



## Bruno “Bytes”

December, 2018

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

### On the topic of Post-Polio Syndrome vs Post-Polio Sequelae (12/1/2018)

Original Post: What is the difference between Syndrome and Sequelae when talking about PPS?

Dr. Bruno’s Response: [Dr. David Bodian](#) suggested that the name sequelae. Syndrome requires a certain set of specific symptoms which is not true and polio survivors. You can have just fatigue, just muscle weakness, just trouble breathing (or) EVERY symptom. Sequelae just means "the sequel to having had polio" as a result of the damage of the poliovirus and your body trying to push past that damage and function for 40+ years. (Also no one can pronounce sequelae ☺).

### On the topic of Hormone Replacement Therapy (HRT) and PPS (12/1/2018)

Original Post: What are your thoughts on HRT as it relates to PPS? Can it make PPS worse? The hot flushes are starting to be unbearable.

Dr. Bruno’s Response: There are no studies that show HRT will "make PPS worse." It should have no negative effect. There is no Polio or PPS reason you shouldn’t be able to talk to your doctor about it. I hope this helps.

### On the topic of Pain Treatment (12/6/2018)

Dr. Bruno’s Original Post: PAIN IS NOT TREATABLE.

So many of you ask about “treating” pain: back pain, shoulder pain, hip pain. . . even "all my pain."

Pain Is Not Treatable. The *CAUSE* of the pain is what needs treatment. That treatment should *only* after the cause is diagnosed. Once your physician finds the “cause”, make sure you receive a diagnosis and treatment plan for the cause. “Pain Pills” to hide pain is not the answer.

### On the topic of Vaccines being Harmful (12/9/2018)

Dr. Bruno’s Original Post: Science proves that vaccines are helpful NOT harmful.

#### Science Proves Vaccines are Helpful, Not Harmful, to Society

Article ID: 704119

Released: 16-Nov-2018 10:05 AM EST

Source Newsroom: [Society for Risk Analysis \(SRA\)](#)

Newswise — As more and more parents buy into the belief that vaccines cause autism and refuse to vaccinate their children, previously eradicated diseases are making their way back into society. These beliefs are part of “post-truth” politics in which authority figures are making public assertions without any proof or factual basis and are refusing to acknowledge factual rebuttals. The relationship between the measles, mumps and rubella (MMR) vaccination and autism has perpetrated society despite having been debunked in numerous scientific studies, and the Human Papillomavirus vaccine has been targeted as well.

Members of the medical community are concerned with how they can make facts ‘attractive’ again and how trust in scientific information can be rebuilt, moving society towards a “post-trust” era. The Vaccine Communication symposia presented at the 2018 Society for Risk Analysis (SRA) Annual Meeting, co-organized by the Vienna Vaccine Safety Initiative, will explore concrete ways to improve vaccination policy moving forward in this “post-truth” era.

The World Health Organization (WHO) requires that each medical encounter between patient and professional be used to check vaccination status and catch up on vaccines, but in practice that is rarely happening. Barbara Rath, MD, Ph.D., Vienna Vaccine Safety Initiative, has been working with the ViVI Think Tank to develop digital tools aimed at improving communication between doctors and patients. Rath’s presentation, “Human-centered infectious diseases and vaccine communication – Bridging the gap,” will illustrate the development of these tools.

The team has developed the VaccApp, a mobile app that helps parents better understand the immunizations given to their children. The ViVI Score allows health care providers to instantly measure disease severity in children and adults with flu-like illness. The team developed two additional mobile apps, the VACC tool and the ViVI health survey. The VACC Tool aids in the identification of adverse events at the point of care and the health survey was developed to assess health needs in vulnerable populations after evacuations from natural disasters or conflict zones.

Over the past four years, about two million Nigerians have become internally displaced persons (IDPs) due to armed conflict. IDPs live under poor conditions with minimal access to food, water and shelter, conditions that encourage the spread of infectious diseases. Winifred Ekezie, MPH, University of Nottingham, and her team of researchers explored the occurrence of infectious diseases, vaccine coverage and vaccine management perceptions among IDPs.

