Bruno "Bytes"
July, 2018

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

On the topic of Acupuncture for Pain (7/4/2018)

Original Post: Are there any benefits of acupuncture for PPS + fibromyalgia pain? My meds and cortisone injections aren't giving me the relief I need and I can no longer take anti-inflammatories. I am looking for non-pharmaceutical relief.

Dr. Bruno's Response: No one knows how acupuncture works and it doesn't work for everyone. I don't think it can do harm to a polio survivor. The only danger is that you won't be looking for the actual triggers for pain and rely on acupuncture – or drugs or herbs and spices – instead of seeing a rehabilitation doc to find and treat the source of the pain).

On the topic of Polio and High Blood Pressure (7/14/2018)

Original Post: Is there any correlation between polio and high blood pressure?

Dr. Bruno's Response: Our 1985 National Survey found none. However, *low* blood pressure and heart rate can be a PPS issue. The vagus nerve damage in polio survivors can cause a drop in heart rate and blood pressure and trigger fainting, especially in people who have fatigue.

On the topic of Opioids (7/16/2018)

Original Post: A doctor told me it's not good for polio survivors to take medication for pain because pain's telling you that you are overdoing. Masking pain allows you to keep over doing and cause more nerve damage. You shouldn't mask muscle pain -- or any pain -- that is telling you to slow down or stop.

Dr. Bruno's Response: I am posting this article about opiates treating pain that is NOT due to muscle overuse. You don't treat pain from overuse with morphine or marijuana. You treat pain from overuse with LESS overuse! The only pain that is directly related to neurons failing is muscle pain caused by over using remaining, poliovirus-damaged neurons.

https://www.washingtonpost.com/national/health-science/amid-the-opioid-crisis-some-seriously-ill-people-risk-losing-drugs-they-depend-on/2018/07/13/65850640-730d-11e8-805c-4b67019fcfe4_story.html?noredirect=on&utm_term=.f5bac9c737f6

On the topic of the Drug Mestinon (7/17/2018)

Original Post: Can you explain the drug called Mestinon?

Dr. Bruno's Response: Mestinon is pyridostigmine, a drug that slows breakdown of acetylcholine, the chemical released by motor neurons to make muscles contract. Two well-conducted studies show Mestinon has NO effect on post-polio muscle weakness.

On the topic of Memory and Sugar (7/22/2018)

Dr. Bruno's Original Post: Thinking Improves With "A Spoon Full of Sugar." This study should apply doubly to polio survivors since our research found there was impaired attention and slowed thinking speed in polio survivors who had low, just barely normal blood sugar levels.

Sugar Improves Memory in Over-60s – Helping Them Work Smarter

- A small dose of sugar can improve memory in older adults, motivate them to work harder and puts them in a good mood when performing difficult tasks.
- Researchers gave participants a drink containing a small amount of glucose and got them to perform memory tasks – found improvements in memory, mood and level of engagement.
- Short-term energy in the form of raised blood sugar levels could be an important factor in older adults' motivation to perform a task at their highest capacity.

Sugar improves memory in older adults – and makes them more motivated to perform difficult tasks at full capacity – according to new research by the University of Warwick.

Led by Konstantinos Mantantzis, Professor Elizabeth Maylor and Dr. Friederike Schlaghecken in Warwick's Department of Psychology, the study found that increasing blood sugar levels not only improves memory and performance, but makes older adults feel happier during a task.

The researchers gave young (aged 18-27) and older (aged 65-82) participants a drink containing a small amount of glucose, and got them to perform various memory tasks. Other participants were given a placebo – a drink containing artificial sweetener. The researchers measured participants' levels of engagement with the task, their memory score, mood, and their own perception of effort. They found that increasing energy through a glucose drink can help both young and older adults to try harder compared to those who had the artificial sweetener. For young adults, that's where it ended, though: glucose did not improve either their mood or their memory performance.

However, older adults who had a glucose drink showed significantly better memory and more positive mood compared to older adults who consumed the artificial sweetener. Moreover, although objective measures of task engagement showed that older adults in the glucose group put more effort into the task than those who consumed the artificial sweetener, their own self-reports showed that they did not feel as if they had tried any harder.

The authors concluded that short-term energy availability in the form of raised blood sugar levels could be an important factor in older adults' motivation to perform a task at their highest capacity. Heightened motivation, in turn, could explain the fact that increased blood sugar levels also increase older adults' sense of self-confidence, decrease self-perceptions of effort, and improve mood. However, more research is needed to disentangle these factors in order to fully understand how energy availability affects cognitive engagement, and to develop clear dietary guidelines for older adults.

