



Summer 2021

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Enjoy Your Summer



My Polio Story

Deb Leson has been a member Polio Regina for several years but since she lives in Canora she has been unable to attend our meetings in person, but she has attended some meetings recently on Zoom. Here is Deb Leson's Polio Story.

Deb Leson

My name is Deb Leson, I was born in 1951 I will be 70 years old in November. I live in Canora, a town of about 2500 to 2800 population, 30 miles North of Yorkton. I was born in Yorkton, living most of my life in Canora. There was about 6 years in my life that I lived in Yorkton, Regina and North Battleford. I was 21 months old when I got Polio. I was the oldest of 4, my other siblings were not affected.



My first surgery at 6 years old was on my right leg with Dr. Buchinski, of Regina. I had another reconstructive surgery every year for 6 more years. So, at the age of 12 he felt he could do nothing more for me. After each surgery I was in hospital for 2 months during the school/summer breaks and each fall I went back to school with a cast and crutches, eventually a brace for the rest of the year until the next surgery. Those were the toughest years as I was called names and laughed at by my friends, classmates. The Polio affected my right leg the worst, nothing from

the knee up that was affected on my right side but my leg was shorter and the ankle was curled under. NO Paralysis! I was blessed for that!

Did I make a full recovery? This was a question I asked God, "why me?" all my life. As I grew older, I was blessed to marry and have 2 children, one boy and one girl. Which now I have six grandchildren, three of each.

My family was of Russian/Ukrainian culture and were very strong in-home remedies, I was taken with my Russian grandparents to Watrous, Sk. to the pool for mineral salt therapy, a lot, then to Camp Easter Seal as often as they could take me. My grandmother was always massaging my leg to stretch the muscles and re-shape them. The surgeries were painful and soaking in the mineral water soothed me a lot.

We lived in three different cities after my surgeries and I finished high school in Canora. When I married, I was a stay-at-home mom, with my 2 children for 2 years and then went to work, as a farmer's wife we made do. I worked my first year at a dry cleaners in town and on my feet. I then got a job in the local grocery store for 7 years as a meat cutter (which I lifted, cut and wrapped meat and unloaded groceries off of semi-trucks. I had lots of energy. Then I went to the Credit Union to work for the next 20 years. Less strain on the body, but I had 3 gardens, cleaned the Credit Union after work and played soft ball myself. I took part in swimming and yoga to keep my body strong. I rode my bike with the kids also. My husband and children were very sports minded and they played ball, hockey. I did skate but was not able to be in a team due to my lack of skills in stopping.

Then one ice day in the city I was meeting my son and we came upon an accident. He stepped out to see if anyone was hurt and I was told it's icy and stay put. I didn't listen and I tried to step out and my legs slipped and I felt an awful pain in my left knee. A few years later my left knee was replaced.

Then possibly 10 years later I was in the garden and I stepped over a row in the garden and I felt a hot pain in my left hip, 2 years later I had a hip replacement on my left side, my so-called stronger side. Both surgeries were not on my polio side, but on my left that carried me through my life working and having children and activities. I had worn the joints out.

The hip replacement has caused me nothing but grief for the next 10 years as it has literally come apart 5 times. It has NOT been fixed and with COVID; nothing will be done until the hospitals and doctors have the surgeries on track.

I have been working as a librarian for the past 15 years and thank heavens I can sit at my job and my husband volunteers to do the heavy lifting of books. I can still work.

I walk with a cane as the first time I dislocated my hip I fell on my polio ankle which has caused it to become unstable. I now walk with a formed brace for my polio ankle/leg, I put on daily. It needs surgery

to lock the ankle as there are NO replacements available.

For being tired and weary I use a cream with THC 100CBD,100THC for the pain and I find it helps me at work, for shopping and sleep. I need it more often if the weather is windy or cloudy as well.

I NEVER STOPPED trying to do things. I was always told I couldn't do this or that and I know it caused a lot of strain on my body. I believe, if I had stopped and sat in a chair, I would have been there permanently, much sooner. I have travelled to Mexico, Dominican, Panama Cruise, Costa Rica and the Philippines. I have travelled to both coasts. The Philippines was a 10 day stay and an 18hr plane flight. My hip was I had thought, stable. Unfortunately, Dec 27, 2020, I was back in hospital with a dislocation and returned to have it go out on Jan 11, 2021. I was off work for a month.

So far, I am blessed with mobility and slower but if I don't get surgery on my ankle or a revision on my hip, I may be in a wheelchair. But for now, please, please keep yourself active. You are fortunate to have Wascana rehab and the indoor pools. I don't and have to travel to Yorkton (their pool does not accommodate me). Their dressing rooms are on the other side of the pool and without my brace I can't walk with my ankle in this state.

I have worked for 43 years! I will continue to work as the librarian and my recommendations to anyone, keep busy! I am studying to get my Provincial Life Insurance and I can work from home with Zoom. I love it and the days fly by.

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Message from the President

Carole Tiefenbach

June 25, 2021



Well, another year has passed us very quickly and we are all still wearing masks! Two weeks of ‘flattening a curve’, certainly extended itself!! It will be nice to see the province returning to normal again. Thankfully, some of us are still around to see this happen.

On August 4th, 2020, my daughter told me she had been diagnosed with terminal colon cancer. She found out on March 2nd; 5 months previous. She had many rounds of chemo already. She had been off work since March 2nd, the day she found out the devastating news. She did not know how she was going to tell me this; she wanted to protect me from this horrific news, (we were in Florida at that time, crossing back to Manitoba on March 13th). We met up with the grandchildren in Winnipeg at the Olive Garden. I had already texted Crystal, my daughter, and Ken, to also meet up with us. (Obviously, she was too sick from chemo to make it), but I was told she was working double time to pay off her mortgage!! This went on for the remaining months until I insisted that I was coming to visit, as it was just too long since I had physically seen her.

Needless to say, we were mortified when we first saw her, but we both thought she had hurt her back and that her gun holster had given her these humongous deer horns growing out of her neck. It was not nice to see at all, then she sat us down to tell her the diagnosis that she received on March 2nd. Those of you who do have beloved children, nieces, nephews, grandchildren, any loved person, you will understand the kind of feelings that run through you when you hear something like this.

She told us at that time she could live between 2-4 years, but she only made it 14 months after her diagnosis. We were able to see her in September again for a few days, and on April 10th she held a prefuneral get together at their acreage. On May 5th, her hubby called us and said it was time to come

back to Manitoba, so we were back on the 6th. I was so grateful to be holding her hand until the end.

