SECOND TIME AROUND

Publication of the Boca Area Post Polio Group

October 2026 *"Sharing and Caring Together"* Volume 29 Issue 10



Thursday, October 8 12–2:00 PM

10-Minutes With – Cathy Concordia, FL

Discussion – *Share Your Halloween Memories*

Dining Around
Tuesday, October 15 @ 5:00 PM
Outback Steakhouse – 561-210-8257
8841 Glade Road, Boca Raton
Sommerset Shoppes [NE corner Glades & Lyons Rds.]



Zoom.us on computer/tablet/smart phone
Join a Meeting & follow prompts

OR call in – 1-929-436-2866 **US**

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



Next 'Zoom' Meeting: November 12, 2026
Guest Speaker: Dianne Wall
Topic: *How To Be Joyful When Pain Won't Let You?*

SEPTEMBER MINUTES

BAPPG – 55 members from the US, Canada Germany, France and 5 newbies!

Dining Around – 13 of us enjoyed themselves.

Members – Prayers for all members.

Cruise 2027 – Details on page 3.

Bob Hill, FL [framed] born in Blanchester, OH; April 1954; contracted polio at 11 weeks from a neighbor boy; mom found Bob not moving; hospitalized in Cincinnati not breathing & rigged an adult iron lung so he would not be sucked in and out & holding him in position!

At 18 mos. he was discharged and mom was told to put him in a 'home' to die. Her response was, "If he does die, it will be in my arms!"

At 2 Bob was admitted to Warm Springs as an out-patient until age 18. March of Dimes paid all expenses for which he is grateful. He has been back to visit! He had custom braces for legs and back ensuring bones grew straight.

He credits his mom for being his advocate which made him spunky and very independent. Mom succeeded in getting him into mainstream schooling.

He graduated HS in 1972 and went to Bible College for 3½ yrs. and found ministers are not paid enough to support adaptive equipment. Met/married wife of 44 years. Graduated Wright St. U. as an engineer working for Rolls Royce jet engine plant in Miami. His subsequent jobs took him all over the US doing aerospace engineering work. Three yrs. ago, Siemens in CA, offered early retirement (after 22 yrs.) with lots of $$$ that he took and moved back to Central FL.

Bob enjoys ham radio, fell in love with O-scale trains for which he has a massive train set; 3D printer for designing/fun & is an avid reader. He is doing well, is healthy and happy!



Professor Mike Kossove presented, *Polio Beyond The Brain: Cranial Nerves, The Blood-Brain Barrier & The Iron Lung.*

Mike explained the different ways poliovirus can affect breathing and respiratory function, distinguishing between spinal polio, which can impact the diaphragm and intercostal muscles, and bulbar polio, which affects brainstem control of breathing and airway function. He described how the virus can reach the central nervous system through various routes including retrograde axonal transport from infected muscles and the Trojan horse mechanism through immune cells. Mike clarified that not all patients requiring iron lungs had classic bulbar polio, as respiratory paralysis could result from spinal cord damage affecting the phrenic nerves controlling the diaphragm.

He described how the iron lung provides mechanical assistance by creating negative pressure to expand and contract the chest, allowing air movement when the diaphragm is paralyzed. The presentation covered how poliovirus can damage motor neurons in the brainstem and spinal cord, affecting various bodily functions including breathing, digestion, and sensory systems. Mike clarified that many digestive issues experienced by polio survivors are likely related to aging rather than post-polio syndrome and emphasized that proper medical diagnosis requires consultation with specialists who have experience with polio cases.

Mike discussed the varying effects of polio and post-polio syndrome, explaining that different people experience different symptoms due to where the virus affects the body and how the immune system responds.

The presentation ended with positive feedback, which many found informative and helpful in understanding their own experiences with polio. Excellent presentation, Mike!!



Submitted by Jane M. & Maureen

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

Paul & Michele Sosnick



WITH MANY THANKS

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

Edward & Harriet Rice
(In memory of Stanley Rose & Bruce Sachs)
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Dianne Dych-Sachs
(In memory of husband, Bruce)

***Names remain for 1 year.**

BAPPG CRUISE 2027

Celebrity Cruise Line
BEYOND

January 31 – February 7, 2027
Port Everglades [Ft. Lauderdale]

St. Thomas, St. Kitts & Dominican Republic

all docked ports-of-call

LAST CALL to join BAPPG on its 22nd annual cruise – 7 **nights** in the **Eastern Caribbean!**

October 15, 2026 is the final payment deadline at which time travel insurance is strongly recommended to purchase as well.

If you have been on the fence about cruising with us, one can still book after above date. However, it would be based on availability of accessible cabins. If it is for a regular cabin, there will be more options. The staterooms are available with or without perks [WiFi & Drinks].

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

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

More details – www.postpolio.wordpress.com

38 cruisers have already packed!

