

reasons to make sure you're getting more cinnamon in your diet PAGE 12

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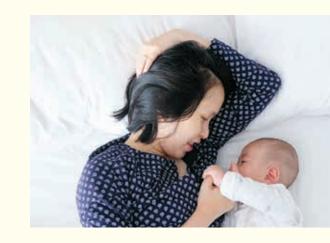
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Baby's Immune System

This essential defense grows over time, but gets a jump start from mom



Babies come into this world vulnerable to countless pathogens but quickly develop an immune system that can protect them—after a little help from mom.

LILIAN PRESTI

THE EPOCH TIMES Week 29, 2019

As with all other organs and systems in their bodies, newborns' immune systems are not fully developed at birth. Rather, their immunity—a protective function consisting of cells, proteins, and organs-grows and strengthens with time. With each new day, this immune system strives to keep them safe from the countless pathogens in their environment.

At birth, a baby's immune system is still quite weak and sensitive. Given its fragility, nature has compensated for this by endowing mothers with the ability to transfer immunity to their baby (called passive immunity) by way of antibodies through breast milk. A mother's breast milk is filled with protective immunoglobulins that work to fight off bacteria and viruses that could be harmful to the baby. This is why breastfed babies get sick much less often than formula-fed babies.

Immunoglobulins survive the digestive tract because they are packaged within a protective substance that allows them to survive the stomach environment and get to the intestinal tract, at which point they adhere to the lining or are absorbed. By remaining in the digestive tract, immunoglobulins help prevent the growth of bacteria that can

be dangerous to a baby's health.

Interestingly, during pregnancy, a mother also passes on helpful antibodies, particularly IgG, through the placenta, which remain with the baby for the first few months of life. From colostrum-mother's first milk-onward, breast milk is filled with highly beneficial antibodies that a mother's own body has developed in response to her region's specific pathogens.

A child's immune system will start to develop on its own at about 2 to 3 months of age. At this point, the antibodies that the mother has conferred start to decline. A baby's immune system begins to grow and develop when it comes into contact with bacteria, viruses, and fungi. The immune system can now wage a counterattack against the invaders. By 1 year of age, a baby will have developed its immune system significantly, although not entirely. Some experts suggest that an immune system is not fully developed until a child is approximately 12 to 14 years old. At this time, the child has reached adult levels of antibody formation.

Strategies to Boost Baby's Immunity Breastfeed for as long as possible

- Keep baby away from sick
- Ensure clean hands when dealing

with newborns

- Use baby probiotics to ensure a healthy intestinal tract
- · Ensure the breastfeeding mom is eat ing a healthy diet
- Ensure adequate exposure to sunlight

A baby's immune system should be supported throughout the first phase of its life so that it can be encouraged to strengthen quickly. A healthy immune

system is the foundation of a healthy childhood and later adulthood.

Lilian Presti is a registered holistic nutritionist who has worked in the nutrition and corporate wellness fields for more than a decade. She teaches pediatric nutrition and has been featured in Elle Magazine, Flare, Today's Bride, The Weekly Scoop, City TV, and more. This article was originally published on NaturallySavvy.com

FOOD IS MEDICINE

Why Walnut Resembles

Remarkable similarities between plants

and human organs often being

mistaken as having significant

medical value, indubitably, there

is still deep wisdom embedded in

GreenMedInfo.com focuses on

supporting intuitive faculties and

"N of 1," which is the phenomeno-

logical ground of all truth) in the

peer-reviewed scientific research.

the more "poetical" concepts, such

that the majority of modern medi-

cal professionals have left behind

never exposed to in their training.

age of mutual validation, where

the ancient and new worlds meet

to confirm one another, ultimately

natural healing and self-healing is

the only sane path when it comes

to, at least, nonemergency health

Pomegranate: The Ovary, Heart,

and Blood Healing Food

amplifying the awareness that

I believe we are nearing a golden

as "magical thinking," or were

This includes validating some of

realm of natural medicine with

direct experiences (the so-called

ancient medical texts, concepts,

SAYER JI

Nothing could be more beautiful or poetic than when a healing food actually looks like the organ system it nourishes and heals in the body.