She passed away on May 12th, buried in a little country cemetery, on May 18th, about a couple of miles away from their acreage. The Winnipeg Police Service held a procession that was a beautiful tribute to a loving daughter, a wonderful mom to her two children, a caring wife to Ken, and a very well-respected police officer! She leaves a great big hole in our family and also her police family!

On the brighter side of things, my daughter would not want me to be sad, which I have no control over, but we must continue on, gardening and planting flowers both at our home and her home in Manitoba, for as long as we can.

It is definitely getting harder and harder every year to keep up with the yard and a house. Our legs are not as strong as they once were, so we would rather spend time at the Manitou Spa, enjoying it completely! We have been there about 8 times during this so-called lockdown. A few times were day trips, the other times were either 2 or 3 night stays. Thank goodness the spa was only closed for a few months.

We are looking forward to a better year next year, hopefully we will be able to see each other face to face!

We are very tired of Zoom meetings and masked faces!! Hopefully, we can get together in September, at Nicky’s again!!! Our group has had too many losses this past couple of years.

Wishing you all the best of health and happiness this summer!!

Warm regards,

Carole & Wilf Tiefenbach

On behalf of Polio Regina, we send our sincerest condolences to Carole and her family. May your memories of Crystal always be with you.



At the Meetings

January 2021 – Zoom meeting, Open Forum - Diane Lemon introduced Jessica Gardiner with the Domestic Violence Unit, Family Service Regina, who was our guest speaker. Her topic was Older Abuse. Some of the things she talked about were mistreatment of older adults including physical abuse, emotional abuse, unfairly accessing the older adult's home, money or belongings, improper demands, and control, denying care and keeping the person isolated. If you or someone you know needs support, please call 306-757-6305.

The Older Adult Response Service offers:

- Home visits
- Safety planning
- Advocacy
- Help navigating legal systems
- Practical supports
- Supportive check-ins
- Consultation for concerned family members, friends or service provider
- Referrals
- Community education regarding abuse of older adults

February 2021 – Zoom meeting, Open Forum - Carole Tiefenbach led the open forum which consisted of our members sharing their experiences during the last year and how they are coping with the COVID restrictions.

March 2021 – Zoom meeting, Open Forum - Carol McClintock introduced our guest speaker Lindsay Dusselier, RN, BScN, Transcatheter Aortic Valve Implantation (TAVI) Program Coordinator, Interventional Cardiology, Regina General Hospital. Lindsay spoke about Aortic Valve replacement, which Ernie McClintock had a year ago last December. Lindsay gave a very informative presentation that was appreciated by everyone. A summary of her presentation is included later in this issue.

This was our Annual Meeting. The Executive was elected by acclamation. They are:

President – Carole Tiefenbach
Vice-President – Wilf Tiefenbach

Secretary – Ivan Jorgensen
Treasurer – David Cotcher
Phone Co-ordinator – Carole Tiefenbach
Web Master – David Cotcher
Post Box Editor – Ivan Jorgensen
Directors at Large – Diane Lemon, Ken Holliday

Diane Lemon has been given an Honourary Lifetime Award by the Alzheimer Society of Saskatchewan. There was an article about her in their Annual Report. Diane said she got a painting of forget-me-nots from the Society. In addition to supporting the Alzheimer Society, Diane volunteers and has been recognized by numerous other organizations for her commitment to the Community including:

- YWCA Woman of Distinction Award in the Health and Wellness category, 1989
- a life membership in the Canadian Physiotherapy Association for 40+ years of volunteer work,
- inducted into the Saskatchewan Sport Hall of Fame in 1996.
- Distinguished Service Award from the Canadian College of Health Leaders, 2011

April 2021 – Zoom meeting, Open Forum - We spoke about suggestions of topics and speakers for future Open Forums. Some of them were:

Mobility Aids – we talked about some of the companies in Regina.

Wills and Estates

Falls – Phillips Lifeline

We also had a general discussion, some of the subjects that we talked about were:

Shell service stations full service app at [Refuelling for drivers with disabilities | Shell Canada](#) or <http://fuelservice.org/ca>

Some members said they couldn't get through to Blue Cross, apparently Blue Cross had their system hacked.

Several members talked about gardening.

May 2021 – Zoom meeting, Open Forum - Terri Berglund of Lifeline did a presentation of the Lifeline devices and services, followed by questions and discussion. A summary of her presentation is included later in this issue.

Diane Lemon talked about a LeaderPost article by Andrea van Vugt on Canada and Disability Accessibility. She referenced a movie called “Crip Camp” about a group of disabled teens who attend an unconventional summer camp and went on to lead the disability rights movement in the USA. It is available to watch on Netflix and YouTube. *(I watched it on Netflix. It is well worth a look.)*

Diane discussed Disability Cooking by Richard Stewart of Ottawa which can be found by doing a search on Google.



On the topic of a Medical History and Medications List

Dr. Bruno’s Original Post: So many of you have had recent medical problems, doctor and even ER visits. It’s vital that everyone have a MEDICAL HISTORY & MEDS LIST with:

- 1) Diagnoses (most recent first)
- 2) Past surgeries
- 3) Medications (name, dose amount and doses/day)
- 4) SENSITIVE TO ANESTHESIA and list of drug “allergies”
- 5) Recent blood work and test results (if you have had a recent exam)
- 6) Names and phone numbers of your own docs

The trouble (and maybe the life) you save will be yours.

Lifeline

At our May 2021 Zoom meeting Open Forum, Terri Berglund of Lifeline did a presentation of the Lifeline devices and services. The following is a summary of her presentation:

Lifeline is recommended for people:

- At risk of falls
- With chronic conditions
- With mobility problems
- Recovering after discharge from hospital

In the event of a fall fast access to help is very important. Lifeline with AutoAlert can get you the help you need when you need it most. The AutoAlert option can get you help in two ways: you can either push the button at any time, or if AutoAlert detects a fall and you are unable to push your button, it can automatically place a call for help.

GoSafe with AutoAlert is the mobile medical solution for those at risk but who want to remain active and independent and access help not just in and around the home but also on the go.

How Lifeline Works:

1. Summon help

Push your Lifeline help button to connect to our response centre. If you have Auto Alert, it automatically calls for help if you fall and can’t push your button.

2. Hear a reassuring voice

We access your personal profile and assess the situation.

3. Know Help is on the way





We contact a neighbour, loved one, or emergency services and follow up to make sure help has arrived. A list of devices and an explanation of the capabilities of each device is featured on the next page.

