



The Polio Post

Ohio Polio Network Newsletter

Editor: Alice Sporar

Fall 2011 Issue

Frank C. Craig May 11, 1926 - July 14, 2011

by Brenda Ferguson

It is with great sadness we inform you that our long-time friend and very dedicated Board member of the Ohio Polio Network, Frank C. Craig, passed away at home peacefully on July 14, 2011. Born in Bridgeport, CT, Frank grew up on the East Coast and graduated from Brown University. He started his career in sales with the Goodyear Tire & Rubber Company and worked for Goodyear or one of its subsidiaries until his retirement. Throughout his lifetime,

Frank made an impact on many lives through his numerous volunteer work in organizations, including Boy Scouts, the Bequia Sunshine School, Mission Support Group, and Citizens Corps. After retirement, passion for the "St. Group." He was



After Frank developed a sailing and started Bernard's Sailor's preceded in death Marie. Frank is eight children, (Christianne), Frank (Cathy),

He was by his wife, survived by his Anthony Maureen (Dave),

Chris (Arely), Joe (Annia), Kitty, Steve (Trudy) and John, as well as 13 beloved grandchildren and five great-grandchildren. IFrank's wishes were for memorial contributions to be made to - Sunshine school, P.O. Box 90 BQ, bequia St. Vincent and the Grenadines, West Indies, a most cherished charity of his.

" Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sail. Explore. Dream. Discover." -- Mark Twain. Just the way Frank looked at life - the more adventure - the more excitement -- the more learning -- the more fulfillment.

(continued on page 2)

Inside this Issue

Pistachios	3
A Health and Wellness Website Just For You	3
Swallowing Problems	4
To Exercise or Not	6
History of Polio	7
Contact List	9

Frank C. Craig by Brenda Ferguson

(Continued from page 1)

Another special quote entitled "Irish Blessing" on his memorial cards read as follows: "May the sea rise to meet you. May the wind be always in your sail. May the sun shine upon your face; the waves swell gently beneath your bow and until we meet again, may God hold you in the palm of His hand." Again, this describes Frank's very positive outlook on life that describes him so well.

If you knew Frank over the years, you know what a wonderful, caring and loving person he was. He always had a million-dollar smile on his face, a trademark of Frank whenever you saw him (it didn't matter about his polio, declining health, etc). When you talked to him, it was always about you - never about him and you immediately felt how genuinely interested he was knowing how you were and what you had been doing. The Akron Post-Polio Support Group and also the Ohio Polio Network were truly highlights of his social calendar and he stayed active in both of these groups until the last couple of years when his health problems increased.

Frank received the "Bernice Krumhansl Advocacy Award" in 1998 from the Ohio Polio Network. This award is presented to a polio survivor or other individual who is an outstanding advocate who has worked actively in support of improving the life of polio survivors and other disability issues. It's easy to see how Frank was chosen for this award, as he was so deserving due to all his work with his local post-polio support group (Akron, OH), his extensive work with the Ohio Polio Network as a board member for so many years, and his many ongoing efforts toward working on post-polio and various other disability issues.

To say that Frank will be greatly missed by all would be understated, but let us all remember him for being a great example of a life well lived, accepting the ups and downs in life, persevering through life's trials and challenges and most of all, for being a exceptional and beloved friend to all who met him, making a difference in everything he did. He wouldn't want us to feel sad, but to savor the joy we all shared in our friendship with him. Together, we thank you, Frank, for touching our lives so lovingly...you will remain in our hearts always.

OPN Board Meeting
Saturday, September 24, 2011
Westerville, OH Library Conference Room
Special Meeting with the Central Ohio Post-Polio Syndrome Support Group
Noon - 3 PM

OPN members are welcome to attend. OPN is looking for members interested in becoming Board Members. If you are interested or have agenda items for the Board Meeting, please contact Patrick Kelly, pkelly03@sprynet.com

PISTACHIOS

For the freshest pistachios, look for ones sold in airtight packages. If they're sold in bulk, taste a few. They should be fairly crisp and not soft or soggy.