While commonly viewed as mere coincidence or an act of extraordinary randomness, it is difficult for me to acknowledge the exquisite design of the walnut, whose eerily skull-like shell encompasses the fatty-acid rich, bihemispheric "brain" of the nut, without opening myself to the possibility that Mother Nature wove metaphor and meaning into the natural order of things.

Walnuts are well known to have a disproportionately high amount of the very fatty acids, specifically the EPA/DHA omega-3 fatty acid substrate alpha-linolenic acid that the brain requires for optimal health. Moreover, walnuts con-

tain well-known neuroprotective compounds such as gallic acid, vitamin E isomers, melatonin, folate, and polyphenols. Coincidence? Or is Mother Nature providing a clue so obvious we would have to be nuts (or nut deficient) in order to overlook it?

Or, consider the remarkable pomegranate fruit, orized the world over as a regenerative, fertility-

and prosperity-enhancing food of deep cultural and mythological significance.

Amazingly, pomegranate not only looks like the mammalian ovary but is literally the fruiting ovary of the pomegranate plant, and which produces some of the very same hormones (e.g. estrone and testosterone) that normally only animals produce, and which can even replace their function in the ovariectomy-induced experimental model of meno-

In these examples, we see reflected a phenomenon once described as part of the "doctrine of signatures," a concept that goes back at least 500 years around the time of Paracelsus (1491–1541), who stated: "Nature marks each growth ... according to its curative benefit."

While this concept was sometimes taken too literally in the ancient world, with superficial resemblances between plants

the Brain It Nourishes

and their healing effects are more than coincidence

traordinary doctrine of signatures, because it both resembles and heals multiple organ systems. Not only is it a plant ovary that supports, nourishes, and heals the ovaries of animals, but it looks like a heart and "bleeds" an amazing, astringent juice that anyone who has tasted it knows leaves the mouth feeling exceptionally clean.

The oral cavity happens to be lined with the very same epithelial tissue that lines the inside of the blood vessels (endothelium). The same cleansing effect that you occurs in your arteries, which is why pomegranate has been clinically proven to reverse arterial plaque buildup within just months of consumption. Can you imagine what would happen if the millions of people on statin drugs-who are obtaining no cardiovascular benefits-consumed pomegranate instead? If food were used as medicine, we might actually accomplish a deceleration, and perhaps even regression, of the ever-expanding global heartdisease epidemic.

Pomegranate's blood-like juice has been clinically shown to

differences in blood flow. Remarkably, another "bloodlike" liquid, beet juice, has also been found to have significant blood-supportive properties. In beet juice resulted in improved identified was the nitrates in beet juice, which produce a blood-vessel-dilating effect. For those looking for more in-

formation on the doctrine of signatures, the herbalist Matthew Wood provides salient insight in an article on the topic under the subheading "The Forces of Nature and the Creation of 'Signatures'":

"Every plant represents a finely honed response to environmental stress—the exact same stress that human beings must contend with in order to stay healthy. The wide array of chemical compounds in the plant, as well as its shape, color, and environmental

blood. A 2014 study published in the Journal of Applied Physiology, Nutrition, and Metabolism, titled "Effects of pomegranate extract on blood flow and running time to exhaustion," found that acute a survivor and what ingestion of pomegranate extract it can do for itself it 30 minutes before exercise encan convey to us hanced vessel diameter and blood as a medicine. flow and delayed fatigue during The philosopher exercise. The pomegranate group Rudolf Steiner noted a significant increase in

If food were used as medicine, we might actually accomplish a deceleration, and perhaps even regression, of the ever-expanding global heart disease epidemic.

post-exertion vitality as well.