Also there is a coupon for a free trial or use **the coupon code for 2 free months of HomeSafe Standard or HomeSafe AutoAlert** which is coded to **Post Polio Regina, C720387 xx1262.**

Lifeline: Lifestyle-enhancing solutions for every patient, every budget



Compare Lifeline medical alert solutions

HomeSafe Standard	HomeSafe with AutoAlert	GoSafe with AutoAlert	Lifeline with Wandering
 <p>Help at the press of a button in and around the home.</p>	 <p>The FIRST medical alert pendant that can call for help even when your patient can't.¹</p>	 <p>It's the mobile medical alert solution that gives your patient the freedom to go where they want, when they want.²</p>	 <p>Caregivers can receive smartphone notifications and updates on their loved one's whereabouts.³</p>
<p>Ideal candidate: For people who spend much of their time at home and want to be able to access emergency help at any time, day or night.</p>	<p>Ideal candidate: Automatic fall detection makes this an excellent choice for those with a history, risk or fear of falling.</p>	<p>Ideal candidate: An exceptional solution for at-risk patients who want to remain active and independent with confidence and peace of mind – at home or on the go.</p>	<p>Ideal candidate: Caregiver of a loved one who can live independently but:</p> <ul style="list-style-type: none"> ● Sometimes wanders ● Gets lost easily ● Gets confused in crowds

All services are available with a special **Cellular Communicator** for patients without a landline telephone.

1. Equipment may not detect all falls. Undetectable falls can include slow falls, falls from low heights and slides from seated positions. If able, users should always push their button when they need help.
2. GoSafe coverage outside the home and wireless service in the home provided with sufficient access to/coverage by the applicable third party wireless network. Certain limitations subject to third party cellular provider availability and coverage. Signal range may vary.
3. Device must be used as directed, Button must be worn, adequately charged, and within range of a third-party cellular network. Availability of network not guaranteed. Tracking signal sent approx. every five (5) minutes while moving; once (1) per hour if no movement detected.

**For more information or to refer a patient, please contact
SASKATCHEWAN LIFELINE 1-800-856-0599**

PHILIPS

Lifeline

Medical Alert Service

**Stay safer at home
with Philips Lifeline**

How Lifeline Works:



1. Summon help

Push your Lifeline help button to connect to our response centre. If you have AutoAlert, it automatically² calls for help if you fall and can't push your button.



2. Hear a reassuring voice

We access your personal profile and assess the situation.



3. Know Help is on the way

We contact a neighbour, loved one, or emergency services and follow up to make sure help has arrived.

Savings Coupon

Subscribe to Philips Lifeline now and receive a

30-DAY FREE TRIAL¹

including free shipping and activation
(Value up to \$115)

Quote Code

X C720387 X 1286

Coupon valid until

December 31st, 2021

Saskatchewan Lifeline

1-800-856-0599

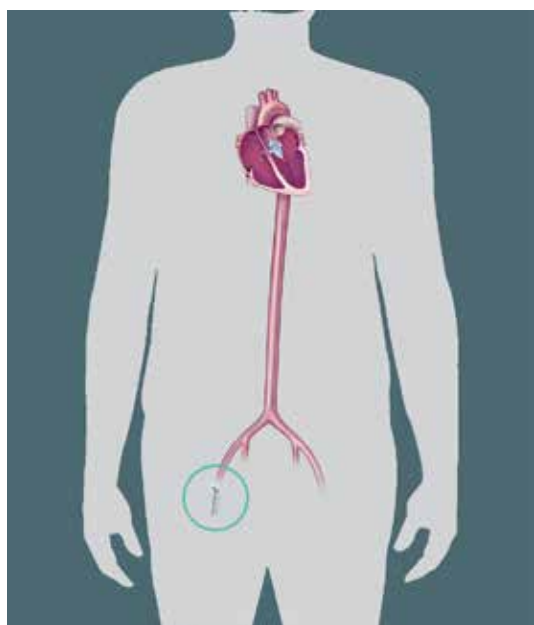
1) Offer available at locally participating programs and valid for new activations only. Not to be combined with any other offer. Additional charges may apply for out of area installations. Some restrictions apply. Discounts are not applicable for out of area installations. 2) AutoAlert does not detect 100% of falls.

Transcatheter Aortic Valve Implantation (TAVI)

By *Lindsay Dusselier, RN, BScN, CNCC(C)*

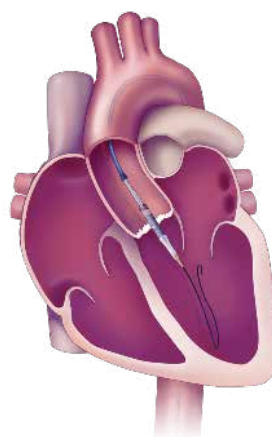
The aortic valve is one of four valves in the heart. Heart valves ensure blood flows through the heart in the right direction. Before blood leaves the heart, it passes through the aortic valve.

Aortic stenosis means the aortic valve has become narrowed and does not fully open making it harder for the heart to pump blood through the valve. A heart murmur can be heard in people who have aortic stenosis. Heart murmurs are followed by your doctor and referrals are made to specialists once the condition becomes more severe.

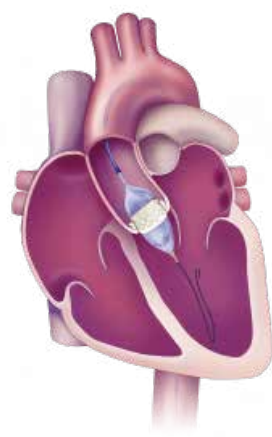


The traditional treatment for aortic stenosis is replacement of the valve through open heart surgery. However, some people should not have surgery because they are too ill, have other medical problems or are older which makes surgery/recovery more difficult and risky.

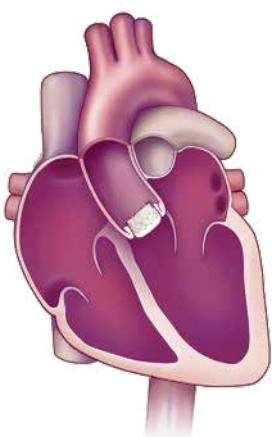
Transcatheter Aortic Valve Implantation (TAVI) is a less invasive procedure where the aortic valve is replaced using a long narrow tube called a catheter. The catheter with the new valve compressed at its tip



is passed through a blood vessel in your groin up to your heart. The valve is then carefully placed inside of the old valve. The new valve begins functioning right away and the catheter is removed leaving behind a few small incisions. Patients are on bedrest for 4-6 hours after the procedure and then are able to start mobilizing.



TAVI is performed using short acting medications that provides pain relief and light sedation only (usually does not require a general anesthetic). Most people stay in hospital for only 1 to 2 days after their procedure and are able to return to their usual activities in about a week.



