



Frederick M. Maynard, MD

Ask Dr. Maynard

Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/edu/askdrmay.html.

Question: I am 66, and I had polio at age 3. My muscles are feeling weak, so if you know what I can do about it I would be grateful. I am depressed about this.

Answer: Your concerns about muscle weakening along with muscle and joint pains are the classic post-polio syndrome problem. Try to be thankful if it has not become a big concern until your mid-60s, because it can begin and limit many polio survivors in their 40s.

What you can do about your problem depends a lot on what the primary causative factors for the weakening are, and you will have to take a major role in figuring this out, ideally with the help of your physicians and therapists.

First, one needs to fully look into your general health: thyroid disease, anemia. Vitamin D and other deficiency syndromes, heart and lung disease, depression, sleep disturbances, obesity, etc.

Second, is your weakening a result of gradually doing less and less because when you try to do more it hurts? This is the “vicious cycle” of pain/rest/weakening/more pain with activity/less activity/weakening/fatigue. Options for breaking up this cycle often take analysis by rehabilitation professionals to decide where to start interventions.

Treating the pain and trying to focus on feasible exercise for strengthening muscles, where possible, are one part of the solution. Another part is often doing activities differently, including walking with braces or canes. Water exercises are often a great option for stretching, strengthening and conditioning. Complementary and alternative medicine methods are helpful for controlling pain. Treating any sleep disturbance is very important, and nutrition must be considered.

In other words, management must be comprehensive with the goal of making you sufficiently comfortable and functional to continue to live a satisfying life, even if that means giving up some things and doing some things differently. There are a lot of resources that can help with these challenges.

I hope these general thoughts help you take charge and begin putting together a plan to help yourself by improving or dealing with your weakening and its consequences.

Question: I have post-polio syndrome, and I have also been diagnosed with a viral infection. Will the viral infection take longer to clear up since I have post-polio syndrome?

Answer: Recovery time after viral infections in polio survivors has not been studied. There is no reason to expect that the basic healing mechanisms of the body are altered as a direct result of previous remote poliomyelitis infection.

Nevertheless, what has been observed is that the time it takes for polio survivors to return to their normal activity levels as a result of an infection that caused weakness and fatigue is often longer. This is true after any severe infection-related illness, viral or otherwise, as well as other severe illness related to a heart problem, intestinal problem, trauma, surgery, etc.

The common issue is if the illness is severe enough to result in a major limitation and a decrease in a person’s usual activity level. The reduction in activity level leads to underuse muscle weakness faster among most paralytic polio survivors. After the primary illness-related, activity-limiting symptoms are resolved, recovery of their usual muscle strength will take longer.



- ▷ Some people have estimated that it take take polio survivors up to 12 times longer to recover from the effects of bed rest.
See www.post-polio.org/edu/pphnews/pph12-2.html#liv

In summary, your recovery time from a viral illness will depend on how severe the infection is relative to limiting your activity, how long the limitations persist, and the severity and extent of polio involvement of your muscles.

Question: Have any studies been done to determine if polio affects sexual functioning?

Answer: I am unaware of any medical studies of sexual function in polio survivors. Conventional medical opinion is that polio did not affect sexual functioning of survivors, and the history of normal potency in men who have had polio and fertility among women polio survivors would support this opinion as accurate. Let me know if you have any specific concerns about this broad topic.

Question: I am a 61-year-old female who has recently been diagnosed with post-polio syndrome. I am looking for the latest research on improving muscle function in the affected limb. Are there new medicines that can improve muscle functioning?

Answer: Research studies have demonstrated that muscle strength and endurance can be improved among polio survivors, even those diagnosed with PPS, through individually designed exercise programs that are monitored and advanced slowly over three to six months. The major challenge is to find a personally optimal intensity of resistance and of duration to achieve desired results (a goal) without any negative consequences (side effects such as pain or activity-limiting fatigue).

There are no medicines that research has clearly shown to be effective for specifically improving muscle functioning of post-polio survivors. Clinical experience suggests that medicines to control pain that interfere with activity or exercise may help restore or improve lost muscle function. Taking medicines to control or cure other general health problems can also be important for permitting improvements in muscle function by promoting participation in exercise and/or activity. However, all medicines must be monitored for possible negative side effects.

It is also important to remember that a healthy diet with sufficient protein, optimal fat and calories and generous vitamins and minerals is critical for optimal muscle functioning. Limiting high stress, having optimal sleep and achieving good emotional health are also all important for obtaining and maintaining limb muscle function through optimal activity and exercise. ■

Kenya Polio Survivors Embrace Yoga continued from page 1

adapting yoga for people with disabilities, and fundraising for four months, I was ready to go to Kenya! I returned to Eshiakula in late 2013, having secured a building and enough funds to get started.

Located about seven miles from the town of Mumias, which is known for its sugar-cane processing plant, Eshiakula is several miles from any paved road, with only a few shops which residents refer to as “the shopping center.” This remote location is one of the reasons it was an ideal place for a health education center –

there are no NGOs providing any services here, no health center, and apart from a school (which few can afford), there are not many educational opportunities.

Many of the 50 members at the Amani Center have survived polio. In a massive country-wide effort, polio vaccinations were given last fall, but in even the recent past, polio vaccines have been inaccessible due to finances and/or lack of knowledge. And once a person has contracted polio, they often lack the

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