Pistachios should have clean, wide-open splits, which indicates a top-grade product. If the nuts are closed, forget about trying to pry them open. If they haven't opened on the tree or during the drying process, the kernel is immature and not worth eating.

At home, put them in an airtight plastic container and refrigerate or freeze them. Stored properly, they should keep for up to one year.

Pistachios are called for in a wide range of recipes, highly prized for their delicate sweet-savory flavor and light green color.

Unlike other nuts, they are not astringent. They can be substituted for almonds or walnuts in most recipes. When cooking with them, use the unsalted varieties, either roasted or raw.

The chopped nuts are also perfect for garnishes or in salads.

Pistachios are high in potassium, phosphorus, copper, B vitamins (especially B6) and monounsaturated fat (7 grams per serving). They also contain phytosterols, which have been linked with lowering cholesterol levels. A one ounce serving of dry-roasted salted pistachios (47 nuts) is 160 calories.

Miriam Morgan - The San Francisco Chronicle
Reprinted from the Sun-Sentinel, April 25, 2002
Reprinted from Second Time Around, June 2002,
Publication of Boca Area Post Polio Group, Boca Raton, FL

A HEALTH AND WELLNESS WEBSITE JUST FOR YOU

The National Institutes of Health has recently launched a website that is specifically for seniors - nihseniorhealth.gov. The website features information on health and wellness with seniors in mind. You can adjust the size of the text to your own preference. You can turn the contrast on or off for easier viewing. There's even a speech option, which will read text aloud.

The most popular topics are highlighted in the center of the home page. To see all topics, just click where it says "All Topics A-Z." There is a section where seniors from around the country share their exercise stories, and you are welcome to send in your story as well. Many of the health topics have short videos that complement the information in the articles.

Reprinted from Second Time Around, November 2010, publication of the Boca Area Post Polio Group, Boca Raton, FL.



SWALLOWING PROBLEMS

By Richard Bruno, PhD

Q. I have trouble swallowing, but no one believes me. Food doesn't get stuck in my throat, but seems to lodge somewhere behind my breast bone. I had a normal swallowing study, and the doctor doesn't believe I have a problem. But, food sticks, and it hurts when it does. Do other polio survivors complain about this?

They surely do. It's hard enough to "swallow" having PPS without doctors refusing to believe you're having trouble swallowing. Most polio survivors at the Post-Polio Institute report having only occasional, mild difficulty swallowing. The difficulty is usually high in the throat; not being able to get down pills, largish pieces of meat, and, maybe even more often, difficulty clearing their own secretions. A barium swallow study (eating and drinking food containing barium and having a video taken with an X-ray camera) usually shows mild muscle weakness in the throat or sometimes, as in your case, no problem at all. This negative finding is just like a muscle test of an arm or leg not showing weakness in the doctor's office, even though you feel weaker or even stumble at the end of the day as you get more tired.

Polio survivors also have swallowing problems below the throat. What you describe - food getting stuck behind your breast bone in the esophagus (the tube connecting the throat to the stomach) is not uncommon in polio survivors. The muscles of the throat and esophagus should contract in a coordinated sequence, like a snake's muscles move, to inch food downward into the stomach. Food gets stuck when the esophagus doesn't contract, and its muscles go into spasm, not unlike back muscles going into spasm when your leg muscles are too weak to hold you up. Food usually gets stuck right behind the top of the breast bone. When it does, it's painful and scary. Even if food makes it down to the bottom of the esophagus, in some polio survivors the "valve" just above the stomach doesn't open, preventing food from entering, a condition called achalasia.

Why do polio survivors have trouble with muscles from their throats to their stomachs? Fifty years ago, Dr. David Bodian discovered that every polio survivor had some damage to neurons in the brain stem, the so-called "bulb" of the brain. When this damage was severe and breathing control neurons stopped working, bulbar polio was diagnosed. But the most common bulbar polio symptom was trouble swallowing, not trouble breathing, because the polio virus also damaged the bulbar neurons that control the vagus nerve, which activates and coordinates muscles from your throat down to your stomach.