CRUISE 2028
IS NOW BEING PLANNED!

Watch for exciting details!

THIS IS FOR YOU. . .
WHEN IN YOUR SCOOTER OR POWERCHAIR
PRIDE XLR USB CHARGER

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



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

The charger is offered at **$27.00**. Internet has some for almost twice as much + shipping!

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

Courtesy of a BAPPG member!



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

JOIN OTHER 'FREE' ZOOM MEETINGS

Third Monday
3-3:45 PM Eastern
Yoga For You, Quebec
https://us02web.zoom.us/j/9022299642

Tuesdays 7 – 9:00 PM Eastern Mona's back!!
Polio Quebec - Mona Arsenault
https:/us02web.zoom.us/j/3776897370?pwd=VnZSMWdVV1h2U2x6QXMxazEzMzY5QT09 Passcode: 3500

First Wednesday 10 AM Eastern
'Live' Polio *'Solutions' w/Mona* Click on link:
Facebook: https://www.facebook.com/Rotarywda

First Wednesday 12–2 PM Eastern
PPSG of Dallas Area, TX – Maggie Whitehead
Meeting ID: 501 308 4368 Passcode: NTXPPSG

Wednesdays 2 – 3:30 PM Eastern
March of Dimes Canada – Kimberly Smith, **must register -**
https://www.marchofdimes.ca/en-ca/programs/Pages/Online-Support.aspx#polio

First Thursday (Qtly) 4:30–6 PM Eastern
2/5/2026, 5/7/2026, 8/6/2026, 11/5/2026, 2/4/2027
Marin County Polio Survivors, CA – Francine Falk-Allen
francineallen@comcast.net **for info/link**

Second Thursday 12 noon - 2 PM Eastern
Boca Area Post Polio Group, FL – Maureen Sinkule
https://us02web.zoom.us/j/88199899941?pwd=dEw1c0QyUlE4bGcrQkZUUGZ6emJLUT09 Passcode 1996

Post-Polio Syndrome Advocacy Group – Ina Pinkney is now on Facebook!!

First Saturday 1-3 PM Eastern
(no meeting Jan; July – 2nd Saturday)
Atlanta Post Polio Assn., GA – Nancy Winter, 919-612-7841
https://us02web.zoom.us/j/84874247822?pwd=MUdaRjc5ZEgxK0ZtNWpYbnRSbFptdz09 Passcode 415481

Third Saturday 11:30 – 1:30 PM Eastern
Denver North – Jill Eelkema, LCSW
jille@westerncarepartners.com – 720-675-9902

Third Saturday 1:30 – 3 PM Eastern
Combined *San Fran Bay/San Gabriel V.,* CA
Sue Peeters & Marci Ellison - 626-484-3116
https://us02web.zoom.us/j/81428179432

First Sunday (ex. Holiday wknds), **3–5 PM Eastern**
Nebraska Polio Survivors Assn. – Melodae Horst
https://unomaha.zoom.us/j/5886635576?omn=99118892200

First Monday, **Sunday 9 PM Eastern**
Australia Polio Community–Michael Jackson, MPT, B,Ed,
https://www.trybooking.com/DDHIE **to register**

DON'T BE LEFT OUT – JOIN US ON 'ZOOM'

I'm happy and available (**except BAPPG meeting day**) to provide 'zoom' trial-runs and/or how to 'zoom' by your landline telephone.
Call Maureen 561-617-4450.

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Contributed by Dianne Wall, FL member, 8/4/2025.

THE DOCTOR IS IN Newsletter MARTIN CLINIC



RETHINK SALT, RETHINK HIGH BLOOD PRESSURE

By Dr. Anthony Martin, PhD Nutrition
March 10, 2026

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

Did you know blood pressure guidelines have drastically changed over the years?

In 1940, 200/100 was considered mild hypertension. By 1970, 160/90 was "normal." Then, in 2000, 140/90 was the goal. And today?

To be considered normal, your blood pressure needs to be under 120/80…
That's a *massive* shift. Call me crazy, but…
The skeptic in me thinks the goalposts keeps shifting so Big Pharma can sell more drugs.
In 2023, blood pressure drugs raked in a massive $22.48 billion worldwide.

As high blood pressure guidelines tightened, more people than ever are being told that they have high blood pressure.

Of course…Doctors need something to blame for the drastic increase…But instead of pointing to processed foods, sugar, and crappy vegetable oils, **they blamed salt**.

Now, a diagnosis of high blood pressure often comes with a prescription for a bland, low-salt diet, with the hope it'll help. But in reality? **Cutting out salt just takes the joy out of food**…And does little to help lower blood pressure.

For example…One of the largest meta-analyses (the gold standard of studies) on low-salt diets found this shocking result…On average, they **only lowered systolic blood pressure by 4mmHg**. That's it – just 4! (Reminder: systolic is the top number—like the "120" in a 120/80 reading.)