Ekezie's study, "Infectious disease prevalence and vaccination management among internally displaced people living in camp-like setting in Nigeria: A mixed method study," found that malaria, typhoid, diarrhea and cough were most prevalent among the IDPs. Self-reports showed that approximately 60 percent of the IDPs had received vaccinations, but only 15 percent had received them while in the camp. Two of the nine camps studied had no health service providers and four never had on-site vaccinations. The study also found that most IDPs did not know which vaccines they had received. Interviewed parties lacked knowledge of proper vaccination guidelines and most assumed it was the responsibility of non-governmental organizations.

"Proactive healthcare interventions, especially vaccination provision and communication, are required in any displacement conditions," states Ekezie. "This approach would help minimize the risks of infection spreading disease to the general population."

Measles incidences are on the rise in Europe and measles vaccination rates are dropping. Ruth Kutalek, Ph.D., Medical University of Vienna, and her team investigated this emerging vaccine hesitancy from an anthropological perspective by conducting interviews with 44 public health experts, vaccine hesitant professionals and vaccine hesitant parents in Vienna, Austria. Experts stressed that vaccine hesitancy is reinforced by the spread of myths and rumors from vaccine-critical platforms.

The study, "Measles vaccination and vaccine hesitancy in Austria – Anthropological perspectives" found that the most prominent reason parents chose not to vaccinate their child is the perception that measles do not pose a significant threat and they are anxious about side effects and are concerned about overloading the child's immature immune system. Vaccine critical health professionals suspected that vaccine information was biased and that there were not enough studies of the long-term effect of early vaccination and that measles complications were over exaggerated. The overarching theme was a lack of trust in the scientific information provided about measles and the vaccine.

Nigeria has made immense progress in the Global Polio Eradication Initiative with a decline wild poliovirus cases from 1122 in 2006 to just four in 2016 and zero to date. The country has started the countdown for WHO certified polio-free status until 2019. Isolated poliovirus cases in IDPs residing in the northeastern region in 2016 delayed the certification until next year. Chris Elemuwa, National Primary Healthcare Development Agency - Nigeria, and his Nigerian team have been working to implement phase 1a of the Global Action Plan as a component of the Global Polio Eradication and End-Game Strategic Plan. In his presentation, "Building trust in polio surveillance and eradication policy in Nigeria," Elemuwa will discuss the steps taken to implement surveillance throughout the country, even in nearly inaccessible parts.

\*\*Wolfgang Maurer, MD, Ph.D., Vienna Vaccine Safety Initiative, Ali Khamesipour, MPH, Ph.D., Tehran University of Medical Sciences, Barbara Rath, MD, Ph.D., Vienna Vaccine Safety Initiative, Ruth Kutalek, Ph.D., Medical University of Vienna, and Chris Elemuwa, National Primary Healthcare Development Agency - Nigeria, will be available for media interviews at the 2018 SRA Annual Meeting. Please contact Melanie Preve at melanie@bigvoicecomm.com for all interview requests.

These studies were presented during the Vaccine Communication I and Vaccine Communication II symposia at the 2018 SRA Annual Meeting at the New Orleans Marriott in New Orleans, Louisiana.

About SRA - The Society for Risk Analysis is a multidisciplinary, interdisciplinary, scholarly, international society that provides an open forum for all those interested in risk analysis. SRA was established in 1980 and has published Risk Analysis: An International Journal, the leading scholarly journal in the field, continuously since 1981. For more information, visit [www.sra.org](http://www.sra.org).

<https://www.newswise.com/articles/view/704119/?sc=mwhn&fbclid=IwAR3s11OhdbbaW9LTNCQsJfWMriamOfmKrLyew8n3KQPKLnjWPcX9KA8CHlo>

## [On the topic of "Polio Feet"](#) (12/9/2018)

Dr. Bruno's Original Post: WINTER'S HERE! WELCOME POLIO FEET?

Polio survivors have blood flow to the skin of the legs and feet that's too good, causing hot body core blood to dump its heat, making the leg blood vessels contract and legs and feet get cold and purple. Polio survivors' skin temperature is 20° LOWER than the outside temperature, so 65° acts like 45° at the surface of polio survivors' skin.

