CHRISTMAS HOLIDAY LUNCHEON 2018

Thirty-five members/guests enjoyed the Christmas Holiday Luncheon on Thursday, December 13th, at Deer Creek Country Club!!

Jane M. & Terri greeted the holiday-attired guests, including ‘newbies’ Boon/Mikki, George, Henry/Nancy, Iliana, Joy, Larry/Sheila, Leo & Renee who found seats in the holiday-decorated dining room overlooking a flowing waterfall & well-manicured greens & plants!

White tablecloths, red napkins and a centerpiece decorated the tables.

Maureen began the luncheon with a prayer of thanks. She thanked the following members for their continued faithfulness to BAPPG: Greeters-setup/cleanup: Danny, Dianne, Gabby, Jane M, Julie, Nancy S., Pat, Punky, Sheila, Terri, & others who have jumped in – you know who you are! She thanked Pat, recording secretary; article gleaner/typist: Jane B; typists: Adrian, Jane M, Martha, Sandy, & Nancy C; proofreaders: Danny & Jane M. Monthly newsletter mailers: Danny, Dianne, Jane B, Jane M, Maureen, Nancy, Pat, Terri and phone caller/thank-you writer: Jo Hayden.

She thanked her husband, Joel, for his love, support & patience; Cofounder Carolyn, for her unseen contributions, bookkeeping, ‘resident’ medical advisor & moral supporter; Sunshine Lady, Jane & right-hand who mails milestone birthday/anniversary/get-well cards; brings monthly snacks; works tirelessly choosing newsletter articles and is our newsletter punctuation expert!

Thursday, January 10 @ 11:30 AM

10 Minutes with . . . Martha Castilleja

Guest Speaker . . . Frederick Boltz, MD Neurologist

Topic . . . Neuropathy

Let’s Do Lunch . . .
January 15 @ 11:30 AM

JBs on the Beach
300 N. Ocean Blvd., Deerfield Beach
954-571-5220 for directions
[E. side of A1A, ¼ mi. N. of Hillsboro Blv.]
Jane took the microphone to thank Maureen for her long telephone hours, 22 year meetings/newsletters & 16 yr. cruise organizer. Even with looming NY medical issues, we managed to get out 3 months of newsletters in 2 weeks! She is the heart & soul of the group!

The lunch menu consisted of bruschetta, crisp salad, a choice of herb grilled salmon or sliced steak accompanied by roasted potatoes, fresh veggies and decadent chocolate cake with whipped cream and coffee!

Kat Hope provided amazing musical singing of Christmas Carols & belted out breathtaking renditions of Etta James’ *At Last* & Patsy Cline’s *Crazy* among other favorites!

Ron & Nancy C, Mr. & Mrs. Claus, passed out ‘secret Santa’ gifts. Members had a chance to meet ‘newbies’ and renew old friendships. Each person left with a full belly and 2019 calendar & pen.

BAPPG is blessed to have such a loving and supportive group where we truly are ‘Sharing and Caring’ together.

*Carolyn, Jane & Maureen wish you a Blessed & Healthy 2019!*

Go to www.postpolio.wordpress.com to see photos of the event, compliments of Dianne Dych-Sachs.

Submitted by Jane & Maureen

Fredrick Boltz, MD is a Board Certified Neurologist, currently in private practice with South Florida Neurology Associates, located at the Boca Clinic in Boca Raton, Florida. He received his MD degree from the St. George’s University School of Medicine in 1982, and went on to complete his residency training at McKeesport Hospital and Downstate Medical Center in Brooklyn, New York. He is affiliated with the American Academy of Neurology. Dr. Boltz has been in practice since 1988 and is Board Certified in Internal Medicine and Neurology, having completed his medical residency in his home state of Pennsylvania. For an appointment with Dr. Boltz, call 561-939-0300.

BAPPG appreciates the generosity of the people who enable the printing of this newsletter.

Beverley Hernandez  
(In memory of Edward Panarello)

Barbara Rogers  
(In memory of husband Lee)

Paul & Michele Sosnick  Ann Marie Fierro

WITH MANY THANKS

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

Dr. Leo & Maureen Quinn  
Teresa Russell  
(In memory of father, Thomas Iovino)

Henry & Nancy Chajet  
George & Christina Nemeth  
Robert & Vera McLendon  
Eddie & Harriet Rice  
Joyce C. Sapp  
William Tulko  
Margaret Boland  
(Honoring Carol DeMasi’s Birthday)

Diane Fountas, MD  
(In memory of Albert Carbonari)

Donald & Karen Strang, Jr.  
(In memory of Albert Carbonari)

Jacqueline Edwards  
(In memory of mother-in-law Ilona Edwards)

Reneé Nadel  
Professor Mike & Barbara Kossove  
Peter Bozick  
Bruce & Dianne Sachs  
Gary Elsner  
Wilbur & Hansa May  
Albert Carbonari  
Daniel & Sonia Yates  
Post Polio Support Group of PBC

*Names remain for 1 year.
UNDER THE MICROSCOPE WITH NEUROPATHY

Among the various afflictions of the body, neuropathy is one that can be a bit hard to identify and understand, particularly since the name makes one automatically associate it with a psychological disorder, namely, neurosis.