So, if your blood pressure is 145/90, a low-salt diet might—just might—bring it down to 141/90. It's not exactly the fix people think it is.

On the flip side…Somehow, the medical community overlooks studies showing…A 10-year study of 500,000 people across 49 countries found that **those with the best blood pressure had the highest salt intake.** And…The most extensive study ever on high blood pressure found that **higher sodium intake was actually linked to lower mortality.**

Besides…Sodium isn't harmful when it's part of **unrefined mineral salt**, which includes essential trace minerals like potassium and magnesium.

It's one reason I like Himalayan salt. Himalayan salt typically contains trace amounts of minerals like potassium, magnesium, and calcium, giving it a balanced mineral profile.

Unrefined mineral salt is actually great for your body. The chloride ions support healthy digestion by helping produce stomach acid. It also hydrates your cells… Supports your nerves… It keeps your lungs working smoothly… Boosts adrenal health… And surprisingly, **it is good for your blood pressure!**

Why? Because unrefined mineral salt has both sodium and potassium – two key players in balancing blood pressure through the sodium-potassium pump.

The Real Cause of High Blood Pressure

Your body runs on one simple rule: **cause and effect.** Symptoms? They're just effects.

High blood pressure? It's an effect. The real answer lies in finding the cause.

Here's where doctors miss the mark. Treating symptoms is like cranking up the radio to ignore a strange noise from your engine. Does that fix the problem? But that's exactly what happens when you rely on meds alone to "fix" high blood pressure.

If you've been with us for a while, then you know the **cause of actual high blood pressure is insulin resistance.** High blood pressure is a symptom of poor metabolic health.

There's another common cause of high blood pressure that often gets overlooked… and by overlooked, I mean shrugged off…That's **high cortisol.**

We all know stress raises blood pressure, but when it comes to treatment, it's usually ignored.

Four Ways High Cortisol Raises Blood Pressure.

1 – Cortisol causes bloating and salt retention. The truth is salt takes the blame for both high cortisol and insulin resistance.

Here's how high cortisol or insulin resistances make it seem like salt is the problem: Imagine your body as a sponge that holds water.

A healthy sponge (or body) absorbs just the right amount and releases the extra, keeping everything balanced—just like a healthy body that takes in and releases sodium as needed.

Now, picture that sponge covered in something sticky. It starts holding onto water even when it shouldn't.

High cortisol or insulin resistance acts like this sticky layer in your body, making you retain sodium—even if you're not eating more salt.

So, it's not about adding salt… It's that high cortisol or insulin resistance changes how your body handles sodium, leading to high blood pressure. Eating less sodium doesn't do anything to fix this problem.

2 – Cortisol Decreases Nitric Oxide Production. Nitric oxide helps blood vessels relax and widen, which is crucial to keeping blood pressure normal. But high cortisol can lower nitric oxide levels…Making it harder for blood vessels to dilate—leading to higher blood pressure.

3 – Cortisol puts your body into fight-or-flight mode. Cortisol is a powerful stimulant. It speeds up your heart rate, quickens your breathing, and tenses your muscles. One of the side effects of being in fight-or-flight mode is that your blood pressure goes up.

4 – Cortisol Raises Blood Sugar Levels. Since cortisol puts your body in fight-or-flight mode…Your body thinks it needs energy to fight or run away.

Your adrenal glands then release cortisol, which boosts your blood sugar levels. But once your blood sugar spikes, your body releases insulin to bring it back down. This constant cycle of high and low blood sugar leaves you tired and craving sugar.

It also causes insulin resistance…And as I've mentioned…Insulin resistance is the cause of high blood pressure.

I talk a lot about cortisol because of how it impacts sleep and energy…But remember, excess cortisol affects every system in your body—including your heart and blood vessels.

Take control of cortisol. Take control of your health. High blood pressure is a symptom, not the cause. Start addressing what really matters—like cortisol, the stress hormone that often goes overlooked.

With Cortisol Control, you'll have the support you need to balance stress, boost energy, and help lower blood pressure naturally.

Discover the difference of a real solution today.

Talk soon,

Dr. Martin

The information provided in these podcasts is for educational purposes only and is not intended as medical advice. Dr. Martin holds a Ph.D. and is a retired Doctor of Natural Medicine, not currently practicing as a licensed health professional. The content shared here is based on academic knowledge and personal research and should not be considered a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.

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



In Memory of . . .

Mrs. Padma Reichwald

August 31, 2026

(BAPPG member since 2015)



ZOOM PRESENTATIONS, NEWSLETTERS & BOOKS, ETC. AVAILABLE ON OUR WEBSITE!

Go to – www.postpolio.wordpress.com

Click on **'Guest Speakers'** to view presentations; **'Newsletters'** for current & past issues & **'Like to Read'** for polio books, etc.