I found this study particularly interesting because I have noticed after consuming pomegranate juice the same sensation of increased blood flow. I was not certain, until reading this study, if this was something I was imagining, or if it was possible that within one dose of pomegranate, one could experience significant

one recent study, a single dose of cognition within 90 minutes, and which researchers attributed to its ability to positively modulate the blood flow dynamics (hemodynamic response) in the frontal cortex. One of the mechanisms

niche all represent adaptations to stress. The plant has been molded in response to stress. There is no room for extra chemicals or colors or extravagant shapes. It is pointed out that the same forces which cause disease in the huthe contortion of the

plant. Thus, the 'contortions' or shapes and colors, not to mention the environmental niche in which the plant lives, are 'signatures' picturing the stresses and diseases to which plant is remedial. "There is also a deeper lesson. The

doctrine of signatures teaches us to view disease and remedy in a 'characterological' sense, or as specific patterns or identity patterns formed in response to stress. Each possesses an inherent logic and intelligence all their own. These responses produce patterns or 'signatures' which we must learn to read in plant and person

For an even deeper scientific explanation of how plants and animals coevolved, learning how to survive and thrive together by developing certain phytochemical codependencies, read the remarkable article on the topic titled "Xenohormesis: health benefits from an eon of plant stress response evolution."

For more information on foodorgan resemblance, read Green-MedInfo's article: 3 Foods That Look Like the Organ They Heal, as well as the deeper food-philosophy of Sayer Ji: Leonardo da Vinci & The New Biology.

Sayer Ji is the founder of Greenmedinfo.com, a reviewer at the International Journal of Human Nutrition and Functional Medicine, co-founder and CEO of Systome Biomed, vice chairman of the board of the National Health Federation, and steering committee member of the Global Non-GMO Foundation. This article was first published on GreenMedInfo.com

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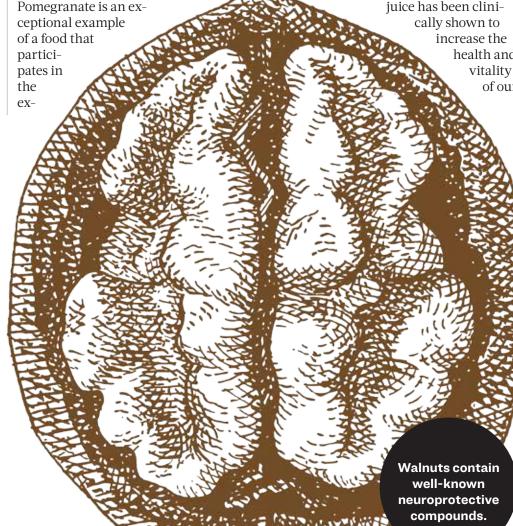


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Surgeons' Opioid-**Prescribing Habits** Are Hard to Kick

Researchers show that despite CDC warnings, surgeons handed out far too many opioid pills

JULIE APPLEBY & ELIZABETH LUCAS

opioid addiction and deadly overdoses escalated into an epidemic across the United L States, thousands of surgeons continued to hand out far more pills than needed for postoperative pain relief, according to a KHN-Johns Hopkins analysis of Medicare data.

Many doctors wrote prescriptions for dozens of opioid tablets after surgeries—even for operations that cause most patients relatively little pain, according to the analysis, done in collaboration with researchers at Johns Hopkins Bloomberg School of Public Health. It examined almost 350,000 prescriptions written for patients operated on by nearly 20,000 surgeons from 2011 to 2016–the latest year for which data

Some surgeons wrote prescriptions for more than 100 opioid pills in the week following the surgery. The total amounts often exceeded current guidelines from several academic medical centers, which call for zero to 10 pills for many of the procedures in the analysis, and up to 30 for coronary bypass surgery.

While hundreds of state and local lawsuits have been filed against opioid manufacturers, claiming they engaged in aggressive and misleading marketing of these addictive drugs, the role of physicians in contributing to a national tragedy has received less scrutiny.