Konstantinos Mantantzis commented: "Over the years, studies have shown that actively engaging with difficult cognitive tasks is a prerequisite for the maintenance of cognitive health in older age. Therefore, the implications of uncovering the mechanisms that determine older adults' levels of engagement cannot be understated."

Dr Friederike Schlaghecken, from the University of Warwick's Department of Psychology, commented:
"Our results bring us a step closer to understanding what motivates older adults to exert effort and finding ways of increasing their willingness to try hard even if a task seems impossible to perform."

http://www.newswise.com/articles/view/697579/?sc=mwhn

Additional Post: 8 Best Fruits (and Fruit Sugars) for a Diabetes-Friendly Diet

Every Day Health

By Maria Masters
Reviewed by Kelly Kennedy, RD

When you're looking for a diabetes-friendly treat that can help keep your blood sugar within a healthy range, look no farther than the produce drawer of your refrigerator or the fruit basket on your kitchen table. Believe it or not, the notion that fruit is not safe when you need to watch your A1C is a popular diabetes myth that has been debunked again and again. Indeed, according to the American Diabetes Association (ADA), many types of fruit are loaded with good-for-you vitamins and minerals, as well as fiber -- a powerful nutrient that can help regulate blood sugar levels and decrease your risk of developing type 2 diabetes -- according to the Harvard T.H. Chan School of Public Health.

Fiber, which can also be found in some of the best vegetables for diabetes, as well as whole grains — can further benefit your health because it promotes feelings of fullness, curbing unhealthy cravings and overeating, research shows. Healthy weight maintenance can increase your insulin sensitivity and help in your diabetes management.

So, how do you pick the best fruit for diabetes? While some forms of fruit, like juice, can be bad for diabetes, whole fruits like berries, citrus, apricots -- and yes, even apples -- can be good for your A1C and overall health, fighting inflammation,

normalizing your blood pressure, and more. But as with any food in your diabetes diet, you have to be smart about counting carbohydrates and tracking what you eat. Portion size is key.

Consume fruit in its whole, natural form, and avoid syrups or any processed fruits with added sugar, which have the tendency to spike your blood sugar. Stick to the produce aisle and the freezer section of your grocery store. If you're using the glycemic index (GI) or glycemic load — measures of how foods affect your blood sugar levels — to make dietary decisions, most whole fruits are a good choice because they tend to lie low on these rankings.

When you have diabetes, these steps will help keep your blood sugar within a healthy range, thereby lowering your risk of certain diabetes complications including diabetic nerve damage, kidney disease; eyesight issues like glaucoma, retinopathy or cataracts and serious life-threatening illnesses like heart disease and stroke.

The next time you have a hankering for something sweet, consider reaching for a naturally sweet and juicy treat, courtesy of Mother Nature, you can whip into a diabetes-friendly smoothie or keep it simple and throw it into your bag to munch on while you're on the go.

The complete article is available here: https://www.everydayhealth.com/type-2-diabetes/best-fruits-for-diabetes/

On the topic of Medicare suddenly refusing payment for BiPap (7/23/2018)

Original Post: I have been using a BiPAP machine for 8 years. Medicare has been paying for the BiPAP and for the necessary supplies until recently. After paying for 10 months of the required 13 month rental of a new BiPAP machine, Medicare suddenly denied coverage claiming Post-Polio Syndrome is not a neuromuscular disease. I am appealing the decision and need documentation to support that Post-Polio Syndrome is indeed a neuromuscular disease.

Dr. Bruno's Response: Getting BiPAP has absolutely nothing to do with Post-Polio Sequelae being a neuromuscular disease. It certainly is a neuromuscular disease and the federal government recognizes that fact (See Social Security Ruling for Post-Polio Sequelae at postpolioinfo.com).

The question is whether you have a sleep disorder that requires BiPAP. It doesn't matter what causes your sleep disorder; all that matters is that you have documentation of the need for BiPAP. Your lung doctor really needs to send the letter into appeal the denial. But, it would be good to contact your congressperson and senators for help in overturning theMedicare denial.

On the topic of Medications for Sleep (7/27/2018)

Original Post: After being on Endep for 15 years my Doctor took me off as he says it is a bad drug. Now have trouble sleeping at night. What should I do?

Dr. Bruno's Response: Endep (Amitriptyline) is the oldest of the 2nd generation of antidepressants. It is an antihistamine, among other things, which is what helps you sleep. It is not a "bad drug." I hope you've had a sleep study to look for breathing issues or twitching that in fact may be the causes of your inability to sleep. We don't recommend sleep meds for polio survivors but focus on treatment of sleep disorders that are the cause of your not sleeping.

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