The only thing it has in common with neurosis is that both conditions affect the mind. Neurosis is a mental disease while neuropathy messes with the brain’s ability to process information received from the nerves. Neuropathy is, in essence, a disease that directly affects your motor skills.

Taking a Closer Look at Neuropathy

Neuropathy is an affliction of the nerves that can occur almost anywhere in the body (Duby, 2004). The body relies on the nerve endings that pick up messages and deliver them to the brain. Whether it is to pick up an object, to destroy harmful cells, to pump blood or to carry out any other function, the nerves and nerve endings in the body are essential to carry out that function.

In neuropathy, the nerves are damaged and are unable to carry the message from point A to point B. This means that the brain does not always receive, read or react to the signal the nerves are giving. This, in turn, can greatly hamper the motor skills of a person, and it can also make it difficult for them to run certain functions with ease.

For example: A person with neuropathy may suffer from bad vision, muscle spasms and be unable to properly use an arm or a leg. Neuropathy is not restricted to a particular set of nerves, which means that all the nerves in the body are susceptible to this condition.

To make it easier to work out a mode of treatment for it, neuropathy is often identified and classified on the basis of the location of the nerves it is affecting. Another way to identify the kind of neuropathy one is afflicted with is by identifying the cause. This has led to neuropathy being divided into the following types:

The Common and Different Types of Neuropathies

Because neuropathy is divided into different forms on the basis of the nerve damage that occurs, neuropathy can easily be identified into the following types:

(Christopher Gibbons, 2012)

Mononeuropathy

Mononeuropathy occurs when there is damage restricted to only one nerve. Mononeuropathy can also occur due to the result of compression, entrapment or other form of trauma that can cause damage to a single nerve. One of the most common forms of mononeuropathy is radial nerve palsy as well as carpal tunnel syndrome. Based on the kind of damage that occurs, mononeuropathy is often connected with peripheral neuropathy.

Polyneuropathy

Polyneuropathy relates to nerve damage, which is generalized and causes damage to various peripheral nerves. It can be a dangerous condition to handle, even leading to kidney and liver failure. An example of polyneuropathy is the Gullian-Barre Syndrome. While the condition is rare, it can be fatal since it attacks the immune system, leaving the body extremely vulnerable. It also attacks the spine, damaging the nerves that grow there. If not
treated properly, it can result in death. Polyneuropathy is also connected with the occurrence of diabetic neuropathy.

**Multiple Neuropathy**

Multiple neuropathy occurs when two or more nerves in the body are suffering from damage. This damage occurs to the nerves individually. Each nerve is affected individually, and it is not uncommon for the pain to occur, causing a stabbing sensation. It can be difficult to differentiate it from polyneuropathy as the nerve damage that occurs is more or less in the same area. If multiple neuropathy occurs in more than one nerves in the damaged area, it is possible for it to be counted as polyneuropathy since it handles more generalized damage.

**Peripheral Neuropathy**

Peripheral neuropathy occurs when the nerves around the spinal cord and on the outer area of the brain are isolated. Nerves in the body’s extremities are also prone to this, including the nerves in the feet, toes, legs, hands, fingers and arms as well. This form of neuropathy is often associated with the development of diabetes as well. People who have jobs that focus on repetitive movements such as pottery makers, painters and more are at a higher risk of developing peripheral neuropathy. It is typical for people to lose all feeling in the damaged area due to nerve isolation.

**Proximal Neuropathy**

Proximal neuropathy occurs when there is nerve damage of any kind around the lower torso of the body. Damage is usually restricted to the thighs, buttocks and the hips. It is characterized with difficulty in movement as well as shooting pains and burning sensations. A prime example of proximal neuropathy is sciatica. In this condition, a person often experiences difficulty in walking, standing and even sitting. It is common for sufferers to experience shooting pain down the afflicted leg as well as the lower back too.

**Cranial Neuropathy**

Cranial neuropathy (Catalano, Sen, & Biller, 1995) occurs when the cranial nerves that are located in the cranial area of the face are damaged. The nerves that are susceptible to damage include the optic nerve and the auditory nerve. Once they are hurt, it can be rather difficult to correct the damage since these nerves deal with damage to the eyes and the ears. Cranial neuropathy is also connected with optic neuropathy. This is when the nerve damage that occurs happens to the optic nerve.

This can lead to impaired vision. Moreover, it is also connected with the occurrence of auditory neuropathy as well. Auditory neuropathy occurs when the nerves in the ear and the ear canal are damaged, hindering the ability for the hearer to process sounds, since the brain signals sent by them cannot be picked up correctly.

**Autonomic Neuropathy**

Autonomic neuropathy (Ewing DJ, 1980) relates to the damage to the nerves surrounding the involuntary nervous system.
This means that your body will suddenly be exposed to an extremely higher risk of organ failure as it afflicts the nerves that control organ function. The autonomic nerves are responsible for keeping the body functions going. Since it handles the day-to-day function of the body, autonomic neuropathy can be fatal if it is not treated correctly. The autonomic nervous system is often connected with the heart, circulatory system, digestion, bowels, stomach, kidneys and more.