The TAVI Program launched in Regina in March of 2017 and expanded to Saskatoon in August of 2019. To date more than 270 people have had TAVI in Saskatchewan.

www.newheartvalve.ca is a great website with more information about aortic stenosis and TAVI.

<http://www.rqhealth.ca/rqhr-central-files/transcatheter-zaortic-valve-implant-tavi-a-guide-for-patients-and-family>

Nutrients That Support the Immune System

Excerpt from Polio Oz News – Volume 10 – Summer 2020

NUTRIENT	SOURCE	BENEFITS
Vitamin C Potent antioxidant	Fruits and vegetables	Contributes to immune defence by supporting various cellular functions of both the innate and adaptive systems – this includes stimulating and supporting the function of white blood cells
Vitamin D	Sunlight, eggs, oily fish (salmon, tuna mackerel, sardines)	Has key role as an immune modulator (braking/accelerator system)
Zinc Antioxidant	Lean meats, oysters, crab, poultry, chick-peas, pepitas, good quality yogurt	Helps to maintain mucous membranes, helps to stabilise proteins (antibodies are proteins) and to create and support the function of enzymes. Is a component of your stomach acid
Iron	Meat, poultry, fish, green leafy vegetables, eggs and milk	Supports the function of the cells in the innate immune system
Selenium Potent antioxidant	Pork, beef, turkey, chicken, fish, shellfish, and eggs, Brazil nuts	Gets incorporated into special proteins that regulate the function of cells and tissues including those used in both the innate and adaptive immune systems
Folate	Green leafy vegetables	Enhances the production of immune cells, has a role in protein synthesis
Vitamin A	Cod liver oil, eggs, orange and yellow vegetables and fruits, Beta-carotene (provitamin) such as broccoli, spinach, most dark-green leafy vegetables	Supports skin integrity, anti-inflammatory, antioxidant, helps to regulate immunity
Vitamin B6	Pork, poultry, some fish (eg. salmon, tuna), peanuts, soya beans, wheat germ, oats, bananas	Enhances the production of antibodies and white blood cells
Vitamin B12	Fish, meat, poultry, eggs, milk, and milk products	Significant role in white-cell production
Protein	Fish, meat, poultry, eggs, milk, and milk products, nuts, and seeds, legumes	Proteins are specific – in the immune system they are antibodies and enzymes. Additionally, protein is particularly important for polio survivors to reduce the risk of sarcopaenia

We Remember

We lost two of our long-time members last winter; Evelyn Pidhorney and Peter Wosminity. The following are their obituaries as well as an article about a donation that Evelyn made to the Yorkton Health Foundation.

Evelyn Pidhorney

November 16, 1935 ~ November 15, 2020

Evelyn Pidhorney passed away November 15, 2020 at the Yorkton Health Centre of East Central Saskatchewan one day before her 85th birthday. She was born on November 16, 1935 in Kincaid, Saskatchewan. She was the eldest of four children. She spent her early years at the farm south of Meyronne, Saskatchewan and attended Bellmuir School. In 1948 she was stricken with polio and was paralyzed from the waist down after which she spent many years in and out of hospitals. Evelyn married Nick Pidhorney on Oct 15, 1966 and lived in Yorkton thereafter. Evelyn was predeceased by her parents Harold and Hilda Mulhern, brothers Jim and Allan and her husband Nick. She is survived by brother John (Vanscoy), sister-in-law Cecilia (Swift Current) and niece Tara (Ross Davidson) and their four children (Ash, Cameron, Jaime and Flynn) of Ponteix, Saskatchewan. While still living at the farm she worked at Erickson Motors, the GM dealership in Lafleche, Saskatchewan. Later she moved to Regina where she was employed by General Photo for six years and later at the Salvation Army Seniors home. After marrying Nick, the couple moved to Yorkton where Evelyn worked for Morris Industries Ltd and later established an income tax, insurance and investment business, E & P Agencies. She retired and sold her business in 1989. Evelyn was very grateful for all the kind care provided by family and friends, her doctors and nurses and Home Care workers. She made many friends with Home Care workers throughout her working career and



retirement years. Evelyn was extremely courageous, fiercely independent and was not deterred by her disability. She never complained about her lot in life and accepted all challenges head on. In fact, many of today's "snowflakes" could learn a great deal from her tenacity, work ethic and attitude toward life. In lieu of flowers, donations in memory of Evelyn may be made to the East Central Health Foundation toward purchase of OR equipment. A graveside service (by invitation only) was held at Yorkton City Cemetery at 2:00 pm on November 18th. Arrangements in care of Christie's Funeral home.

Evelyn Pidhorney donates \$150,000 to The Health Foundation

Submitted / Yorkton This Week

OCTOBER 24, 2020



Evelyn Pidhorney, left, with Ross Fisher, Executive Director of The Health Foundation.

Photo by SUBMITTED PHOTO

The Health Foundation received an extremely generous donation of \$150,000 from Evelyn Pidhorney. The donation will be used to assist the purchase of the new operating room and lab equipment that is critically needed in the hospital.

"This is an exceptional and generous donation, that we are very grateful to receive," said Ross Fisher, Executive Director of The Health Foundation. "The equipment Mrs. Pidhorney is helping us purchase will be used every day, and benefit thousands of

people every year. Literally thousands of people will benefit directly and her generosity will also have a very positive impact for the community generally.”

“I’m in my 80’s now and thought since I’m in a position to make larger donations, now is a good time. I would like to see how my money is used and know it will benefit my community,” said Pidhorney. “The important thing to me is that I want my money to be used locally, to benefit the community I’ve lived in.”

“I think it is important to consider what you can do to help your community when you are planning your estate or getting to a stage in your life where you can make larger donations,” continued Pidhorney. “I hope other people think about how they might help their community as well.”

“We are very fortunate at the Foundation to meet people like Evelyn who genuinely want to help others and receive nothing in return. Donations like this are remarkable as they are so selfless; Mrs. Pidhorney obviously wants to help her community and the people who live in this area,” said Mr. Fisher.

“This donation covers half the cost of the equipment we need to buy, and I trust we will raise the remainder of the money needed quickly. People respond to this kind of leadership, it will lend momentum to our fundraising campaign,” continued Fisher. “Of course, this equipment will be able to move to the new hospital when it is built.”

Evelyn Pidhorney faced many challenges in her life, but she didn’t let those challenges impede her or define her. Evelyn had Polio when she was very young which left her with mobility challenges and she needed braces and crutches most of her life

Mrs. Pidhorney was a very determined woman, she knew she would face challenges in her life and wanted to put herself in a position to deal with them. She took correspondence courses to obtain her accounting degree and was eventually able to open her own business – E & P Agencies, and provided people with income tax, insurance and investment advice and service.