Using drugs that increase hot blood flowing to the legs (like Minipress) can help if the legs are first insulated when they're warm by wearing polypropylene socks. In addition, Polio survivors need to remind doctors that EMGs or nerve conduction tests must be performed in a room that is at least 75o F to prevent false abnormal readings and that a heated blanket is necessary in the recovery room after polio survivors have surgery (Bruno, 1996).

There are several articles on "polio feet" and keeping legs warm (under the subject "Temperature") in the [Encyclopedia of Polio and PPS](https://www.papolionetwork.org/brunoarticles.html) – <https://www.papolionetwork.org/brunoarticles.html>

### [On the topic of Dementia Screening](#) (12/14/2018)

Dr. Bruno's Original Post: DEMENTIA TEST CAUTION:

Be wary if your doc performs a quick mental status test and declares you have dementia. The "Word Finding" issues that often come with PPS fatigue will artificially push down your score on tests that are already inadequate to evaluate dementia.

Check out the topic of "Fatigue" in the [Encyclopedia of Polio and PPS](#). You will find my article about the Mental Status Exam that you can share with your physician.

[News](#) > [Medscape Medical News](#) > [News Alerts](#)

## Three Common Dementia Screens Faulty, Inaccurate

By Megan Brooks

[DISCLOSURES](#) November 30, 2018

Three brief cognitive assessments often used in primary care settings to identify patients with cognitive impairment who could benefit from a full diagnostic workup for dementia are often inaccurate, new research shows.

The three tests are the Mini-Mental State Examination (MMSE), which assesses orientation to time and place and the ability to remember words; the Memory Impairment Screen (MIS), which focuses on the ability to remember words; and Animal Naming (AN), which involves naming as many animals as possible in 60 seconds.

"Our study found that all three tests often give incorrect results that may wrongly conclude that a person does or does not have dementia," study author David Llewellyn, PhD, of the University of Exeter Medical School, United Kingdom, said in a news release.

The study also found that each test has a different pattern of biases, so people are more likely to be misclassified by one test than another, depending on factors such as their age, education, and ethnicity.

"While these results are at first concerning, knowing the specific limitations for each test will help clinicians decide which is the most appropriate for their patient," lead author Janice Ranson, doctoral researcher in clinical epidemiology at the University of Exeter Medical School, told Medscape Medical News.

"There are many available brief tests, which all have some limitations and biases, and there is currently not strong enough evidence to suggest one particular test is best for everyone. From our findings, it appears that the best test depends on the clinical context and patient characteristics," said Ranson.

### [Huge Need for Better Tests](#)

The study included 824 adults (mean age, 82 years) from the population-based Aging, Demographics and Memory Study (ADAMS) who underwent a comprehensive workup for dementia. The workup included physical examination, genetic testing for the APOE gene, psychological testing, and comprehensive memory and thinking tests. On the basis of these results, 35% of the patients were found to have dementia, and 65% were found not to. Armed with this information, the researchers then had participants take the three brief cognitive assessment tests. They found that 35.7% of participants were wrongly classified by at least one test, 13.4% were misclassified by two or more tests, and 1.7% were misclassified by all three tests. Overall dementia misclassification rates for the MMSE, the MIS, and the AN were 21%, 16%, and 14%, respectively. These rates included both false positive and false negative results. Years of education predicted higher rates of false negative results and lower rates of false positive results on the MMSE.

<https://www.medscape.com/viewarticle/905800>

## On the topic of Therapeutic Massage (12/17/2018)

Dr. Bruno's Original Post: Study Shows Massage Helps Ease Arthritis Pain, Improve Mobility

Short-term improvements in symptoms suggests massage could complement treatment

Article ID: 705395

Released: 13-Dec-2018 10:05 AM EST

Source Newsroom: Duke Health

**DukeHealth**

Newswise — DURHAM, N.C. -- Patients with arthritis in their knees experienced significant improvement in pain and mobility after undergoing a weekly, whole-body massage for two months, according to a study led by researchers at Duke Health.

The finding, appearing online in the Journal of General Internal Medicine, suggests that massage could offer a safe and effective complement to the management of knee osteoarthritis, at least in the short term. "Osteoarthritis is a leading cause of disability and affects more than 30 million people in America," said lead author Adam Perlman, M.D., program director of the Leadership Program in Integrative Healthcare at Duke University School of Medicine. "Medications are available, but many patients experience adverse side effects, raising the need for alternatives. This study demonstrates that massage has potential to be one such option."