(Continued on page 5)

SWALLOWING PROBLEMS By Richard Bruno, PhD

(Continued from page 4)

Unfortunately, 99 percent of gut doctors have never seen food get stuck in the esophagus and don't know what to do about it. We've found that a low dose of the muscle relaxants, Klonopin and Bentyl taken 30 minutes before eating, can relax the esophagus and allow food to slide down more easily. But wait! There's more! Vagus damage likely explains our 1985 Post-Polio Survey finding that diarrhea, colitis, ulcers, and constipation are as much as six times more common in polio survivors than in the general population.

Some polio survivors report that their stomachs don't empty, a condition called gastroparesis. Others have their intestines abruptly stop moving - as a side effect of medication, surgery, a gall bladder attack, or for no reason at all - a condition called paralytic ileus. Often, the muscles of the stomach and intestines get moving again on their own. But, sometimes the drug Reglan is needed to jump-start the stomach and intestines. Also, polio survivors need to try to prevent gut slowing by being careful when taking drugs that are anticholinergic (drugs that cause dry mouth) since they block the activity of the vagus nerve.

Finally, polio survivors who have a chronic sore throat, husky voice, or burning in the chest should be evaluated for reflux by an ENT doc, who'll look at the upper throat and vocal cords, and a GI doc, who may do a gastroscopy to look down your esophagus and into your stomach. If you have a gastroscopy, make sure the doc goes light on the anesthesia and uses the anesthesia Propofol, since it's short-acting and, usually, allows polio survivors to wake quickly.

Reprinted from *Second Time Around*, April 2011, publication of Boca Area Post Polio Group, Boca Raton, FL.
Reprinted from *The Seagull*, NC, March 2009.

POST-POLIO INFO

For information on post-polio issues, join Post-Polio Health International. Memberships run from \$30 to \$150 per year, depending on what level you choose. For more information, contact Post-Polio Health International at 314-534-0475, 4207 Lindell Blvd. #110, St. Louis, MO 63108, or www.post-polio.org. Educating ourselves about the effects of post-polio syndrome is important and may save our lives.



TO EXERCISE OR NOT TO EXERCISE?

- It is well documented that for every mile that you jog, you add one minute to your life. This enables you, at age 85, to spend an additional 5 months in a nursing home at \$5,000 per month.
- My grandmother started walking 5 miles a day when she was 60. She is now 97 and we don't know where on earth she is.
- The only reason I would take up jogging is so that I could hear heavy breathing again.
- I joined a health club last year, spent about \$400. Haven't lost a pound. Apparently you have to show up.
- I have to exercise early in the morning before my brain figures out what I am doing.
- I don't exercise at all. If God meant us to touch our toes, he would have put them further up our body.
- I like long walks, especially when they are taken by people who annoy me.
- I have flabby thighs, but fortunately my stomach covers them.
- The advantage of exercising every day is that you die healthier.
- If you are going to try cross country skiing, start with a small country.
- I don't jog – it makes the ice jump right out of my glass.

Reprinted from *Second Time Around*, July 2011, a publication of the Boca Area Post Polio Group, Boca Raton, FL.

Reprinted from *Post Scripts*, FL, February 2009.

2011 MEMORIAL DONATIONS**GEORGE WHEELER****(Father of Lois Marie Tonnisan of Lyndhurst, OH)**

Please Check Your Mailing Label

Your Membership needs to be renewed during the Month and Year

Provided below your Address on the Label

Your Dues help us to create and mail "The Polio Post"

And maintain our website www.ohiopolionetwork.org

Your support through your dues and donations is

APPRECIATED

HISTORY OF POLIO

The poliomyelitis virus has inhabited this planet for many years. It was there with the ancient Egyptians long before Menes united the two kingdoms of Lower and Upper Egypt in 3100 BC. In fact, the findings of misshapen bones of some mummies show it was there before the unification.

It followed the Badarian south to Abydos in Upper Egypt, helping them with copper-smelting, even supervising them building their houses of mud-brick and thatch. Egypt must have suited it, because it was still there in the stone relief of 1500 BC, showing priests with atrophy and stunted bone-growth. The artifacts at the museum in Maydan El Tahrir, Cairo, show polio's calling card.