Peter WOSMINITY

July 11, 1933 - February 4, 2021



Peter passed away peacefully on Thursday, February 4, 2021 with his family by his side. He was born on July 11, 1933 on the family farm near Kamsack, SK. Peter endured several hardships in his youth including polio and tuberculosis - the

latter resulted in a three-year stint at Fort San. He eventually made his way to Regina and found work in the healthcare industry, first as an orderly at the Grey Nuns Hospital followed by a 36-year career at Wascana Rehabilitation Centre. Peter’s good humor and easy-going nature made him popular with his co-workers and the patients he served. It is at Wascana that he met his future wife, Vickie. They were married on June 26, 1959 and settled in Regina’s north end where they raised their family. Peter and Vickie enjoyed travelling, including trips that took them from coast to coast, the USA, Europe, and numerous roads trips in the countryside. In retirement, Peter enjoyed “fixing things” around the house, working on his cars and in his yard, and spending time with family - especially with his granddaughters and their puppies. Peter was predeceased by his parents Mike and Sophie. He is survived by his wife of over 61 years, Vickie; sons Grant (Debbie) and Kirk (Rhonda); granddaughters Jazzel (Marco) and Sage; and sister Pauline. The family would like to thank the staff at the Pasqua Hospital - Palliative Care Unit for making Peter’s last days comfortable and peaceful. At Peter’s request no funeral service will be held. If desired, a donation may be made in Peter’s memory to The Saskatchewan Lung Association. Online messages of condolence may be left at

www.paragonfuneralservices.com.

Published on February 6, 2021

Eating before 8:30 a.m. could reduce risk factors for type 2 diabetes

Intermittent fasting study finds eating earlier was associated with lower blood sugar levels and insulin resistance

by Endocrine Society

Newswise — **WASHINGTON**—People who start eating before 8:30 a.m. had lower blood sugar levels and less insulin resistance, which could reduce the risk of developing type 2 diabetes, according to a study presented virtually at ENDO 2021, the Endocrine Society’s annual meeting.

“We found people who started eating earlier in the day had lower blood sugar levels and less insulin resistance, regardless of whether they restricted their food intake to less than 10 hours a day or their food intake was spread over more than 13 hours daily,” said lead researcher Marriam Ali, M.D., of Northwestern University in Chicago, Ill.

Insulin resistance occurs when the body doesn’t respond as well to the insulin that the pancreas is producing and glucose is less able to enter the cells. People with insulin resistance may be at higher risk of developing type 2 diabetes. Both insulin resistance and high blood sugar levels affect a person’s metabolism, the breaking down of food to its simpler components: proteins, carbohydrates (or sugars), and fats. Metabolic disorders such as diabetes occur when these normal processes become disrupted.

“With a rise in metabolic disorders such as diabetes, we wanted to expand our understanding of nutritional strategies to aid in addressing this growing concern,” Ali said. Previous studies have found that time-restricted eating, which consolidates eating to a shortened timeframe each day, has consistently demonstrated improvement in metabolic health, she noted. Her group wanted to see whether eating earlier in the day affected metabolic measures.

The researchers analyzed data from 10,575 adults who participated in the National Health and Nutrition Examination Survey. They divided participants into

three groups depending on total duration of food intake: less than 10 hours, 10-13 hours, and more than 13 hours per day. They then created six subgroups based on eating duration start time (before or after 8:30 a.m.).

They analyzed this data to determine if eating duration and timing were associated with fasting blood sugar levels and estimated insulin resistance. Fasting blood sugar levels did not differ significantly among eating interval groups. Insulin resistance was higher with shorter eating interval duration, but lower across all groups with an eating start time before 8:30 a.m.

“These findings suggest that timing is more strongly associated with metabolic measures than duration, and support early eating strategies,” Ali said.

Endocrinologists are at the core of solving the most pressing health problems of our time, from diabetes and obesity to infertility, bone health, and hormone-related cancers. The Endocrine Society is the world’s oldest and largest organization of scientists devoted to hormone research and physicians who care for people with hormone-related conditions.

The Society has more than 18,000 members, including scientists, physicians, educators, nurses and students in 122 countries. To learn more about the Society and the field of endocrinology, visit our site at www.endocrine.org. Follow us on Twitter at [@TheEndoSociety](https://twitter.com/TheEndoSociety) and [@EndoMedia](https://twitter.com/EndoMedia).

**I LOVE TO MAKE LISTS
I ALSO LIKE TO LEAVE
THEM ON THE KITCHEN
COUNTER AND THEN
GUESS WHAT'S ON THE
LIST WHILE AT THE
STORE**

Vitamin B6 may help keep COVID-19's cytokine storms at bay

Vitamin B6 may help calm cytokine storms and unclog blood clots linked to COVID-19's lethality. But research on it is lacking. A Hiroshima University professor calls on fellow scientists to study its potential role

26-Feb-2021 2:55 PM EST, by Hiroshima University

Newswise — Who would have thought that a small basic compound like vitamin B6 in the banana or fish you had this morning may be key to your body's robust response against COVID-19?

Studies have so far explored the benefits of vitamins D and C and minerals like zinc and magnesium in fortifying immune response against COVID-19. But research on vitamin B6 has been mostly missing. Food scientist Thanutchaporn Kumrungsee hopes their paper published in *Frontiers in Nutrition* can be the first step in showing vitamin B6's potential in lowering the odds of patients becoming seriously ill with the coronavirus.

"In addition to washing your hands, food and nutrition are among the first lines of defense against Covid-19 virus infection. Food is our first medicine and kitchen is our first pharmacy," Kumrungsee, an associate professor at Hiroshima University's Graduate School of Integrated Sciences for Life, said.

"Recently, many scientists have published papers regarding the role of diets and nutrients in the protection against COVID-19. However, very few scientists are paying attention to the important role of vitamin B6," she added.

In their paper, she and her fellow researchers pointed out growing evidence showing that vitamin B6 exerts a protective effect against chronic illnesses such as cardiovascular diseases and diabetes by suppressing inflammation, inflammasomes, oxidative stress, and carbonyl stress.

"Coronaviruses and influenza are among the viruses that can cause lethal lung injuries and death from

acute respiratory distress syndrome worldwide. Viral infections evoke a 'cytokine storm,' leading to lung capillary endothelial cell inflammation, neutrophil infiltration, and increased oxidative stress," they said.