Focal Neuropathy

Focal neuropathy (A. Verma, June 1990) relates to when only one nerve in the body is damaged. For this reason, it is often connected with one particular nerve in certain areas of the body. Focal neuropathy is often only focused on the head, causing damage in the eyes. It also occurs on the torso and legs. It is often considered similar to mononeuropathy.

The Different Causes of Neuropathy

When it comes to identifying the kind of neuropathy that a person is suffering from, it is always necessary to identify the cause of it (Oleg, 2004). Oftentimes, the cause of these neuropathies can help to identify the kind of neuropathy that is occurring. Since there is never a hard and fast rule for neuropathy to occur, identifying the causes can be a bit tricky but the following causes are generally known to be linked. Neuropathies can occur due to a number of reasons such as:

- **Alcoholism** – It is often connected with alcoholism, and is often associated with peripheral neuropathy as well. Poor nutrition, connected with vitamin deficiencies and the damage caused by the consumption of alcohol can lead to neuropathic conditions.

- **Diabetes** – Diabetes is associated with neuropathy, and diabetic neuropathy is one of the most common conditions that one can suffer from. Age of the patient and the duration of the diabetes can make a huge impact on the occurrence of neuropathy. Patients who have had diabetes for over a decade, have difficulty in controlling their blood lipids as well as suffer from high blood pressure, are overweight and have a higher tendency of developing neuropathy.

- **Vitamin Deficiencies** – Deficiency in Vitamin B12 can cause severe damage to the nerves; and this can often result in the formation of neuropathy. The damage can be reversible on the basis of when the treatment is sought out to correct the deficiency. In certain cases, it can end up being permanent.

- **Autoimmune Diseases** – Autoimmune diseases are often the cause of neuropathy such as HIV/AIDS, Lupus, Arthritis, Guillain-Barre Syndrome, as well as leprosy, syphilis and more. Nerve damage caused by these conditions can be permanent at times, particularly in situations like arthritis where inflammation of the nerves is not easily countered.

- **Genetic Disorders** – Inherited or genetic disorders can often affect nerves and cause neuropathy. It can be difficult to identify the exact extent of the nerve damage since these conditions are brought about by the genetic disorder. Conditions such as Charcot-Marie-Tooth disease and Friedrich’s ataxia are responsible for causing neuropathy.
• **Exposure to Toxins** – Exposure to certain forms of toxins and poisons can also cause damage to the nerves, causing neuropathy. For example: Mercury, arsenic, lead, gold compounds, pesticides, nitrous oxide, industrial solvents, rat poison and certain colors and dyes contain chemicals and toxins that cause damage to the nervous system of the body.

• **Medication** – Certain medications can cause severe damage to the nerves in the body and cause neuropathy. For example: Drugs used in cancer therapy such as vincristine and different antibiotics such as metronidazole and isoniazid can cause nerve damage, leading to the development of neuropathy.

• **Tumors** – Development of tumors in the body can often be related to the development of neuropathy. This is due to the fact that tumors can put pressure or pinch the nerves, causing mild or severe neuropathy. Once the tumors are removed, the neuropathy can be corrected with ease.

• **Trauma or Injury** – Injury or trauma to the body can often be the cause of neuropathy as well. Decreased blood flow to certain areas can result in permanent nerve damage. Moreover, damage to the nerves can happen due to a sports injury or even a bad fall that could put too much pressure on a particular area.

• **Amyloidosis** – In this particular condition, the body processes protein fibers in an abnormal manner, depositing it abnormally in organs and tissues as well. It can cause the development of neuropathy since the nerves get damaged from the abnormal activity they are experiencing in that area.

Keep in mind that these are the most common causes of neuropathy. There can be other conditions that sprout up that can have neuropathy as one of the side effects. Luckily, once a person identifies it, they can easily get to work on the treatment to eliminate neuropathy in the body.

**Signs of Neuropathy**

Due to the fact that there are different types of neuropathy afflictions, a person can experience different signs and symptoms for each kind. The following is a detailed look at the signs and symptoms one can experience.

**Peripheral Neuropathy**

(Mugdha Gore, 2005) In most cases, prolonged, untreated peripheral neuropathy can lead to the development of dysesthesia. This is a condition that affects the sensory system of the person. It can wreak havoc in the sense of touch and cause the following symptoms:

• Tingling on certain areas of the skin
• A burning feeling or sensation on the skin
• Hypersensitivity to touch that can cause pain even when touching towels and sheets
• Feeling pins and needles in the body can be caused in the areas that are affected in the body
• A sensation of stabbing pain
• Weakness of muscle
• Trouble in coordination

**Mononeuropathy**

When only one group of nerves is suffering from damage, it can cause mononeuropathy. This can cause patients to
experience the following symptoms in their body.

- Problems in maintaining proper vision; it is common for patients to develop double vision
- Centralized pain that occurs in the eye
- Bell’s Palsy – part of the face is paralyzed
- Causes pain that occurs in the chest
- Causes pain that occurs in the shin
- Causes carpal tunnel syndrome that radiates in the wrist and the lower palm.