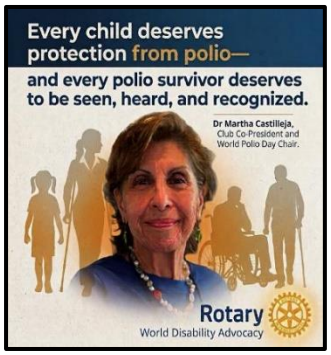
BAPPG appreciates your continued support and generosity!

SAVE THE DATE!

WORLD POLIO DAY
OCTOBER 24, 2026

Theme – *Post-Polio Life: Honoring Strength, Survival, and Support*

Martha Castilleja, MD is the Co-President of The Rotary Club of World Disability Advocacy [RCWDA] and a member of Boca Area Post Polio Group.

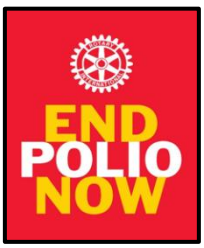


She is inviting all polio survivors and support groups to attend a free World Polio Day Celebration on October 24, 2026, 9:00 AM – 1:45 PM Eastern via Zoom.

Simply click on this link **to register and for all the particulars:**
https://rotaryclubwda.org/page/polio-survivors-world-polio-day-celebration/

You will spot familiar names of people presenting and recognize those who will be receiving awards!

SPREAD THE WORD
& we'll see you there!! Maureen
PS I will send a 'reminder' email.



AS I AGE .....

As I age I realize that .....

1. I talk to myself, because sometimes I need expert advice.

2. Sometimes I roll my eyes out loud.

3. I don't need anger management. I need people to stop pissing me off.

4. My people skills are just fine. It's my tolerance of idiots that needs work.

5. The biggest lie I tell myself is "I don't need to write that down, I'll remember it."

6. When I was a child I thought nap time was punishment. Now it's like a mini vacation.

7. The day the world runs out of wine is just too terrible to think about.

8. Even duct tape can't fix stupid, but it can muffle the sound!

9. Wouldn't it be great if we could put ourselves in the dryer for ten minutes; come out wrinkle-free and three sizes smaller.

10. If God wanted me to touch my toes, he would've put them on my knees.

11. When the kids text me "plz" which is shorter than please. I text back "no" which is shorter than "yes".

12. At my age "Getting lucky" means walking into a room and remembering what I came in there for.

Contributed by Eddie Rice, Canadian member, 9/15/2026.

LIVING WITH POST-POLIO FATIGUE: WHAT I WISH PEOPLE UNDERSTOOD

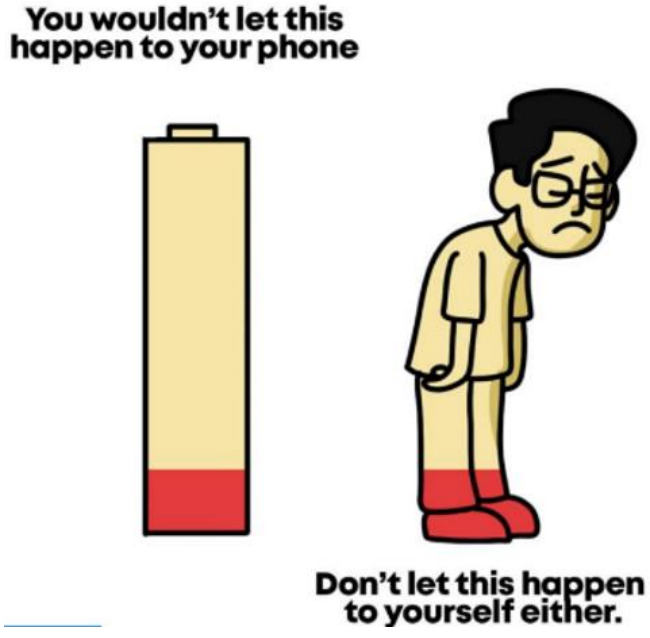
I've lived with post-polio syndrome long enough to know that fatigue is not a side issue, it's one of main challenges for me. I don't mean the kind of tiredness that a good night's sleep would fix. Post-polio fatigue is deeper and far more complex. It affects my body, my thinking, mood and even my decision-making ability. Some days it feels as if my brain and body have run out of power, even when I have hardly done anything.

What I've learned, especially from my own research and explanations shared by fellow survivors, is that this fatigue isn't imagined and it isn't weakness. It's neurological. The motor neurons that survived the original infection have been overworking for decades, and the brain itself is doing extra work to compensate for lost pathways. This extra effort has a cost so when I hit my limit it shows up in ways that are hard to explain: losing my train of thought midsentence, struggling to make decisions, or feeling mentally "foggy" after something as simple as a conversation. This "brain fatigue" can be just as disabling as the physical kind.