Kumrungsee explained that thrombosis (blood clotting) and cytokine storm (hyper inflammation) might be closely linked to the graveness of COVID-19. Cytokine storms happen when the immune system dangerously goes into overdrive and starts attacking even the healthy cells. Meanwhile, blood clots linked to COVID-19 can block capillaries, damaging vital organs like the heart, lungs, liver, and kidneys.

Vitamin B6 is a known anti-thrombosis and anti-inflammation nutrient. Deficiency in this vitamin is also associated with lower immune function and higher susceptibility to viral infections.

"Vitamin B6 has a close relationship with the immune system. Its levels always drop in people under chronic inflammation such as obesity, diabetes, and heart diseases. We can see from the news that obese and diabetic people are at high risk for COVID-19," Kumrungsee said.

"Thus, our attempt in this paper is to shed light on the possible involvement of vitamin B6 in decreasing the severity of COVID-19."

The associate professor said she is looking forward to clinical trials that would test their hypothesis.

"It is of great interest to examine if vitamin B6 exerts protection against novel types of virus infection and pneumonia which will be encountered in the future. At present, there is few information regarding the protective role of nutrients against pneumonia and lung diseases," she said.

"After COVID-19, we should develop the area of nutrition for lung diseases such as pneumonia and lung cancer."





Do you have a New Prescription? Get the Side Effects First.

A Bruno Byte

From Dr. Richard L. Bruno, HD, PhD
Director, International Centre for Polio Education

Although this particular article is about Vesicare, no polio survivor should take *any* new prescription medication without asking the doctor about SIDE EFFECTS!

This is a disturbing cautionary tale.

Polio survivor Jane Smith went to her gynecologist with a common complaint: the Ditropan she was taking no longer controlled her overactive bladder. So, her doctor prescribed a new medication, **Vesicare**, which Jane started on November 18. Four days later Jane was too exhausted to leave the house. The next day, all she did was sleep. By Wednesday Jane was unable to stay awake. When she was awakened she stared into space, unable to understand or respond appropriately to questions. Even more frightening, Jane's ability to breathe was compromised. While asleep her oxygen dropped to 78% (normal 90%). When she was awakened, her oxygen was in the low 90s (normal 95%) and carbon dioxide rose to 55% (normal 45%). Jane was placed on a ventilator with a facemask.

Vesicare was stopped on November 24th. The next day, Thanksgiving, Jane was still unable to stay awake on her own but, when prompted, did try to eat. She discovered that her stomach and intestines had shut down, a side-effect of medications like Vesicare that are anti-cholinergic (stop you from peeing, cause a dry mouth and, especially in polio survivors, can turn off your gut). Jane was placed on a liquid diet and given domperidone, a drug available through Canada, which activates the stomach and intestines without entering the brain, as does Reglan, the medication typically used to treat gastroparesis but that can cause Parkinson's symptoms and should never be taken by polio survivors.

Unfortunately, Vesicare has an extremely long half-life. It would take Jane's body anywhere from 10 to 14 days for the Vesicare to clear out. During those days, although Jane mostly slept, she became progressively more aware and mentally sharp when awakened, but she could only eat very small amounts.

On the 15th day after Vesicare care was stopped, Jane awoke like Sleeping Beauty. She was able to stay awake on her own and was her usual intelligent and funny self, albeit easily tired. Although her intestines were functioning thanks to domperidone, Jane could still only eat small portions. She was given erythromycin, an antibiotic that stimulates stomach emptying. After three days, Jane was eating normally. One month after waking from her Vesicare-induced stupor, Jane was back on the Ditropan, which again controlled her bladder. Unfortunately, Jane still requires the ventilator at night and at times throughout the day as her diaphragm is unable to push enough carbon dioxide out of her lungs. Jane will need the ventilator for the rest of her life.

What are the morals of this frightening story? First, no polio survivor -- no one with breathing problems -- should take Vesicare. When I called Astellas, the drug's maker, about Jane's condition, the physician director of "adverse reactions" was aware that Vesicare not only turns off the bladder,

but also turns off the stomach and intestines and enters the brain. Vesicare was *known* to block activity in brain areas damaged by the original polio infection, the brain activating system. In fact, the doctor told me that Astellas had just been required by the FDA to add “somnolence” to Vesicare’s list of side effects. Somnolence? How about coma? I also was told that Vesicare was known to block brain diaphragm stimulating neurons. So, Vesicare did to Jane what the poliovirus had not done 60 years earlier: put Jane on a ventilator and, in effect, gave her the symptoms of “bulbar” polio.

I told Astellas' doctor that I was concerned Vesicare would very likely have the same effect in other polio survivors, especially those who originally had bulbar polio or any polio survivors who had breathing problems, such as central sleep apnea. What's more, I told him I was worried that individuals who had both difficulty breathing and bladder problems and might be prescribed Vesicare - those with muscular dystrophy, multiple sclerosis and traumatic brain injury -- might have a reaction like Jane's. The doctor told me that people at Astellas were “discussing the issue.”

It took years for Astellas to notify physicians that “[somnolence](#)” is one of Vesicare's side effects. However, the drug’s affect on the diaphragm was never reported to the public. Here are the reported side effects of this potentially **very** dangerous drug:

- Psychiatric: Common (1% to 10%): Depression (Post-marketing reports: Confusion, hallucinations, delirium, **somnolence**)
- Nervous system: Common (1% to 10%): **Fatigue**, Dizziness, insomnia
- Musculoskeletal: Common (1% to 10%): **Muscle pain, back pain**
- Gastrointestinal: Very common (10% or more): Dry mouth (up to 28%), **constipation** (up to 13%). Common (1% to 10%): Nausea, dyspepsia, upper abdominal pain, vomiting
- Respiratory: Common (1% to 10%): Pharyngitis, cough, sinusitis, bronchitis (**diaphragm weakness**)
- Genitourinary: Common (1% to 10%): Urinary tract infection, urinary retention
- Cardiovascular: Common (1% to 10%): Lower limb edema, hypertension (Postmarketing reports: Peripheral edema, QT prolongation, Torsade de Pointes, atrial fibrillation, tachycardia, palpitations)
- Ocular: Common (1% to 10%): Blurred vision, dry eyes
- Immunologic: Common (1% to 10%): Influenza (<https://www.drugs.com/sfx/vesicare-side-effects.html>)

In my 40+ year career I have never seen a drug with such a long and dangerous list of common and very common side effects having nothing to do with the "intended" application of the medication.

The second moral to this story is that polio survivors can have difficulty blowing off carbon dioxide and should not be given oxygen without having their carbon dioxide monitored, since oxygen levels can be normal while carbon dioxide can become dangerously high.

The final moral is that a polio survivor should *never* take any new medication that a doctor happens to prescribe without asking about *and receiving* a complete list of its side effects.