At the beginning of the fourth century, the polio virus arrived on the island of Kos in Greece. Hypocrites mentioned it under the title of "Infant Paralysis" in his book, The Hippocratic Corpus. In fact, poliomyelitis is a Greek word--polios (gray), myel (marrow), and itis (inflammation).

As the Roman Empire fell, and barbarians looted artifacts and burned books, the virus went with the Irish, and the Celtic physicians called it "the pestilence that is called lameness."

For centuries the polio virus remained a mild disease, often ignored by physicians, until the chamber pot was abandoned for the modern flush toilet, and unwittingly transformed the virus into a paralyzing agent of epidemic proportion. The improvements in waste disposal, and the widespread use of indoor plumbing during the late nineteenth century, meant that babies were no longer exposed to it at a young age and acquired no natural immunity.

In 1916, the virus crossed the Atlantic and checked out the new flush toilets in New York. That summer it attacked thousands of young children in the city, and panic erupted as thousands of families fled Manhattan. The Department of Health quarantined the city, and hundreds of families were turned back on the Brooklyn Bridge.

By the end of the summer, 2,000 Manhattan children were dead and 9,000 were paralyzed. By the time of the Great Depression, it was the most feared disease known on the planet, and everywhere there was sanitation, there were people on crutches, in wheelchairs, and lying in iron lungs, not knowing what was causing their illness. President Roosevelt, a polio survivor, actually declared war on it, and, eventually, the tremendous resources of postwar America were brought in, trying to develop a vaccine against it.

However, the 1930s were years of great poverty, and medical advances were often rushed in an effort to stop the advance of polio. In 1935, field trials for a new vaccine were tried by Maurice Brodie and John Kollmer. Brodie concocted his vaccine from an emulsion of the ground-up spinal cords of infected monkeys. (Continued on page 8)

HISTORY OF POLIO (Continued from page 7)

He even attempted to deactivate it by exposing it to formaldehyde. Then he tried the concoction on 20 monkeys and 3,000 children. In the words of a historian of the period, "Something went terribly wrong, and his concoction was never used again."

Kollmer, then tried mixing the virus with various chemicals and putting it in a fridge for two weeks. The new attenuated virus is what he called it. He tried this on a few monkeys, himself, his children, and 22 others. He even started to distribute it to hundreds of physicians across the country, but after he was blamed for causing many cases of polio, some even fatal, he gave up the quest.

Kollmer managed to pick up the pieces and go onto a successful, if not distinguished, research career. Brodie died shortly afterwards, but not before accepting a minor research position in Michigan. It is rumored that he took his own life.

Jonas Salk had more success with the virus. Salk, also, dipped it in formaldehyde, but he, also, heated it up in an effort to find the weak spot. In 1952, he inoculated his wife and their three sons with his mixture, and they all began producing antibodies to the disease, yet no one became ill. The following year he published the results in the *Journal of the American Medical Association*, and nationwide testing was carried out.

By 1952 the polio virus infected 57,628 cases, making it the worst year yet. Salk's former mentor, Thomas Francis, Jr., who had helped him develop the influenza vaccine during the Second World War, decided that America should start mass vaccination of its schoolchildren.

In the early 1960s, Albert Sabin began to produce different oral versions of the virus. By 1964, about 100 million Americans had taken Sabin's vaccine on sugar cubes or sweetened syrup. The fact that it could be taken orally and kept in the refrigerator until administration time, meant that it was easy to administer it in third world countries, such as Africa.

Soon, polio was only a memory in most of the industrialized world, and the economic and social impact was incalculable. More recently, the World Health Organization stated it would eliminate polio from the planet by 2005, but that hasn't quite happened.

Reprinted in part from *Polio Epic*, Inc. March-April 2003.

Source: Florida East Coast PPSG, Vol. 10, #2, November-December 2002.

Reprinted from the Pact-Polio Support Group Newsletter, Dublin, Ireland, article first published in the *Irish Medical News* of November 2001.