Experts have speculated that around 5% of all females and 3% of all males experience carpal tunnel syndrome. If a person already has diabetes, they tend to be at greater risk of suffering from this condition.

**Autonomic Neuropathy**

Autonomic neuropathy occurs when the autonomic system in the body is damaged. It has the following symptoms:
- Development of Dysphagia - Problems in swallowing
- Problems in maintaining balance
- Development of Tachycardia – Acceleration in maintaining heartbeat
- Low blood pressure
- Hypotension or dizziness in lying or sitting down
- Problems in maintaining coordination
- Incontinence in bladder and bowel control
- Vomiting
- Diarrhea

**Generalized Symptoms of Neuropathy**

When it comes to understanding neuropathy, you may not experience all the symptoms but the following are seven of the most common, generalized symptoms of neuropathy (Didier Bouhassira, 2007).

**Sharp Pain**

When the nerves in the sensory area are damaged, they can often cause erratic sensory outputs, including pain in the area of the damage. Many patients of neuropathy experience stabbing, sharp pains as well as burning sensations. They often describe it as a sensation, akin to a lightning bolt. In some cases, the nerve damage can cause the hands, legs and arms to become sensitive, causing excruciating pain, even because of the slightest touch. In some cases, it is possible for the person to even sleep without experiencing sharp pain when the foot comes in touch with the bedding.

**Tingling and Numbness**

Another common symptom is numbness in the area where the pain occurs. Numbness or a tingling sensation in the body can afflict the area that is suffering from nerve damage. While it doesn’t seem like numbness would be challenging, it does have its own set of cautions that one must keep an eye on. Numbness affects not only the ability of a person to feel pain but also deadens other sensations in the area.

For example: If a person has blisters and sores on their feet, they will be unaware that they need to be treated or if they have become infected. They also have a tendency to suffer from burns since the body does not have the sensory nerves available to detect the high temperatures. Similarly, they also have to pay attention to the environment and themselves as well, since this can help them to minimize the damage that occurs.
Losing Balance

Another symptom that is caused by neuropathy is the loss of balance. Peripheral neuropathy in particular can cause this situation. This is usually accompanied with a sense of numbness, and the situation is worsened if the numbness is felt in the feet. People who feel numb in the feet lose balance as they are unable to process the total BMI as well as successfully calculate the center of the pressure, mass and gravity as they move. You do all these things by instinct if you have healthy feet. Due to this, people were prone to experiencing loss of balance and difficulty in maintaining their balance.

Weakness and Twitches of Muscles

Weakness in the muscles occurs when the nerves that affect the muscles are damaged, cause difficulties, and also make a huge impact on the motor skills of a person. Twitching in muscles can range from something light, to a person experiencing debilitating cramps. This involuntary twitching can also cause further damage since the nerves are intertwined with each other, and they can create painful sensations as well. Weakened muscles do not only mean weakness in motor skills but also lead to development of weak reflexes and muscle atrophy as well. In severe cases, it can lead to muscle degeneration.

Lightheadedness

A person who has neuropathy may also experience dizziness and lightheadedness. This occurs when the nerves that help regulate blood pressure suddenly become damaged. The lack of blood can cause dizziness and lightheadedness, particularly due to sudden movements. For example: A person who goes from a sitting position to a standing one can easily suffer from dizziness since the sudden change in position might cause a sudden drop in their blood pressure. They might need a few minutes to realign themselves before they can proceed further.

Abnormalities in Sweating

When a person has developed autonomic neuropathy, they may experience abnormal body functions, including abnormal sweating. In this condition, the autonomic nerves are damaged and are unable to properly assess the needs of the body. A person may experience an abnormally large amount of sweating, particularly on the upper torso of their body. On the other hand, a similar situation may occur when a person experiences an inability to sweat. This can also result in causing excessively dry skin that is susceptible to damage.

Problems in Digestion

Another common symptom of neuropathy is that a person may have difficulty properly digesting their food. They might be experiencing slow digestion that could be leading them to experience diarrhea or they might be feeling constipated. Similarly, eating a meal might leave them feeling excessively bloated. They could also end up feeling extremely satiated and full after eating, even if it was a small amount of food.

Keep in mind that pain, numbness and tingling are the most common generalized symptoms that occur with almost all forms of neuropathy.

References upon request.

SOURCE:
https://nerveremedyreviews.com/gs/pages/article2.html?gclid=EAIaIQobC_hMlzTv7sIF3wIv2z0DACCh0RngHkEAMYAyABEGKdh_D_BwE
2019 CONTRACT
HAPPY NEW YEAR

After serious & cautious consideration your contract of friendship has been renewed for the New Year 2019.
It was a very hard decision to make
So try not to screw it up!!!

My Wish for You in 2019
May peace break into your home and may thieves come to steal your debts.
May the pockets of your jeans become a magnet for $100 bills.

May happiness slap you across the face and may your tears be that of joy.
May the problems you had, forget your home address!

In simple words . . .
May 2019 be the best year of your life!!!

Happy New Year!!

Contributed via email, Jo Hayden, member, 1/1/13.

A PLAY ON ‘WORDS’

How does Moses make his tea? Hebrews it.

Venison for dinner again? Oh deer!