The coma you prevent will be your own.

The Encyclopedia of Polio and Post-Polio Sequelae

contains all of [Dr. Richard Bruno's](#) articles, monographs, commentaries and “Bruno Bytes”
<https://www.papolionetwork.org/encyclopedia.html>

Bruno Bytes

From Dr. Richard L. Bruno, HD, PhD
Bits and Tidbits from the Post-Polio Coffee House

On the topic of CoQ10

EFFICACY AND SAFETY OF CoQ10 FOR STATIN-RELATED MUSCLE PAIN

Polio survivors often ask about muscle pain that can occur with statins and if there is a treatment. A 2019 randomized controlled trial investigated the effect of CoQ10 on statin-related muscle pain. The study involved 60 participants who had previously reported muscle pain while taking statins. Over 3 months, each participant received daily doses of either 100mg of CoQ10 supplement or a placebo. The participants who took the CoQ10 supplements had significantly reduced statin-related muscle pain. Those who received the placebo reported no change in muscle pain.

However, the authors of a 2015 meta-analysis evaluated the efficacy of CoQ10 supplementation for treating statin-related muscle pain. The meta-analysis included six studies with a combined total of 302 patients. The authors found no evidence that CoQ10 significantly improves statin-related muscle pain.” <https://www.medicalnewstoday.com/articles/327209#benefits>

“Coenzyme Q10 is **LIKELY SAFE** for most adults. While most people tolerate coenzyme Q10 well, it can cause some mild side effects including stomach upset, loss of appetite, nausea, vomiting, and diarrhea. It can cause allergic skin rashes in some people. People with chronic diseases such as heart failure, kidney or liver problems, or diabetes should be wary of using this supplement.

CoQ10 may lower blood sugar levels and blood pressure. Doses of more than 300 milligrams may affect liver enzyme levels.” <https://www.webmd.com/vitamins/ai/ingredientmono-938/coenzyme-q10>

Always have blood drawn for creatine kinase (CK) before starting a statin and if you have muscle pain. And always talk to your doctor before starting anything you buy over the counter.

On the topic of Esophagus Spasms and Not Everything Being PPS

A REMINDER THAT NOT EVERYTHING IS PPS . . .

Esophagus spasms are not uncommon in polio survivors. At the Post-Polio Institute, we found that low dose Klonopin (clonazepam), taken 30 minutes before eating, is effective in treating spasms of the esophagus muscles that prevent food from going down. But, as always, you have to rule out causes other than PPS that may trigger muscle spasms or swallowing difficulty:

“I had spasms and choking where food would get stuck in my esophagus, very painful until food went down. Foods that would especially cause the choking were bread and spaghetti. I would even choke on my saliva at times. I also had a lot of coughing. This had been going on for many years. In the last year, I was embarrassed to go out in public because I would get strange looks when I started coughing because of COVID. I thought it was due to a sinus drip.

I mentioned choking, spasms and coughing to my doctor four months ago. He said symptoms were caused by acid reflux and not a sinus drip. He prescribed pantoprazole (Protonix). I went in for a checkup recently. He asked how were the pills working. I said they appear to be helping out a lot. Since I have been taking that medication, I haven’t been choking or coughing.”

On the topic of Polio Survivors and their “Good” Limbs

Now, About Your “Good” Leg

It’s well-known that “good” limbs (those thought to be unaffected by polio) commonly show electromyographic (EMG) evidence of prior poliovirus damage to motor nerves. A large study from India brings home this point. (1) EMGs were performed on all four limbs (not something we recommend) in 116 polio survivors. In 42% of the limbs that survivors said were “unaffected by polio,” EMG revealed evidence of poliovirus damage. On manual muscle testing, 26% of the “unaffected” muscles with poliovirus damage had decreased strength.

This study is a reminder that “non-paralytic” polio (NPP) wasn’t necessarily “damage free” polio. For example, it was reported in 1953 that 39% of those diagnosed with NPP had measurable weakness on manual muscle testing in at least one muscle group. A 1954 paper - “The Infrequent Incidence of Nonparalytic Poliomyelitis” - documented that 89% of polio survivors who were acutely “persuasively nonparalytic” had “very definite muscle weakness” as long as three years after the diagnosis of NPP.

So, it should be no surprise that more recent studies have documented late-onset weakness and fatigue in NPP survivors. A study of 828 polio survivors found new muscle weakness and fatigue, respectively, in 38% and 34% of those who had been paralyzed and in 14% and 21% of those diagnosed with NPP. (2)

What’s more, a study of 34 sets of twins found PPS symptoms in 71% of the twins who had had paralytic polio but also found “PPS-like symptoms” in 42% who had had no symptoms of paralysis.(2) I wasn’t surprised when Post-Polio Institute patients would report that their “good” (“unaffected”) muscles were becoming weaker while their obviously polio-affected muscles were not. Taken together, the studies above are reminders that overworking your “unaffected good muscles” could make a good limb turn “bad”.

References:

- 1) Ann Indian Acad Neurol. 2016; 19(1): 44–47
- 2) Bruno, RL. Paralytic Versus “Non-Paralytic” Polio: A Distinction without a Difference? Am J Physical Med Rehabil, 2000; 79: 1-9.

On the topic of “Normal” EMGs in Paralytic Polio Survivors

Question: I have a friend who at age 79 is now developing weakness in the hips. She was around me when I got polio and her cousin was the carrier. The question is can she have a normal EMG and have had polio? The doctor told her that she could *not* have had polio because her nerves are fine.

Dr. Bruno’s Responses: Studies show that a substantial percentage of polio survivors with a clear history of muscle weakness or paralysis have **normal** in-office EMGs, meaning that there was no EMG

evidence that they ever had had polio (see above). One study using regular EMG found that almost 25% of paralytic polio survivors’ limbs had no evidence of motor neurons having been killed.

What’s more, using a special “macro” EMG found over-sprouted motor neurons in 85% of muscle that were thought to have had “no clinical polio.” And research by David Bodian and Alan McComas showed that seemingly unaffected muscles had lost 40% of their motor neurons. So, a “normal” EMG is not evidence of the absence of poliovirus-damaged neurons.