Research shows that a significant portion of people who become addicted to opioids started with a prescription after surgery.

In sheer numbers, opioid prescribing in the U.S. peaked in 2010, but it remains among the highest in the world, according to studies and other data.

In 2016, opioids of all kinds were linked to 42,249 deaths, up from the 33,091 reported in 2015. The opioid-related death rate jumped nearly 28 percent from the year before, according to the Centers for Disease Control and Prevention (CDC). Yet long-ingrained and free-

wheeling prescribing patterns changed little over the six years analyzed. KHN and Johns Hopkins examined the prescribing habits of all U.S. surgeons who frequently perform seven common surgical procedures and found that in the

· Coronary artery bypass patients operated on by the highest-prescribing 1 percent of surgeons filled prescriptions in 2016 exceeding an average of

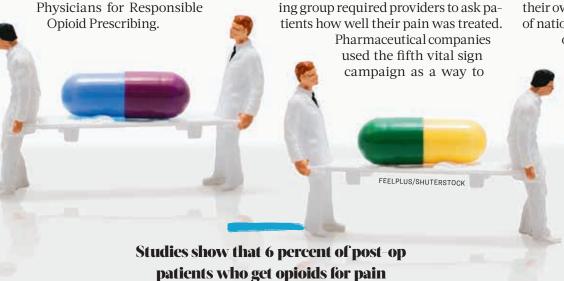
first week after surgery:

105 opioid pills. Patients undergoing a far less painful procedure–a lumpectomy to remove a breast tumor–were given an average of 26 pills in 2016 the week after surgery. The highest-prescribing 5 percent of surgeons prescribed 40 to

70 pills on average. Some knee surgery patients took home more than 100 pills in the week following their surgery.

Those amounts—each "pill" in the analysis was the equivalent of 5 milligrams of oxycodone–are many times what is currently recommended by some physician groups to relieve acute pain, which occurs as a result of surgery, accident, or injury. The analysis included only patients not prescribed opioids in the year before their operation.

"Prescribers should have known better" based on studies and other information available at the time, said Andrew Kolodny, co-director of opioid policy research at Brandeis University and director of the advocacy group



develop long-term dependence.

While the dataset included only prescriptions written for patients on Medicare, the findings may well understate the depth of the problem, since doctors are more hesitant to give older patients the powerful painkillers because of

their sedating side effects. Surgeons' prescribing habits are significant because studies show that 6 percent of patients who are prescribed opioids after surgery will still be taking vthem three to six months later, having become dependent. The likelihood of persistent use rises with the number of pills and the length of time opioids are taken during recuperation.

Also, unused pills in medicine cabinets can make their way onto the street.

Dr. Marty Makary, a surgical oncologist at Johns Hopkins, admits that he, too, once handed out opioids liberally. Now he is marshaling a campaign to get surgeons to use these powerful painkillers more consciously and sparingly.

"I think there's an 'aha' moment that many of us in medicine have had or need to have," he said.

But old habits are hard to kick.

KHN contacted dozens of the surgeons who topped the ranks of opioid prescribers in the 2016 database. They hailed from small, community hospitals as well as major academic medical centers. The majority declined to comment, some bristling when questioned.

Some of those surgeons were critical of the analysis, saying it didn't take into account certain essential factors. For example, it was not possible to determine whether patients had complications or needed higher amounts of pain medication for another reason. And some surgeons had only a handful of patients who filled prescriptions, making for a

But surgeons also indicated that the way they prescribe pain pills was less than intentional. It was sometimes an outgrowth of computer programs that default to preset amounts following procedures, or practice habits developed before the opioid crisis. Additionally, they blame efforts in the late 1990s and early 2000s that encouraged doctors and hospitals to consider pain as "the fifth vital sign." A major hospital accreditpromote their opioid treatments.