I used to think I just needed to push harder or stay active to keep my strength up but post-polio fatigue doesn't follow the usual rules. I can do the same activity on two different days and feel completely different. Sometimes a short walk is fine; other times I am done for the rest of the day. I've had to learn that overactivity and under-recovery can trigger a crash that affects me for days, not hours. I found Hilary's explanation of using energy tokens helpful. Every activity has a cost and it is easy to overspend, I had to reconsider using aids and asking for help. That has been very challenging and still a work in progress if I am completely honest. What helps me most is understanding what's actually happening inside my body. Rest is now part of my routine, and I plan my days more honestly.

Editor: Hilary Boone *published articles in this newsletter about Energy Tokens and using energy wisely using pacing and resting. She suggested imagining that each of us has 10 energy tokens a day, 70 a week and viewing it like having £70 to spend. Every activity has a cost: some are 10p, some 50p, some £1. Work out our own prices for the activities we do each day.*

Reprinted from *Polio Survivors Network*, April 2026, Volume 11 Issue 12 of 12 [Edition 132] The Lincolnshire Post-Polio Network, UK



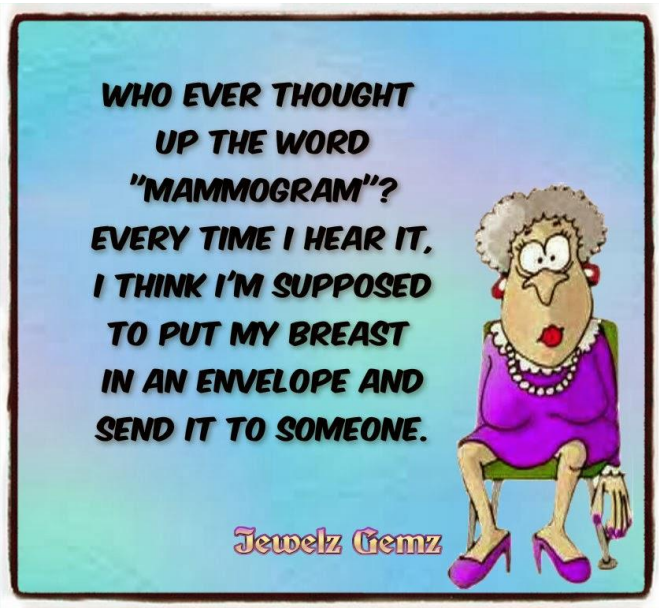
WHAT IS BENIGN BREAST DISEASE?

Mayo Clinic

Q: A mammogram showed a lump in my breast, and my doctor said it's benign breast disease. I'm still worried. What does this mean? Does it increase my risk of getting breast cancer in the future?

A: Changes to your breasts can cause a lot of worry. As you discovered, though, not all breast changes are a result of breast cancer.

Any breast symptoms, such as a breast lump, nipple discharge or breast pain, should be evaluated by a medical professional. If the symptoms are diagnosed as benign, it means they are not cancer. Noncancerous breast symptoms are known as benign breast disease.



Some cases of benign breast disease are discovered during a screening mammogram. Some are felt at home. For any lump or symptoms felt at home, it's recommended that you seek a thorough examination with a health care professional. If there are findings on a mammogram, your health care team will decide if additional imaging is required. This could include another mammogram to get more images and an ultrasound of the breast. Often, we can determine whether the cause is benign through imaging alone. Sometimes a biopsy may be necessary.

Some benign breast disease needs treatment and can increase the risk of developing breast cancer in the future. Ask your doctor which type of benign breast disease you have and if it increases your risk.

If you have a history of cancer or other concerns, seek out a specialist at a breast care center.

Here are a few of the most common types of benign breast disease.

Fibroadenoma. These are the most common benign tumors in the breast. Most often, they occur in people ages 15 to 35. They often present as a firm, round, smooth and rubbery breast lump on a breast exam. Many fibroadenomas are managed by repeat ultrasounds over time. They do not increase your risk for breast cancer.

Breast cyst: Cysts can develop in the breast. Cysts are fluid-filled masses. They can present as lumps noted in breast tissue or found on a mammogram. They don't always cause symptoms, but breast cysts that grow can lead to breast pain and tenderness. They are common between the ages of 35 and 60, and can fluctuate with menstrual cycles. Breast cysts do not increase your risk of breast cancer.

Mastitis: This is inflammation of the breast tissue caused by blocked milk ducts or bacteria in the breast. It commonly affects

women who are breastfeeding, but mastitis can occur in women who aren't breastfeeding. The inflammation leads to breast pain, swelling, warmth and redness. Mastitis is treated using antibiotics and pain relievers. It does not increase your risk of developing breast cancer.