A cartoonist was found dead in his home. Details are sketchy.

I used to be a banker, but then I lost interest.

Haunted French pancakes give me the crêpes.

England has no kidney bank, but it does have a Liverpool.

I tried to catch some fog, but I mist.

They told me I had type-A blood, but it was a Type-O.

I changed my iPod's name to Titanic. It's syncing now.

Jokes about German sausage are the wurst.

Contributed via email, Jo Hayden, member, 1/3/13.

Cruise 2020 – Brand new ship!!
A VITAMIN FOR DEPRESSION?
Sunny Sea Gold found something new to treat her depression — and it’s similar to a nutrient in spinach.

YOU’D NEVER KNOW it to meet me — my name is Sunny, after all — but I’ve been on antidepressants most of my adult life. They worked well for a long time, but in the past few years, my occasional down days became down weeks and started occurring more often. Then, last August, an unshakable sense of hopelessness came over me. For the first time ever, I yearned to go to bed and not wake up.

Concerned, I talked to my psychiatric nurse practitioner, who tweaked my meds and prescribed more downtime, sleep, and regular exercise. The changes helped, but the side effects of the boosted medication were awful — blurry vision, swollen fingers, painfully inflamed wrist tendons. After three months, I still felt emotionally fragile. That’s when I remembered a study a therapist friend had mentioned: Scientists have linked a certain gene mutation to depression — and discovered that a type of B vitamin might help depressed people who have the mutation feel better.

I dove into the research, and what I learned blew my mind. The brain needs folate — a B vitamin in spinach, kidney beans, and avocado — to produce mood-regulating chemicals like serotonin and dopamine. But a mutation in the MTHFR gene (yes, that’s really the name) may make it hard for some people to break down folate into methylfolate, a metabolized form capable of crossing from the bloodstream into the brain, says John Zajecka, MD, director of the Women’s Board Depression Treatment and Research Center at Rush University Medical Center in Chicago. Not having enough methylfolate can increase a person’s risk for depression.

The uplifting news: Scientists have created supplement forms of the vitamin that can cross the blood-brain barrier. In a 2012 trial, Zajecka and fellow researchers gave people with treatment-resistant depression a daily dose of 15 milligrams of methylfolate to take along with their anti-depressants. After 30 days, nearly a third reported fewer — and less severe — symptoms, like hopelessness, insomnia, and difficulty concentrating. In a 2016 follow-up study, Zajecka and his colleagues put 57 people who hadn’t achieved remission during the earlier trial back on the vitamin; a year later, 61% no longer felt depressed.

In these studies, methylfolate appeared to cause virtually no side effects. A 2016 review in the American Journal of Psychiatry concluded that although evidence is far from definitive, there are enough compelling data to support trying methylfolate in conjunction with antidepressants if the meds alone don’t seem to be working anymore.

So why aren’t more psychiatrists talking about it? Well, many are — with caution. “While the results we have on methylfolate are encouraging, we need more rigorous clinical trials,” says Drew Ramsey, M.D., an integrative psychiatrist and assistant clinical professor of psychiatry at Columbia University who’s been using methylfolate in his practice for more than five years. “I do
feel like the more traditional mental health services are neglecting some of the innovation that’s happening, but it’s in part because doctors want to protect patients from treatments that have too much hype and not enough science.”

There are two main prescription brands of methylfolate for depression: Deplin and EnLyte. A study funded by the manufacturer of the latter found that after eight weeks of taking EnLyte and no other antidepressants, 67 of the 159 participants – all of whom had major depression and had tested positive for an MTHFR mutation – achieved remission. (Prescription methylfolate isn’t widely covered by insurance; smaller doses are available at health food stores, but aren’t as potent.)

I wanted to know whether I carried the mutation, both to satisfy my own curiosity and for the sake of my two kids. So I dug into some results from an at-home genetic test, and there it was: the C677T MTHFR mutation.

My practitioner confirmed its presence with a lab test and wrote a prescription for methylfolate. After three months, we were able to lower the dosages on both of my antidepressants, and I felt better than I had in a few years – more emotionally resilient, energetic, and clearheaded.

Six months later, I’m still healthier and still taking methylfolate with my meds. My only regret is not looking into this earlier. So now I’m spreading the word.


Contributed by Jane McMillen, member.

HOW TO STAY YOUNG

1. Try everything twice. On one woman's tombstone she said she wanted this epitaph: "Tried everything twice. Loved it both times!"

2. Keep only cheerful friends. The gourches pull you down. (Keep this in mind if you are one of those gourches!)

3. Keep learning: Learn more about the computer, crafts, and gardening, whatever. Never let the brain get idle. 'An idle mind is the devil's workshop.' And the devil's name is Alzheimer's!

4. Enjoy the simple things.

5. Laugh often, long and loud. Laugh until you gasp for breath. And if you have a friend who makes you laugh, spend lots and lots of time with HIM/HER.

Contributed via email, Jo Hayden, member, 4/5/18.