Makary, who oversaw the analysis of the Medicare dataset, said that, while opioid prescribing is slowly dropping, to date, many surgeons have not paid enough attention to the problem or re-

sponded with sufficient urgency. Dr. Audrey Garrett, an oncologic surgeon in Oregon, said she was "surprised" to hear that she was among the top tier of prescribers. She said she planned to re-evaluate her clinic's automated prescribing program, which is set to order specific amounts of opioids.

KHN will analyze data for 2017 and subsequent years when it becomes available, to follow how prescribing is changing.

Prescribing Patterns Highlight What's at Stake

The analysis examined prescribing habits after seven common procedures: coronary artery bypass, minimally invasive gallbladder removal, lumpectomy, meniscectomy (which removes part of a torn meniscus in the knee), minimally invasive hysterectomy, open colectomy, and prostatectomy.

Across the board, the analysis showed that physicians gave a large number of narcotics when fewer pills or alternative medications, including over-the-counter pain-relief tablets, could be equally effective, according to recent guidelines from Makary and other academic re-

On average, from 2011 to 2016, Medicare patients in the analysis took home 48 pills in the week following coronary artery bypass; 31 following laparoscopic gallbladder removal; 28 after a lumpectomy; 41 after meniscectomy; 34 after minimally invasive hysterectomy; 34 after open colon surgery; and 33 after

According to post-surgical guidelines spearheaded by Makary for his hospital last year, those surgeries should require at most 30 pills for bypass; 10 pills for minimally invasive gallbladder removal, lumpectomy, minimally invasive hysterectomy and prostatectomy; and eight pills for knee surgery. It has not yet published a guideline for open

The Johns Hopkins doctors developed their own standards because of a dearth of national guidelines for post-surgical opioids. They arrived at those fig-

ures after reaching a consensus among surgeons, nurses, patients, and other medical staff on how many pills were needed after particular sur-

Hoping to reduce overprescribing, Makary is preparing surgeons around the country who are among the highest opioid prescribers, under a

grant he received from the Arnold Foundation, a nonprofit group whose focus includes drug-price issues. (Kaiser Health News also received funding from the Arnold Foundation.)

THE EPOCH TIMES Week 29, 2019

Even if the prescription numbers have fallen since 2016, the amounts given today are likely still excessive.

"When prescribing may have been five to 20 times too high, even a reduction that is quite meaningful still likely reflects overprescribing," said Dr. Chad Brummett, an anesthesiologist and associate professor at the University of

Brummett is also co-director of the Michigan Opioid Prescribing Engagement Network, a collaboration of physicians that makes surgery-specific recommendations, many of them in the 10- to 20-pill range.

"Reducing unnecessary exposure is key to reducing the risk of new addiction," said former Food and Drug Administration Commissioner Scott Gottlieb. In August 2018, when Gottlieb was at the agency's helm, it commissioned a report from the National Academy of Sciences on how best to set opioid prescribing guidelines for acute pain from specific conditions or surgical procedures. Its findings are expected

"There are still too many 30-tablet prescriptions being written," said Gottlieb.

Healers Sowing Disease?

Naturally, surgeons rankle at the idea that they played a role in the opioid epidemic. But studies raise serious concerns.

Transplant surgeon Dr. Michael Engelsbe, director of the Michigan Surgical Quality Collaborative, points to the study showing 6 percent of post-op patients who get opioids for pain develop longterm dependence. That means a surgeon who does 300 operations a year paves the way for 18 newly dependent people,

Many patients don't need the amounts

Intermountain Healthcare, a not-forprofit system of hospitals, clinics, and doctors in Utah, began surveying patients two years ago to find out how much of their prescribed supply of opioids they actually took following surgery.

"Globally, we were overprescribing by 50 percent," said Dr. David Hasleton, senior medical director.

But Intermountain approached individual doctors carefully. "If you go to a prescriber to say, 'You are overprescribing,' it never goes well. A common reaction is, 'Your data is wrong' or 'My patients are different than his," said Hasleton.