Papilloma: A papilloma is a growth in a milk duct and can present as nipple discharge. It also may present as a small lump behind or next to the nipple. A biopsy can help understand whether papillomas need to be treated, as they sometimes can contain atypical cells that can increase your risk for breast cancer. Treatment also depends on the size, if there are multiple lumps or if they are causing symptoms. Surgery may be recommended.

Atypical hyperplasia. This type of benign breast disease is diagnosed by a breast biopsy of an abnormal finding on an exam or breast imaging. It is an accumulation of abnormal cells in the milk ducts or lobules of the breast. Atypical hyperplasia isn't cancer, but it increases the risk of breast cancer. The area sometimes is removed with surgery.

All breast changes should be discussed with your doctor. An annual physical exam is a good way to review your risk for breast cancer.

1. ***Caroline Clune, M.D., Primary Care Internal Medicine, Mayo Clinic Health System, La Crosse, Wisconsin***

Reprinted from *Sun-Sentinel,* 10/26//2025.
Contributed by Jane McMillen, FL member.

ASSISTIVE DEVICES AND ACCESSIBILITY: YOU GOT THAT DARN CANE, CRUTCH(ES), WALKER AND NOW WHAT?

By Marny K. Eulberg, MD

These days frequently, especially if your insurance is an HMO, after the doctor has written a prescription for the cane, the crutch or crutches, or the walker, the prescription is sent to a Durable Medical Equipment vendor who then gives it to a truck driver to deliver to your home. The truck driver has no training or skills in fitting these devices or teaching you how to use it; he/she is hired for their delivery and driving skills! Or, you may decide to get that cane out of the closet that a relative used, dust it off, and use it yourself!

So, you have this piece of equipment sitting in your front room. What do you do with it? First of all, recall what its purpose is – to help you walk better and/or prevent falls. The ideal situation would be that, in addition to the prescription for the equipment, your health care provider also wrote a prescription for one or more physical therapy appointments so that a physical therapist can adjust the device to fit you and help you learn to use it the most effectively. This is especially useful if you are using this type of assistive equipment for the first time.

What height should the handgrip on the device be? Most of us have observed a person using a cane or walker that seems too low as they are bent far forward leaning on the device or they are walking with their elbows bent nearly to a 90-degree angle and thus are only able to put a small amount of pressure on the handgrip.

Here are a few guidelines for correct height of the handgrips of canes, crutches, and walkers:
1) when using the hand-held device the elbow should be bent at about 15 degrees (so slightly bent),
2) the hand grip should be at a level that is opposite the bony prominence of your thigh bone {medical term = greater trochanter of the femur}; depending on your height, this is usually about 6½ inches below your waist, &
3) with your arms hanging loosely at your sides, the hand grip should be even with the crease in your wrist or the place where you'd wear a wristwatch. (This guideline may not work if you have had surgery to stop the growth of one of your legs and hence your leg lengths are not proportional to your arm length and upper body proportions.)

Generally, it is recommended that you use a cane or a single crutch in the hand OPPOSITE the weaker or painful leg. Intuitively, this seems to be the ***wrong*** side but it allows the most natural walking pattern! Don't model your cane use after actors on TV – Fraser Crane's father and Dr. House both use the cane on the wrong side on the TV screen!! When you watch people walk, they swing their right arm forward as the left leg moves forward and the left arm goes forward with the right leg. So, if you use a cane or single crutch usually it is best to hold it in the opposite hand (left hand for weak right leg and right hand for weak left leg) and swing the cane forward as you move the weaker leg forward. Using it in this manner also decreases the lean of the trunk/body to the side of weakness. But, of course, if you have a weak hand/arm or painful shoulder/wrist/elbow on the "correct" hand then you may need to use the cane or crutch on the same side as the weak leg.

There are attachments that can be purchased for cane and crutch tips to allow better traction in snow and ice, but they must be "retracted" when going indoors to avoid punching holes in tile and linoleum and to allow the better traction provided by the rubber tip when on smooth surfaces. Some attachments for canes go around the wrist so that a person can reach for an object without having to put the cane down, helping prevent losing the cane. There are also devices that allow one to balance a cane on the edge of a table or counter and keep it nearby and out of the way of others.

So, walk well and safely!

Source: "Assistive Devices and Accessibility: You've Got That Darn Cane, Crutch(es), Walker and Now What?," Marny K. Eulberg, M.D., Colorado Post-Polio Resource Manual, p. 50-51.

Reprinted from *Shine*, April 2026, Dallas Area Post-Polio Support Group.



Contributed by Eddie Rice, Canadian member, 9/15/2026.

THE HISTORY OF THE JACK-O'-LANTERN

By Michael Kossove, October 30, 2025

Every October, thousands of homes glow with orange faces. Some are frightening, some funny, and some are works of art. We call them **Jack-O'-Lanterns**. But why do we carve pumpkins, and where did the name come from?