Cruise 2020 – New port-of-call!!
WELLNESS Q & A
Drs. Oz and Roizen

HOW THE BRAIN ADAPTS AND REMAPS

Q: We've all been told that when people lose one of their five senses — say, eyesight — the brain compensates by sharpening the other senses. Is there any science to that, or is it just wishful thinking? — Dorothy S., Hartville, Ohio

A: Yes, the brain can compensate for the loss of one type of sensory input. And you've asked about it just as new brain-imaging techniques are showing us precisely how that works.

Using what's called "MRI multimodal brain imaging," scientists at Massachusetts Eye and Ear compared specific brain regions of 12 people with early blindness (they were completely blind before age 3) and 16 people with normal sight. They found that the blind test subjects had enhanced connections between areas of their brains that the sighted test group didn't have. This allowed brain functioning of people without sight to, as they put it, "enrich their interaction with the environment." In other words, the brain attempted to level the playing field between the sighted and the non-sighted.

It's great news, because it means that your brain can be stretched, prodded, encouraged and expanded to enrich sensory experiences.

So, how can you help your brain flex its mental muscle? Start with healthy brain foods, such as walnuts, salmon and whole grains; and adopt these easy-to-follow rules:

▪ Avoid the inflammation-causing, artery-clogging Five Food Felons: added sugars and sugar syrups; all saturated and trans fats; and any grains that aren't 100 percent whole.
▪ Eat by color to supply your brain with the nutrients it needs: blue from blueberries; deep green from kale; pink from salmon; brown from walnuts. Plus, 900 mg of omega-3 DHA daily keeps your brain well-tuned and better able to resist dementia.
▪ And exercise your brain, like you do your muscles (daily for at least 30 minutes — headed for 10,000 steps a day). Learn a new language and/or play games, from bridge to ping-pong to squash with friends. And try great "speed of processing" brain games, like BrainHQ's Double Decision.

Q: Last week my doctor said, "You have obesity, and we need to treat it as a disease, just like we would treat rheumatoid arthritis or chronic migraines." Does that make sense to you? — Lorin G., Albany, N.Y.

A: Your doc is right. Obesity is a disease, and like other diseases it can raise your risk for serious health threats. When you have rheumatoid arthritis, for example, it's an immune response that ups inflammation, leading to joint pain and erosion, increased cardiovascular problems and a risk of falling. That's why the best medical approach to RA addresses not just joint problems but other significant health issues as well.
Ditto for obesity. It's a chronic disease, characterized by inflammation, joint problems, elevated glucose and blood lipids, hypertension, depression, heart problems, cognition issues and more. Treating obesity as a disease means you can't just say, "Your body mass index is too high, so lose weight." Instead, treatment needs to look at the complex network of health challenges that obesity presents and address each of them.

A new study in the journal *Obesity* proposes that the criteria for diagnosing obesity include a person's BMI, "alongside an indication of the degree to which excess adiposity negatively affects an individual patient's health." Our hope is that this shift will help people with obesity focus on the profound health issues the disease presents, such as amputation following a diabetes diagnosis. Instead of saying, "I guess I'll start a diet tomorrow," they'll think, "I have to do something about this now!"

Lorin, we bet you wouldn't ignore the treatment options if your doc said you had cancer. And we're hoping that now you won't ignore those options for obesity (or what the researchers want to call "adiposity-based chronic disease") either. They include nutritional counseling, bariatric surgery, physical exercise to boost metabolism and to spare joints, and stress reduction to bring down inflammatory cortisol levels.

Dr. Keith Roach
Good Health

**Dear Dr. Roach:** I had a lumpectomy on my left breast, and five lymph nodes were removed. I was told not to have my blood pressure taken from, shots given into or blood taken from that arm. I asked a few doctors and nurses how long I have to wait to use that arm again for these procedures. I have been told anywhere from a year to the rest of my life. What happens if I am in an accident, cannot talk and medical responders use that arm?

– W. S.

The lymphatic vessels normally take up fluid from the soft tissues of the body and return it to the circulation. If these vessels are damaged, through radiation, cancer or other means (sometimes we never know how it happens), then the affected limb can swell.

I would recommend avoiding procedures on that arm for life.

Reprinted from *Sun Sentinel*, December 1, 2017.

Contributed by Jane McMillen, member.
TWAS THE MONTH AFTER CHRISTMAS

Twas the month after Christmas
and all through the house
nothing would fit me,
not even a blouse.
The cookies I'd nibbled,
the eggnog I'd taste,
all the holiday parties
had gone to my waist.

When I got on the scales
there arose such a number!
When I walked to the store
(less a walk than a lumber).

I'd remember the marvelous
meals I'd prepared;
the gravies and sauces
and beef nicely rared.

The wine and the rum balls,
the bread and the cheese
and the way I'd never said,
"No thank you, please."

As I dressed myself
in my husband's old shirt,
and prepared once again
to do battle with dirt.

I said to myself, as I only can,
"You can't spend a winter disguised as a man!"
So – away with the last of the sour cream dip,
get rid of the fruit cake,
every cracker and chip.

Every last bit of food
that I like must be banished,
Till all the additional ounces have vanished.
I won't have a cookie,
not even a lick.
I'll want only to chew on a long celery stick.

I won't have hot biscuits,
or corn bread, or pie,
I'll munch on a carrot and quietly cry.

