



Bruno “Bytes”

March, 2019

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

[On the topic of Dr. Bruno’s Video Library](#) (3/1/2019)

Original Post: There is a video library with Dr. Bruno’s conferences and interviews in the “[Video and Webcast](#)” section of the Encyclopedia of Polio and PPS. Please let Dr. Bruno know (email: postpolioinfo@aol.com) if you have additional videos.

[On the topic of CPAP and a Sleep Study](#) (3/8/2019)

Original Post: I had a sleep test and they say I have mild to moderate apnea and recommended I use a CPAP. But most polio survivors in the Coffee House have Bi-Pap? Should I be concerned about using CPAP?

Additional Post: I had two sleep studies. The results showed that I stopped breathing an average of 43 times per hour. Used CPAP for 6 months but the average was 32 times each hour. I started using Bi-Pap 2 weeks ago and I’m feeling a little better.



Dr. Bruno’s Response: Carbon Dioxide retention is as big a problem as is too little oxygen! So polio survivors should *a/ways* talk to their pulmonologist about using Bi-Pap (if not a volume ventilator), and not using CPAP.

[On the topic of Preparing for Surgery](#) (3/11/2019)

Dr. Bruno’s Original Post: In addition to discussing [Polio Survivors’ Anesthesia Sensitivity](#), be sure to tell your physician anesthesiologist about:

- Alcohol Consumption, Chronic Health Issues, History of Heat Stroke, Marijuana Use, Medications any Supplements taken, Reaction to Anesthesia, Smoking, Snoring, Sleep Apnea and if you’ve had a Stroke.

You should discuss these issues and any concerns you have when you talk to your anesthesiologist before surgery. For example, if you are concerned about taking opioids, your anesthesiologist can discuss alternatives. Your anesthesiologist also will ask you questions and may order tests before surgery, such as a cognitive screen to assess your mental function, especially if you are elderly. Based on the results of those tests, your concerns, the information you provide and your health, the anesthesiologist will adjust your anesthesia, pain management and directions for recovery.

To learn more about preparing for surgery, visit asahq.org/wscpreparingforsurgery. You also can download and print *Preparing for Surgery: An Anesthesia Checklist and The Path to a Safe Surgery* to take with you to visit your anesthesiologist prior to surgery, as well as when you go to the hospital or outpatient clinic for diagnostic procedures. To learn more visit www.asahq.org/WhenSecondsCount.

<https://www.asahq.org/whensecondscount/preparing-for-surgery/?fbclid=IwAR28LRosLd1K7oZD5MMJ2XwmumeAnFxPIOXNAZzBzuXQzpwf6CXgL7jn0Hc>