The tradition is generally linked to an old Irish legend about **Stingy Jack**, a clever and dishonest man who enjoyed playing tricks—even on the Devil.

According to the legend, Jack once tricked the Devil into becoming a coin. He kept the coin next to a silver cross so the Devil could not change back. Jack eventually released him, but only after making the Devil promise not to claim his soul.

When Jack died, Heaven rejected him, and the Devil kept his promise. Jack was condemned to wander forever in darkness. The Devil gave him a burning coal, which Jack placed inside a hollowed-out turnip to light his way.

Thus came the name **"Jack of the Lantern,"** eventually shortened to **Jack-O'-Lantern.**

And here is the surprising part: **the original lanterns were not pumpkins!** In Ireland and Scotland, people carved turnips, potatoes, and other vegetables and placed candles inside them.

Irish immigrants brought the tradition to America during the nineteenth century. Here they discovered the perfect replacement—the **pumpkin**. Pumpkins were larger, softer, and much easier to carve.

Over time, frightening faces became funny faces, artistic designs, and even cartoon characters.

So when you see a glowing pumpkin on Halloween, remember: it is more than a decoration. It is the result of centuries of folklore, immigration, harvest traditions—and one very troublesome man named Stingy Jack.

Happy Halloween!



HOW ABOUT SOME RIDDLE ANSWERS?

What is something that you own, but others use more than you? **Your name**

What can you catch but never throw? **A cold**

A bus driver is heading down a road. He turns left at a no left turn sign, runs a red light, and goes the wrong way on a one-way road. He passes a cop car, yet he is not punished. Why? **He's walking**

What always goes to sleep with shoes on? **A horse**

When I am filled I can point the way. When I am empty nothing moves me. I have two skins, one without and one within. Answer: **Glove**

Two children are born on the same day by the same mother but they are not twins. How is that possible? **They are triplets!**

The rich need it, the poor have it, and if you eat it you'll die. **Nothing**

What goes up and down but never moves? **The stairs**

How far can a dog run into the woods? **Halfway**

If two is company and three is a crowd, what is four and five? **Nine, of course**

What runs but never walks? **A tap**

Before Mount Everest was discovered, what was the tallest mountain in the world? **Mount Everest**

What has loads of keys, but can't open a door? A **piano**

Where in the world can you find Friday before Thursday? **In a dictionary**





Reprinted from *Power Over Polio News*, FL, Nov/Dec. 2025.

WHAT DOES A PHARMACIST DO?

Mayo Clinic

Q: I'm sure pharmacists are busy, but what do they do? No one likes to wait for a prescription, especially if you're not feeling well. When you see a pharmacist on the news you see them counting pills. When I get prescriptions filled, I see the pharmacist looking at a computer. What training do pharmacists have? And what do they do?

A: I'm glad you asked. Being a pharmacist is more complicated than it might look. Pharmacists are quite educated and they must be. Diseases and the medications used to treat them are complex. As therapies have become more advanced, so has pharmacist training.



Pharmacists have a minimum of five to six years of college, and some have eight years or more, plus one or two years of residency where they receive more training – just like physicians. The final degree a pharmacist earns is called a doctor of pharmacy degree (Pharm.D.). After earning their advanced degree, graduates must earn a license by passing national and state board exams to become a registered pharmacist.

To apply for pharmacy school, students must take the same basic undergraduate college courses as medical doctors, veterinarians and dentists, including calculus, chemistry, biology, physics and other courses. After these prerequisites are successfully passed with good grades, pharmacists take the Pharmacy College Admission Test (PCAT), like the Medical College Admission Test (MCAT) physicians take.

Pharmacy school is typically a three- or four-year program. Classes include infectious diseases, endocrinology, gastroenterology, cardiovascular and pulmonary systems and more. In most states, pharmacists also must take many hours of continuing education yearly to maintain their licenses and specialty certifications.

So, what is the pharmacist doing on the computer? The pharmacist must verify the prescription is formatted correctly and legally signed by the medical professional. The pharmacist must verify the prescription is appropriate for the patient and has proper directions. Pharmacists run drug interaction reports, review allergies and duration of therapy, and screen for side effects.

Pharmacists are available to counsel patients on how to take the medications, side effects and drug interactions. Then pharmacists must dispense the amount the patient's insurance allows. If the insurance does not pay for the prescribed medication, the pharmacist must contact the health care professional to change the drug or the amount.

If the medication must be changed, sometimes research must be done to find a preferred medication that will be paid for by the patient's insurance.

Some pharmacists also administer immunizations, such as the flu shot and shingles shot.

In the case of patients receiving solid organ transplants, such as a kidney or heart transplant, pharmacist participation in direct patient care is required by the government. This is because the medical literature has shown when a pharmacist is directly involved in the care of patients, medical outcomes for patients are improved and health care costs are saved.

Patients can help streamline the process of filling prescriptions.