I'm hungry, I'm lonesome,
and life is a bore,
but isn't that what January is for?

Unable to giggle,
no longer a riot.
Happy New Year to all
and to all a good diet!

Author Unknown

Contribute via email, Jo Hayden, member, 1/5/18.

Cruise 2020 – January 26th!!
HOW OUTLOOK AND SOCIAL TIES AFFECT THE WAY YOU AGE
By Mandy Oaklander

Life was easier when it wasn’t so long: learn when you’re young, work while you’re able, then resign yourself to a slow period of repose—and decline. But in the past century, scientific advancements have added decades to the average human life span, leaving a person’s timeline with a long, often aimless, tail.

Finding rewarding ways to fill these extra years—particularly in ways that emphasize social ties—is the best way to prolong them, research is finding. “The things that we understand now to be important for healthy longevity”—things like connecting with others, a positive outlook, making peace with getting older—“have been trivialized over the years by some scientists. We now know that shouldn’t be the case,” says Paul Irving, chairman of the Center for the Future of Aging at the Milken Institute, a think tank that studies older age. “One of the great opportunities we all have is to continue that search (for meaning), that aspiration to do our most enjoyable and important work, later in our lives.”

Here are other strategies that may help you make the most of your extra years.

Embrace Technology—It’s hard to beat face time, but FaceTime (and the like) can also help older adults feel less alone, research shows. “I think a lot of work can be done to make the existing social networks more accommodating to older adults,” Irving says.

Lean on Family—You can’t choose them, but now you’ll be glad to have them: when people were asked to list up to five of their closest confidants, those who named more family members had a lower chance of dying in the next five years than those who didn’t report such strong family bonds. Unconditional love may play a part, since the same protective effect wasn’t seen for friendships.

Welcome Aging—Your feelings about getting older might determine how well you age—and even how well your brain holds up against Alzheimer’s. A team of researchers at Yale University found that when people who thought negatively about aging were simply primed to view it in a better light, they said they felt more positively about aging and even showed improvements in physical strength.

Lighten Up—What helps a person live to 100—and stay healthy in the process? New findings reveal that the long-lived have a lot in common: being outgoing, open to new experiences, good at sticking to goals, and not overly neurotic. Laughing too, is a key to staying young in old age, research has found.

Set Goals, Take Risks—Plenty of research links a sense of purpose to longevity. But how do people search for a purpose if they don’t have one? Take an online course, volunteer, do anything new that challenges you. “The assumption that you should only do one thing in your life, to me, makes no sense,” says Irving.

Expect the Best—People with a positive outlook recover better after having a heart attack than those who are more pessimistic, a recent study shows. That’s partly because a hopeful attitude is linked to other healthy behaviors, like quitting smoking and maintaining a healthy diet. Optimism is also linked to fewer chronic illnesses, less depression, and even a stronger immune response to bugs like the flu.

WHAT TO EAT, WHEN TO EAT IT
By Jodi Helmer

You know that a healthy diet has a balance of nutrients. But when you eat is also important. In fact, the timing of your meals has an impact on everything from weight loss to insomnia.

Here are five tips that will help you make the most of your meals.

1. For more energy, have a protein-packed breakfast.

Maintaining steady blood sugar levels all day is crucial to avoiding energy slumps. Sweet foods — muffins or sugary cereals — may give you a quick energy spike, but the following drop in blood sugar can leave you feeling wiped out.

Instead, eat protein as part of the morning meal. In a University of Missouri study, people with Type 2 diabetes who ate a 500-calorie breakfast with 35 percent protein had fewer glucose spikes than those who consumed less protein and more carbohydrates. Also, "protein stimulates hormones that increase fullness while inhibiting hormones that stimulate hunger," says study author Heather J. Leidy, an assistant professor of nutrition at Missouri.

Try this: A spinach, tofu and cheese omelet.

2. To refuel after a workout, try a carb-protein combo.

Research shows that a snack containing both carbohydrates and protein is best for recovery after exercise. Carbs help boost flagging energy levels, while protein builds muscle mass. Stuart Phillips, director of the McMaster Centre for Nutrition, Exercise and Health Research at McMaster University in Hamilton, Ontario, says that for maximum effect, eat a post-workout snack within an hour of exercising that emphasizes the three R's: water to rehydrate, carbohydrates to refuel and protein to repair muscles.

People need more protein as muscle mass declines with age, Phillips says. Yet a recent AARP-Abbott survey found that just 17 percent of respondents knew how much protein they needed — 46 grams a day for women and 56 grams for men. Active older adults may need more.

Try this: Aim for a recovery snack with 30 grams of protein, like a protein shake or grilled chicken wrap with whole wheat tortilla.

3. For weight loss, load up at lunchtime.

Eating your biggest meal earlier in the day may help with weight loss. In a 2013 study published in the International Journal of Obesity, researchers found that overweight and obese adults who ate their biggest meal earlier in the day lost more weight than those who ate their main meal later, despite similar activity levels and calories. Your body burns twice as many calories after an earlier meal than a later one, says Frank Scheer, director of the Medical Chronobiology Program at Brigham and Women's Hospital in Boston.