Perlman and colleagues at four institutions enrolled approximately 200 patients with osteoarthritis in their knees. Patients were randomly divided into three groups: those who received a one-hour, weekly Swedish massage for eight weeks; those who received a light-touch control treatment; and those who received no extra care other than their usual regimen. After eight weeks, each of the groups were again randomized to continue with massage or light-touch every other week, or to receive no treatment for the remainder of the study, which spanned 52 weeks.

Patients were assessed every two months using a standardized questionnaire called the Western Ontario and McMaster Universities Osteoarthritis Index. The questionnaire measures pain, stiffness and functional limitations, including how well patients can climb stairs, stand up from sitting or lying down, bend, walk or get out of a car, among other activities.

At eight weeks, massage significantly improved patients' scores on the questionnaire compared to light-touch and usual care. Massage improved pain, stiffness, and physical function.

At 52 weeks, the twice-monthly massages maintained the improvements observed at eight weeks, but did not provide an additional benefit. There were no significant differences between the groups at 52 weeks.

"Massage therapy is one of the most popular complementary medicine interventions," Perlman said. "At a time when people are looking for effective non-medication options for pain, this study provides further evidence that massage has a potential role, at least for those suffering with osteoarthritis."

In addition to Perlman, study authors include Susan Gould Fogerite, Oliver Glass, Elizabeth Bechard, Ather Ali, Valentine Y. Njike, Carl Pieper, Natalia O. Dmitrieva, Alison Luciano, Lisa Rosenberger, Teresa Keever, Carl Milak, Eric A. Finkelstein, Gwendolyn Mahon, Giovanni Campanile, Ann Cotter and David L. Katz.

The study received funding from the National Center for Complementary and Integrative Health (NCCIH), part of the National Institutes of Health (R01AT004623).

<https://www.newswise.com/articles/view/705395/?sc=mwhn&fbclid=IwAR21tBO7ZSzIppoTMNMxUN2--4hXfQGNZ8WbX-R6XRIHJSeXWPxG3M9JJ5c>

## On the topic of Stem Cells (12/21/2018)

Dr. Bruno's Original Post: Stem cells DO NOT help polio survivors...and can kill!

"Hundreds of clinics have sprung up around the country, offering treatments supposedly containing stem cells, to treat a wide variety of ailments, including arthritis, eye disorders, Parkinson's disease and lung problems. The treatments are marketed as having curative or healing properties, but there is no proof that they work or are safe."

### ***12 People Hospitalized With Infections from Stem Cell Shots***

Twelve patients became seriously ill after receiving injections that supposedly contained stem cells from umbilical cord blood, according to the Food and Drug Administration, which issued a warning to the California company, Genetech, that made the blood product they were given.

(The company has no connection with Genentech, the biotechnology corporation.)

The F.D.A. said on Thursday that it had also written to 20 clinics that offer unapproved stem cell treatments, warning them that such products are generally regulated by the agency and encouraging the clinics to contact federal regulators before November 2020, when enforcement will tighten. The names of the clinics have not been released.

“We’re going to be going in and inspecting more stem cell operators this year,” Dr. Scott Gottlieb, the agency’s commissioner, said in an email. “We’re focused on outfits that may be engaging in unsafe practices and haven’t been working with F.D.A. to come into compliance with the laws they’re subject to. Unfortunately, there are too many firms that fit this description.”

Hundreds of clinics have sprung up around the country, offering treatments supposedly containing stem cells, to treat a wide variety of ailments, including arthritis, eye disorders, Parkinson’s disease and lung problems. The treatments are marketed as having curative or healing properties, but there is no proof that they work or are safe.

Clinics offering the treatments claim they are not drugs and therefore do not need F.D.A. approval, but in some cases the agency disagrees. In November 2017, it gave the clinics three years to come into compliance, and said during that period it would use “enforcement discretion”— giving the industry some leeway but cracking down on clinics that harmed patients.