If you get a new insurance card, bring it to the pharmacy so your information can be updated.

Provide your pharmacy with updated allergies, drug intolerances and medication changes so they can document it in your chart.

If your healthcare professional sends a prescription to your pharmacy electronically, give the pharmacy some time to fill it.

Talk to your pharmacist if you have any questions about your medications. They are here to help.

- Michael Schuh, Pharm.D., Pharmacy, Mayo Clinic, Jacksonville, Florida.

Reprinted from *Sun-Sentinel*, 11/22/2025.
Contributed by Jane McMillen, FL member.



VICKS VAPORUB FOR LEG CRAMPS?

By Joe Graedon, M.S. and Teresa Graedon, Ph.D.

Q: I've been a big fan of Vicks VapoRub for years, but I recently discovered a use that was new to me. I got severe muscle cramps in both calves that woke me from sleep. I couldn't rub the knots out, and I couldn't even hobble to the bathroom. In desperation, I pulled the Vicks off my nightstand and rubbed it on my leg. Within a few minutes, the spasms let up and I could go back to sleep.



A: Thanks for sharing your new use for an old product. Vicks VapoRub contains many aromatic ingredients including thymol, menthol, eucalyptol and camphor. Some of these compounds activate transient receptor potential (TRP) channels in skin cells. We suspect that is what was responsible for calming your cramps.



Reprinted from *Sun-Sentinel*, 11/23//2025.
Contributed by Jane McMillen, FL member.

A man asked his wife, "What would you do if I won the lottery?"

She replied, "I'd take half and leave you".

"Great", he said, "I won $12, here's $6.. Stay in touch ....

Contributed by Eddie Rice, Toronto member, 9/11/2026.





COMMENTS

Marietta Buehl, Ontario: This was a great presentation. I was able to understand what happened to me that nobody has explained before. Thanks so much, Maureen for having this meeting. We are grateful for this platform.

Paul Jeganathan, WA: A very great and useful presentation, thank you!

Kenny Gee, CA: Another great presentation Mike. It took me back to my med school lectures! Thank you Maureen for hosting this great meeting.

Dianne Wall, FL: Mike, your super presentation actually made sense to me – thank you. Loved the meeting; thank you Maureen.

Jacqueline Singleton. FL: I still use a mini Iron Lung – Hayek RTX negative pressure ventilator.

Ann Mootoo, Ontario: Thank you Mike! Thank you, Maureen for being such an inspiration for holding these meetings. I admire your patience!

Bob Hill, FL: I have an appt. and will watch the rest of the presentation on the recording.

Dick Schultz, FL: Men will not admit they got POLIO, cause of employment...

Loraine Kenemy, Ontario: Thank you Mike for all your research and study. You explained very simply…wonderful job. Thank you Maureen for coordinating the group.

Maggie Whitehead, TX: Mike, you are a very good teacher and did a fabulous job! Thank you, Maureen and Mike! To quote Tony the Tiger, this was "GRRRRRRRRREAT!"

Gail Allison, CA: Good to see everyone. Love learning with everyone.

Klaus Kunert, Berlin: Thanks for Mike's presentation! All the best wishes to you.

Martha Castilleja, MD, FL: FYI – The Polio Clinic in Miami was closed several years ago!

Bob Boyce, OH: See you next time.

Wendy Harvey, Ontario: Thank you Mike.

Nicholas Lebedeff, CA: Thanks everyone. Thanks Mike, no more Botox.

Kuldip Wirach, Ontario: Thanks everyone. I have to go. 👍

Shirley Wijaya, CA: Thanks everyone. See you next month.

Carol Brubacher, Ontario: I will say good-bye to everyone. Have a great weekend.



MARK YOUR CALENDAR
2 0 2 6

BAPPG MEETINGS: Stay 'Zoomed':

November 12, 2026 – Dianne Wall
How To Be Joyful When Pain Won't Let You?

December 10 – Anthony Martin, PhD
How to Prevent Alzheimer's – Never Too Late To Get Started.

December 15 – Christmas/Holiday Luncheon

Abilities Expo
abilities.com or 617-861-4508 to register

October	9 – 11	~~FTL~~ Orlando *'new'*
December	4 – 6	Dallas

2 0 2 7

January 14 – Frederick Boltz, MD
Autoimmune Neurology

February 11 – TBA

***March 18 –** Kevin J. Kessler, MD
Everything One Needs To Know About Their Shoulder And Is Afraid to Ask!

***SPECIAL DATE**

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

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

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RETURN SERVICE REQUESTED

FREE MATTER FOR THE BLIND OR HANDICAPPED

MONTHLY ZOOM MEETINGS

From the comfort of your home/office.

12:00 – 2:00 PM Eastern

Second **Thursday** of each month.

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Website: **www.postpolio.wordpress.com**

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

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