Try this: Whole grain pasta topped with roasted tomatoes, basil, parsley and pine nuts.
4. For an afternoon brain boost, grab a handful of nuts.

Not only are nuts good for heart health, but a 2015 Spanish study found that older adults who ate a handful of nuts daily improved their memory over four years. Lead author Emilio Ros, M.D., a researcher at the Hospital Clinic of Barcelona, said eating nuts may help prevent cognitive decline in older people — especially when they're combined with a healthy Mediterranean diet. In addition, "eating nuts also reduces the brain responses that typically stimulate food consumption," Leidy says, so snacking on nuts can help with weight loss as well.

Try this: 25 pistachios, which are packed with potassium and protein.

5. For better sleep, fill up on fiber.

A 2016 study published in the Journal of Clinical Sleep Medicine found that eating a meal high in fiber and low in saturated fat and sugar helped subjects fall asleep in less than 20 minutes, compared with 30 minutes for those who ate more fat and sugar than fiber. A high-fiber dinner was also associated with more time in slow-wave deep sleep, which is essential for immune function, says study author Marie-Pierre St-Onge, assistant professor at Columbia University Medical Center in New York. Steering clear of the refrigerator after supper can also improve sleep, as snacking signals to the body that it's time to be awake and active, according to a 2014 study published in Current Obesity Reports.

Try this: Salmon broiled in sesame seed oil, quinoa, roasted cauliflower and an arugula tossed salad.

MORE FAMOUS PEOPLE WHO CONTRACTED POLIO

Arthur C. Clarke - Sir Arthur Charles Clarke - (born 16 December 1917) Was a British science fiction writer, futuristic and inventor who became famous following his novel "A Space Odyssey". He was known as one of the "Big Three" of science fiction which included Isaac Asimov and Robert A. Heinlein. He has written many science fiction books since then and they all became very respected among their readers. Charles has been suffering from polio but has kept his enthusiasm for all of his passions; he says he thought he would never see the day where man would go to the moon and to the planets. Although now he has lived to see it happen which proves many things of what he has been saying and writing for the past 60 years.

Neil Young - (born November 12, 1945) Neil Young is a Canadian songwriter, singer, pianist, guitarist and film director. Neil is involved in many different styles of music including jazz, swing, rockabilly, electronic music, and blues being known for his deep lyrics and good musician skills as a guitarist with a few other instrumental capabilities. In youth Neil Young had to survive polio, epilepsy, diabetes and the divorce of his parents which evidently was a difficult task. Nonetheless he has made it successfully.

Bill Cullen - (1920-1990) game show host


Lauro Halstead - doctor


Posted on Facebook Susan Louise Payne, NJ, 10-28-17.
COMMENTS

Vera McLendon, Greensboro, NC: Thank you all for the wonderful way you serve and help others. Bob still enjoys your monthly publication of Second Time Around, and can’t wait to get it. I pray for a safe, and Happy Christmas Season for all of you. Blessings in Christ name.

George Nemeth, Boca Raton, FL: My check will cover me and Leo for lunch. The rest is a contribution. Hope it helps. See you for lunch on the 13th!

Doris Austerberry, Farmington Hills, MI: Thank you so very much for sending me the December Newsletter, so full of excellent information and advice, and cute jokes too, and ESPECIALLY for sharing your and Joel's wonderful, inspiring adventure with Dr. Lederman's body Stereotactic Radio surgery! You two are, indeed, not standard care patients, and I admire your courage to not be! I am so happy with your results of the treatments, which means Second Time Around will continue to keep we lucky subscribers informed, entertained, and smiling, knowing you have our backs. Sincere best wishes for the holidays,

Adrian Steinginger, St. Petersburg, FL: Love the newsletter. It makes my days brighter and you can quote me on that.

Bob Riskin, Sag Harbor, NY: So great you’re still going strong. All the best.

Teresa Russell, Woodbury, NY: Enclosed is a check to enable the printing of the newsletter.

Ann Marie Fierro, Lattimer Mines, PA: Thank you first of all for the wonderful Newsletter, with all its good thoughts, information and smiles. (I share the smiles with my Family). Thank you also for the 2019 Calendar and Pen. May you all be blessed with Good Health and Happiness in the New Year. Your Polio Friend.

Larry & Sheila Meselsohn, Delray Beach, FL: Thank you for a lovely [Christmas Holiday Luncheon] afternoon – everything was a delight. Wishing you & Joel a very Merry Christmas & a happy & healthy New Year.

Martha Castilleja, Delray Beach, FL: Congratulations for the [Christmas Holiday Luncheon] event. You are the best!

✅ MARK YOUR CALENDAR

Cruise 2020 – Details in February newsletter!!
**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!

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**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.

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Comments________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
MONTHLY MEETING
11:30 – 1:30 PM
Second Thursday of each month
Except June, July, August & September

Spanish River Church
2400 NW 51 Street, Boca Raton
(corner of Yamato Rd. & St. Andrews Blvd.)

Sunset Room of Worship Center
Entrance and parking on west side

E-mail: bappg@aol.com
Website: www.postpolio.wordpress.com
Printing: R & C Mgmt., Inc., Miami, FL

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A Ministry of Spanish River Church

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