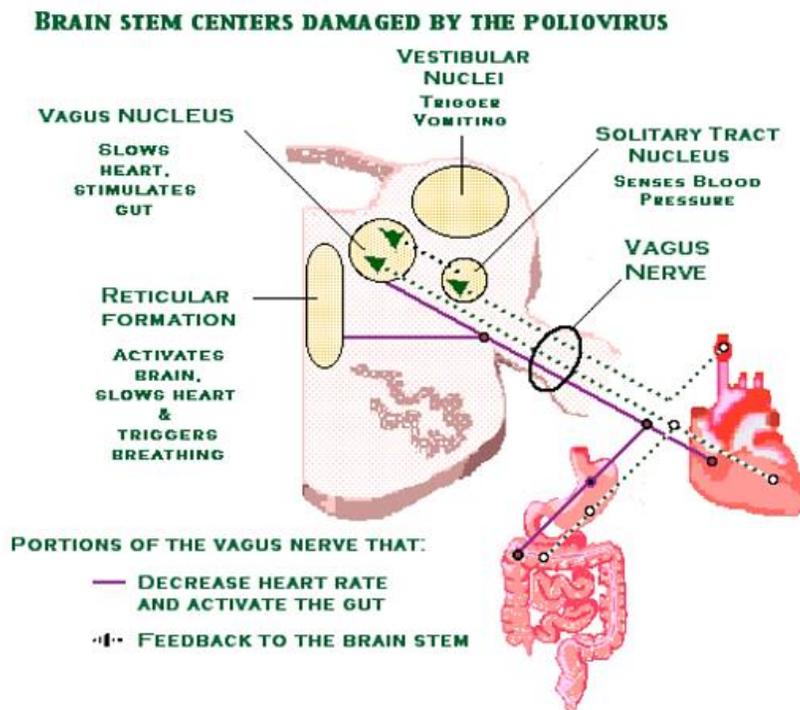
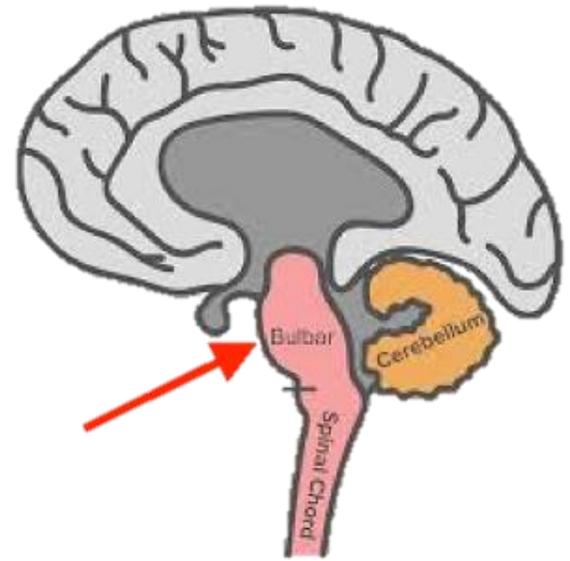
On the topic of “Bulbar” Polio (3/16/2019)

Original Post: For people who have not read the "[The Polio Paradox](#)," there are two very important facts to understand about this nasty virus:

- POLIOVIRUSES affected our WHOLE body. You might have had one limb paralyzed – or no paralysis or muscle weakness at all -- but had damage throughout your whole spinal cord.
- POLIOVIRUSES always affected the **bulbar** part of our brain, therefore we *all* had bulbar polio.

It took me awhile to understand this. But once I did I was able to grasp what is happening with PPS.

Dr. Bruno’s Response: The bulbar part of the brain stem (→) controls many automatic functions (e.g., swallowing, intestinal movement, blood pressure, heart rate). Polio survivors having abnormalities with these functions are showing poliovirus-damage to the “bulb” of the brain.



On the topic of “Stem Cells” (3/18/2019)

Original Post: I’ve been inundated by friends and family sending me emails about PPS and a possible cure through stem cells. What’s the latest on this?

Dr. Bruno’s Response: Stem Cells won’t help polio survivors. There are two Stem Cells articles in the Encyclopedia under “Treatment:” [Stem Cells and PPS](#) and [Stem Cell Therapy and Polio Survivors](#)

On the topic of Muscle “Stretching” (3/24/2019)

Original Post: Is it okay to stretch?

Dr. Bruno’s Response: Stretching gently can be good, but should be done with the supervision of a PT and done in “little bunches” throughout the day to stay loose. For PT guidelines, there is an article in the Encyclopedia of Polio and PPS: [Physical Therapy and PPS](#).

On the topic of “Jumping and Twitching” legs (3/26/2019)

Original Post: Is Valium a good substitute for Xanax? Without Xanax my arms and legs jump all night long.

Dr. Bruno’s Response: From our studies, low dose Xanax (alprazolam) seems to be best for muscles twitching and jumping at night. However Valium (diazepam) has a longer half-life and lasts in the body longer so it is much better to treat anxiety. Valium is not by itself a treatment for depression.

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](#).

Looking for a particular topic? Check out the Bruno Bytes [Index by Subject](#)