In May, the F.D.A. sought permanent injunctions against two stem cell clinics. One, U.S. Stem Cell Clinic L.L.C. of Sunrise, Fla. had treated three patients who lost their sight after stem cells were injected into their eyes. The other, the California Stem Cell Treatment Center, with locations in Rancho Mirage and Beverly Hills, had been administering a combination of smallpox vaccine and stem cells to cancer patients. The people who became ill after receiving the Genetech products had been given injections into their knees, shoulders or spines to treat painful conditions like arthritis or injuries. They contracted infections in their bloodstreams or joints, and all were hospitalized. One patient spent 58 days in the hospital with a bloodstream infection, a spinal abscess and other spinal problems. Another, with an infected knee, was hospitalized for 30 days. The shortest stay was four days; others lasted 12, 15 or 35 days.

Tests of unopened vials of the cord-blood products taken from clinics giving the shots found the same types of microbes that had infected the patients, which included E. coli and other fecal bacteria. The cases were described in a report published online on Thursday by researchers at the Centers for Disease Control and Prevention, who wrote, “this investigation highlights the serious potential risks to patients of stem cell therapies administered for unapproved and unproven uses.” Genetech could not be reached for comment.

Seven cases occurred in Texas, four in Florida and one in Arizona, mostly in August and September. Eleven patients were treated at private clinics specializing in pain or orthopedics, and one — the patient who was hospitalized for 58 days — was treated at an ambulatory surgery center.

In September, health departments in Texas and Florida traced some of the infections to a California company called Liveyon, which distributed Genetech products. Liveyon issued a recall. The F.D.A. had already inspected Genetech in June, and determined that it did not have the licensing or new drug applications required for its products. Cleaning and quality control were also poor, the agency said, increasing the risk of contamination with germs.

The F.D.A. inspector gave the company a written list of the problems, and the agency said Genetech responded in August. In a letter dated Nov. 29, the F.D.A. told the president of Genetech, whom it identified as Edwin N. Pinos, that its responses did not correct the many problems that had been found. It gave the company 15 more working days — which ended Thursday — to take further steps. And it warned that failure to comply could result in “regulatory action without further notice,” including an injunction or the seizure of its products.

A version of this article appears in print on Dec. 21, 2018, on Page A13 of the New York edition with the headline: A Dozen Patients Require Hospitalization After Receiving Stem Cell Injections.

[https://www.nytimes.com/2018/12/20/health/stem-cell-shots-bacteria-fda.html?fbclid=IwAR3jD5UpeI\\_cYZ3xnVxZ9ioAxP6TOuAPdP8hvlhpxQmTmxswKTjgBj1pqjY](https://www.nytimes.com/2018/12/20/health/stem-cell-shots-bacteria-fda.html?fbclid=IwAR3jD5UpeI_cYZ3xnVxZ9ioAxP6TOuAPdP8hvlhpxQmTmxswKTjgBj1pqjY)

## On the topic of Breathing issues (12/26/2018)

Original Post: I was recently hospitalized with a serious asthma attack. Home now, I'm wondering if the breathlessness of all the coughing could be attributed to PPS. I'm a tad concerned about losing breathing capability. Should I worry, or just wait for recovery to come? Coughing is exhausting.

Dr. Bruno's Response: You need pulmonary function studies to see what's what, and would ask for lung function studies with CO2 measured. I would not just assume that PPS is the cause. I hope you feel better.

Additional Post: My dad had breathing issues for years. The doctor said wasn't asthma but because he wasn't sure of what it was, he was treating it like asthma. Dad had non paralytic polio as a child (seemingly to fully recover) but as he hit middle age his body started to have problems. A PPS physician suggested it was PPS. They discovered his intercostal muscles were weakened and he had polio spine. With treatment he is now off all asthma inhalers and ventilation.

Dr. Bruno's Response: Lots of Polio survivors have Respiratory Muscle Weakness due to Polio. Therefore, proper diagnosis is critical. Most require a Bi-Pap (NOT a C-Pap).

Additional Bruno "Bytes" are available for you to share in the Encyclopedia of Polio and Post-Polio Sequelae.

Go to: <http://www.papolionetwork.org/bruno-bytes.html>

Scroll down the page (through the Current Month posts).

Previous months are located there, in easily printable PDF format and are available by "clicking" on them,

Would you like to see Dr. Bruno in "action"? Check out the [Video Library](#).

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