Search “EMG” in the “[Complete Index](#)” and “[Articles](#)” sections of the [ENCYCLOPEDIA of POLIO & PPS](#) by Richard L. Bruno, HD, PhD

On the topic of Neurons “Sprouting”

A new [study](#) found in fruit flies what’s been known for 70 years to happen in polio survivors... *“What happens when a neuron dies? Can other neurons around it pick up the slack to maintain the same level of function? In the fruit fly, each muscle is activated by two motor neurons. Researchers wondered what would happen if one neuron were removed. Would the other neuron compensate for this loss? They found that the remaining neuron expanded its synaptic arbor (“sprouted”) and compensated for its missing neighbor.”*

FROM The Polio Paradox: Axons Sprouts and Fat Fibers. Remaining, poliovirus-damaged motor neurons did something amazing after the poliovirus infection had run its course. The axons grew, sending out sprouts -- like extra telephone lines -- to turn on the muscles that were orphaned when their motor neurons were killed. Those sprouts took from nine months to 2 years to grow and ultimately activated about 16 times more muscle fibers than were connected to the motor neuron originally.

Yet another important process took place that allowed polio survivors to regain strength. Muscle strengthening exercise and physical therapy caused muscle fibers to grow larger, a process called hypertrophy, enabling the fibers to do more work. Polio survivors’ individual muscles fibers have been found to be twice the size of fibers in those who didn’t have polio. So, motor neuron recovery, sprouting and

muscle fiber hypertrophy allowed polio survivors to get stronger after the poliovirus attack. A 1955 study by British polio pioneer W.J.W. Sharrard found that polio survivors regained nearly 95% of the strength they would ever recover during the first 11 months after the polio attack as a result of sprouting, muscle fiber hypertrophy and learning to use functioning muscles to substitute for those that were permanently paralyzed.

So, where do you stand (or sit) today with regard to your post-polio motor neurons? If you had any paralysis, muscles that you know were affected during the poliovirus attack have on average only 40% of the motor neurons you were born with, neurons that were damaged, are smaller than normal, whose internal “pipes” are clogged, but have sprouted to turn on 16 times more muscle fibers, fibers that are twice the size they were before you had polio. If you have muscles that were not paralyzed or had so-called “non-paralytic” polio, you lost 40% of the motor neurons you were born with, neurons that were damaged and are also smaller, clogged, over sprouted and overworked.

BOTTOM LINE: “Save Your Sprouts!”

<https://www.newswise.com/articles/study-shows-how-some-neurons-compensate-for-death-of-their-neighbors?sc=mwhn>

On the topic of the Diagnosis of “Post-Polio Syndrome”

Question: Is post-polio syndrome an accepted medical diagnosis or does every polio survivor of a certain age just automatically develop muscle weakness, fatigue and pain?

Dr. Bruno’s Response: Polio survivors can develop new symptoms -- overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anesthesia, cold intolerance, and difficulty swallowing and breathing – at any age. Not all polio survivors develop all of these symptoms and they don’t automatically appear. But the presence of one or any number of symptoms in polio survivors, when other causes are ruled out, meet the criteria for accepted medical diagnoses.

On the topic of the “Types” of Post-Polio Sequelae

Question: After reading the PA Post Polio Newsletter I can’t help but wonder if, since polio entered our bodies and affected our spinal cords, if spinal arthritis causing lower back pain another late effect of polio? I have a follow-up visit after my last epidural with my orthopedic doctor and he wants to talk to me about a possible Radio Frequency Ablation. Is that a good idea?

Dr. Bruno’s Response: Arthritis isn’t caused by the poliovirus but it is related to polio’s effects. I separate PPS symptoms into two groups:

DIRECT: symptoms caused by the poliovirus (e.g., muscle weakness)

INDIRECT: symptoms caused by problems *due to* poliovirus damage (e.g., arthritis) For example, muscle weakness (see below) is obviously a DIRECT PPS symptom, directly related to overworked, poliovirus-damaged neurons. But, muscle weakness can cause INDIRECT symptoms, among them arthritis (in joints and the back), joint pain, deformities and pinched nerves (spine, wrists and elbows) and muscle pain.

While DIRECT PPS symptoms are often unique to polio survivors, INDIRECT symptoms (like spinal arthritis) can occur in anyone and often can be treated by doctors knowing nothing about PPS. In picking a treatment for back pain, you need to find out if the pain is due to the pinching of nerves as they exit the spine (radiculopathy) or central stenosis (pressure on the spinal cord).

Facet joint injections often help treat radiculopathy and epidurals help central stenosis. Radio Frequency Ablation should only be considered if injections fail and on the basis of what nerves are being pinched and where. A second opinion from another physician is always in order.

On the topic of Muscle Weakness

Question: Is the weakness associated with PPS generalized or can it be muscle specific?

Dr. Bruno’s Response: Both, sort of. Weakness is caused by failure of individual motor neurons, not all of your motor neurons at once. And not all motor

neurons were damaged to the same extent by the poliovirus. When you do manual testing of a given muscle, weakness is “specific”. When you’re doing your life, muscle weakness can feel “general,” or maybe “generally” in the legs or the arms.

Also, it’s hard to separate “general” muscle weakness from fatigue, which is caused by brain neurons browning out.

BOTTOM LINE: Don’t work until you feel “specific” or “general” muscle weakness. Muscle weakness and fatigue are your body’s way of saying, “You’ve done too much!”

On the topic of Local Anesthetics

BUPIVICAINE: A long-acting local anesthetic for post-surgical analgesia.

Since we found in 1984 that polio survivors are TWICE as sensitive to pain as compared to non-polio survivors, you should talk to your surgeon about using BUPIVICAINE *before* you have surgery.

Local anesthetic injected into the surgical site is an important part of postoperative pain relief. A single dose of BUPIVICAINE injected into the surgical site has been associated with both pain relief for 72 hours and a 45% reduction in total opioid consumption at 72 hours.

www.formularywatch.com/view/liposomal-bupivacaine-long-acting-local-anesthetic-postsurgical-analgesia



On a Lighter Note from the Editor

Eat whatever you like because you will still DIE. Don’t allow motivational speakers to deceive you.

1. The inventor of the treadmill died at the age of 54
2. The inventor of gymnastics died at the age of 57
3. The world bodybuilding champion died at the age of 41
4. The best footballer in the world Maradona, died at the age of 60.

BUT

5. The KFC inventor died at 94.
6. Inventor of Nutella brand died at the age of 88
7. Imagine, cigarette maker Winston died at the age of 102
8. The inventor of opium died at the age of 116 in an earthquake
9. Hennessey inventor died at 98.

How did these doctors come to the conclusion that exercise prolongs life.

The rabbit is always jumping up and down but it lives for only 2 years and the turtle that doesn’t exercise at all, lives 400 years.

Web Site:

Check out our website for more information on Polio Regina and links to other useful related information at: <http://nonprofits.accesscomm.ca/polio/> or you can just Google **Polio Regina**.

Our email address is: polio@accesscomm.ca

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