift heavy objects overhead or lifting things away from the body.

Rotator cuff problems tend to produce three main symptoms: shoulder pain, decreased shoulder motion and weakness. Not everyone with a rotator cuff tear will have all three symptoms.

In terms of pain, if you have a rotator cuff injury, you typically have pain over the lateral, or outside, portion of the shoulder, around the deltoid muscle.

Other injuries around the shoulder can result in similar symptoms. Some of the more common injuries are biceps tendinitis, acromioclavicular joint injuries or arthritis. Patients with biceps tendinitis tend to have pain in the front of the shoulder, and those with acromioclavicular joint injuries tend to have pain on top of the shoulder.

Understanding where your pain is originating from can help differentiate these problems from pain caused by your rotator cuff. If you have pain on the lateral part of your shoulder with decreased range of motion and difficulty lifting objects, you may have a rotator cuff injury. Oftentimes, this can be some mild tendonitis that

can improve with a few days of rest. However, if your symptoms are severe or they persist for more than one or two weeks, talk to your health care provider. He or she can typically diagnose a rotator cuff tear based on your symptoms, a physical exam and potentially imaging such as X-rays and an MRI.

For most patients with tendinitis, which is inflammation of the rotator cuff tendon without a complete tear, as well as pain and other symptoms, they usually improve without surgical intervention. The most common forms of treatments for this are anti-inflammatory medications; icing the shoulder regularly; modifying your activities, including avoiding heavy lifting and physical therapy.

For patients with complete tears of the tendon, the situation is more complex. If the tear is small, some patients with complete tears may still be able to avoid surgery. Although physical therapy won't heal the small tears, it can help optimize the other muscles around the shoulder that are still intact, which allows them to compensate for the tendon that has the small tear in it.

For active patients with a complete tear of the tendon, surgery offers the most successful way of restoring function.

Rotator cuff repair surgery typically is done as an outpatient procedure through a minimally invasive approach. Using these small incisions can reduce pain & improve recovery in the long term.

After undergoing rotator cuff repair, the arm is kept in a sling for approximately six weeks after surgery. After this time, the sling is slowly discontinued, and formal physical therapy is initiated. The early focus of physical therapy is on restoring range of motion. This typically takes three or four months from the day of surgery. Around two or three months after surgery, gently strengthening exercises are introduced.

While there is significant variability, the average overall recovery time following rotator cuff repair is approximately six months.

Reprinted from *Sun-Sentinel*, 6/26/2022.

Contributed by Jane McMillen, FL member.





COMMENTS

Randy McMullen, FL: Thank you for all you and your wonderful support group at BAPPG does for all of us! You are amazing! Please use the enclosed check where you feel the need. Have a wonderful day and God Bless You!

Jeanne Sussieck, FL: As reported by member Jo Hayden: *She sounds well and sends her good wishes to the group. She said she truly enjoys the newsletter.*

Therese Artus, NY: Saying hello and thanks for the newsletter.

Mona Arsenault, Canada: Another great [September] Newsletter!

Susan L. Schoenbeck, AZ: via email from Mona Arsenault: Please tell Maureen her page about what kids say about grandparents is so hilarious. I laughed and laughed out loud. Please thank her for me.

Martin Hill, Ottawa: I found our Thursday zoom to be very inspirational.

Mercedes Gomez, FL: The zoom meeting was fantastic yesterday. I learned from hearing other survivors' stories.

Jane McMillen, FL: Thought it went very well!

Bob Boyce, OH: Good seeing everyone.

Chuck Albert, OH: Dianne is right! The 'validation' is the biggest fruit of this whole meeting – so many courageous stories.

Eddie Rice, Toronto: GREAT MEETING!

Paul S., RI: Thanks to all – totally enjoyed all the stories.

Ruth Stephenson, Ontario: An interesting meeting.

Wendy Harvey, Ontario: Great meeting!

Maggie Whitehead, TX: Thank you for a great meeting!

Jenny Overeyner, NY: Thanks everyone – most interesting topic/meeting.

Nancy Truluck, GA: Maureen, thank you for your positive response.

Sandy Rutherford, Ontario: Great meeting all.



MARK YOUR CALENDAR

BAPPG Meetings: Stay 'Zoomed':

November 9 – Professor Mike Kossove
How Did I Get Polio?

December 14 – Members Strut their Talents
(Part 2)

December 19 – Christmas Holiday Luncheon
JBs on the Beach @ 11:30 AM

January 11, 2024 – Frederick Boltz, MD
TBA

Abilities Expo – www.abilities.com 323-363-2099
October 13-15 – Fort Lauderdale

Polio Canada 'Virtual' Conference 2023 –
Polio – Past, Present & Future, Tuesday,
October 24, 2023, 12:00-4:00 PM Eastern.
polio@marchofdimes.ca to register.

MISSION STATEMENT

- To help polio survivors become aware that they are not alone and forgotten.
- To share our thoughts and feelings with others like ourselves.
- To network with other support groups.
- To share information and encourage each other to carry on.
- To educate the medical profession in diagnosing and treating Post Polio Syndrome.
- To always maintain a positive attitude.

Boca Area Post Polio Group collects no dues and relies on your donations. If you would like to make a contribution, please make your check payable to **BAPPG**.

Thank you for your support!

Maureen Sinkule
11660 Timbers Way
Boca Raton, FL 33428
561-617-4450

Carolyn DeMasi
352-454-6383

Jane McMillen, Sunshine Lady – 561-391-6850

Flattery will get you everywhere!
Just give us credit:
Second Time Around, Date
Boca Area Post Polio Group, FL



SPREAD THE WORD. We would love to hear from you. If you know of someone who would like to receive our newsletter, send us the information below and we will gladly add them to our growing mailing list.

Also, kindly let us know if you **wish to be removed or recipient has passed**.

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Email _____

Comments _____

BOCA AREA POST POLIO GROUP
11660 Timbers Way
Boca Raton, FL 33428

**FREE MATTER FOR THE
BLIND OR HANDICAPPED**

RETURN SERVICE REQUESTED

MONTHLY ZOOM MEETINGS

From the comfort of your home/office.

12:00 – 2:00 PM Eastern

Second **Thursday** of each month.

E-mail: bappg@aol.com

Website: www.postpolio.wordpress.com

Printing: **R & C Mgmt., Inc., Miami, FL**

BOCA AREA POST POLIO GROUP

FOUNDERS

Maureen Sinkule Carolyn DeMasi

COMMITTEE MEMBERS

Jo Hayden Jane Berman
Terri Daniti Jane McMillen
Maureen Sinkule Mercedes Gomez

Typists – Carol Dexter Brenda Ferguson
Mercedes Gomez

Proofreader – Jane McMillen

Sunshine Lady – Jane McMillen

Zoom Assistant – Marci Ellison

Disclaimer: The thoughts, ideas, and suggestions presented in this publication are for your information only. Please consult your health care provider before beginning any new medications, nutritional plans, or any other health related programs. **Boca Area Post Polio Group** does not assume any responsibility for individual member's actions.