OPN Board and Post-Polio Support Groups

President	Vice-President	Secretary	Treasurer
Patrick Kelly Marietta, OH (740) 374-0538 pkelly03@sprynet.com	Joan Prior Powell, OH (614) 888-5863	Brenda Ferguson Tallmadge, OH (330) 633-8221	Ruth McCort Akron, OH (330) 724-8302
Support Group Liaison	OPN Board	OPN Board	OPN Board
Patricia Novak Oak Harbor, OH (419) 898-3130	Jo Ellen Bartow Stow, OH (330) 688-7384	Bud Boote Hudson, OH (330) 653-5395	Chic Carlson Akron, OH (330) 864-8052
OPN Board	OPN Board	OPN Advisory Board	OPN Advisory Board
Gretchen Estreicher Cincinnati, OH (513) 574-1192	Warren Peascoe Vienna, WV (304) 295-4233	Anthony Hayek, D.O. Edwin Shaw Rehab. Akron, OH (330) 784-9306	Greg Nemunaitis, MD MetroHealth Cleveland, OH (216) 778-3850
OPN Advisory Board	OPN Advisory Board		Akron
Robert W Shields, Jr, MD Cleveland Clinic Cleveland, OH (800) 223-2273	Nikki Wingerson Stow, OH (330) 686-1071		Ruth McCort (330) 724-8302 Brenda Ferguson (330) 633-8221
Central Ohio	Coal Grove	Defiance Area	Greater Cleveland
Columbus Dave Long (614) 579-5138	Carolyn Melvin (740) 532-7572	John Schatz (419) 782-4699	Alice Sporar (440) 942-1557
HELPS	Lorain County	Miami Valley	Mid-Ohio Valley
New Philadelphia Winnie Walker (330) 339-6910	Joanne Sage (440) 327-9971	Greater Dayton Area Ed Baker (937) 325-8384	Parkersburg/Vienna, WV Becky White (304) 295-5879 yellowrosebud_05@yahoo.com
Polio Connection	Stark County	Toledo Post-Polio	Wooster & Wayne County
Greater Cincinnati Area Chuck Humerickhouse (513) 777-3083	Canton Area Linda Conrad (330) 877-2632	Connection Sandy Foss (419) 893-8110	Vivian Gray (330) 264-2270 Jim Straub (330) 264-2897

<p>The Polio Post is published quarterly. All articles are due according to the following schedule:</p> <table border="1"> <thead> <tr> <th><u>Issue</u></th> <th><u>Date Due</u></th> </tr> </thead> <tbody> <tr> <td>Spring</td> <td>March 1st</td> </tr> <tr> <td>Summer</td> <td>June 1st</td> </tr> <tr> <td>Fall</td> <td>September 1st</td> </tr> <tr> <td>Winter</td> <td>December 1st</td> </tr> </tbody> </table>	<u>Issue</u>	<u>Date Due</u>	Spring	March 1st	Summer	June 1st	Fall	September 1st	Winter	December 1st	<p>Membership Categories:</p> <ul style="list-style-type: none"> • Sponsor - \$50.00 • Basic - \$10.00 • Special Gifts <p>OPN is a non-profit & tax exempt organization under:</p> <p>IRS 501(c)3 and Public Charity 509 (a) (2)</p>	<p>Make checks payable to:</p> <p>Ohio Polio Network c/o Ruth McCort 1048 Austin Avenue Akron, OH 44306-2956</p>
<u>Issue</u>	<u>Date Due</u>											
Spring	March 1st											
Summer	June 1st											
Fall	September 1st											
Winter	December 1st											
<p>Please forward letters and articles to the return address on the newsletter or e-mail to amsporar@worldnetoh.com</p>	<p>The newsletter is assembled, printed, and mailed by LEAP (Linking Employment, Abilities and Potential) 2545 Lorain Ave, Cleveland, OH 44113 www.leapinfo.org</p>											
<p>Disclaimer Notice: The thoughts, ideas, and suggestions contained in this publication are those of the writers and do not necessarily constitute an endorsement or approval of OPN. The articles are for information only. Consult your health care provider before beginning any new medications, nutritional plans or any other health related programs.</p>	<p>_____New Membership _____ Renewal _____ Change of Address</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p>											

The Polio Post
c/o Alice Sporar
7251 Olde Farm Lane
Mentor, OH 44060-3995



www.ohiopolionetwork.org