For the analysis, KHN attempted to contact more than 50 surgeons whose 2016 numbers ranked them among the top prescribers in each surgical category

One who did agree to speak was Dr. Daniel J. Waters, who 13 years ago had his chest cut open to remove a tumor, an operation technically similar to what he does for a living: coronary artery bypass.

"So I have both the doctor perspective and the patient perspective," said Waters,

There are still too many 30-tablet prescriptions being written.

> Scott Gottlieb, ex-commissioner, Food and Drug Administration

Globally, we were

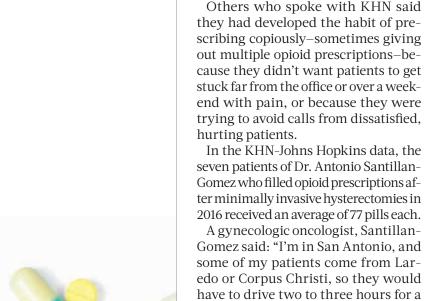
overprescribing by

50 percent.

Dr. David Hasleton,

senior medical director,

Intermountain Healthcare



prescription." Still, he said, since e-prescribing of opioids became more widespread in the past few years, he and other surgeons in his group have limited prescriptions to 20 to 30 pills and encouraged patients to take Tylenol or other over-the-counter medications if they run out. E-prescribing can help track patients getting opioids and reduce the problem of patients having to drive back to the office to get a written prescription.

who practices in Mason City, Iowa.

analysis.

In 2016, Waters's Medicare bypass pa-

"When I went home from the hospital,

30 would not have been enough," said

But he said he has recently curbed his

Nationally, the average prescription

filled for a coronary artery bypass was

49 pills in 2016 and had changed little

since 2011, the analysis shows.

the Hopkins team for that surgery.

prescribing to 84 pills.

Dr. Janet Grange, a breast surgeon in Omaha, Nebraska, said that in her experience, opioid dependence had not been

"I can absolutely tell you I don't have even 1 percent who become long-term opioid users," said Grange.

The analysis showed that Grange had 12 opioid-naïve Medicare patients who had a lumpectomy in 2016. Eight of them filled prescriptions for an average of 47 pills per patient.

She called Johns Hopkins' zero-to-10-pill pain-control recommendation following that procedure "miserly."

The Pendulum Swings

Some of the higher-prescribing surgeons in the KHN-Johns Hopkins dent and reports on the health law's analysis reflected on their potential implementation, health care treatand are changing their practice.

"That is a shocking number," said oncologist Garrett, speaking of the finding that 6 percent of patients who go home with opioids will become dependent. "If it's true, it's something we need to educate physicians on much earlier in

their medical careers."

Garrett, in Eugene, Oregon, said she tients who filled their prescriptions took has cut back on the number of pills she home an average of nearly 157 pills each, gives patients since 2016. The KHNaccording to the KHN-Johns Hopkins Johns Hopkins analysis showed that seven of her 13 opioid-naïve Medicare patients undergoing minimally invasive hysterectomies filled a prescription Waters of the number recommended by for opioids in 2016. Those patients took

home an average of 76 pills each. Johns Hopkins guidelines call for no more than 10 opioid pills following this procedure, while Brummett's Michigan network recommends no more than 15. Surgeon and researcher Dr. Richard Barth, once a heavy prescriber himself, said that his own experience convinced him that physicians' preconceptions about how much pain relief is needed are often way off.

The analysis showed his lumpectomy patients in 2013 filled an average of 33 pills in the week after surgery. By 2016, that average had dropped to seven pills. Many patients, he said, can do just fine after lumpectomy with over-the-counter medications-and often no opioids

The key, he said, is to set patients' expectations upfront.

"I tell them it's OK to have a little discomfort, that we're not trying to get to zero pain," said Barth, who is chief of general surgery at Dartmouth-Hitchcock Medical Center and has published extensively on opioid prescribing.

After lumpectomy, "what I recommend is Tylenol and ibuprofen for at least a few days and to use the opioids only if the discomfort isn't relieved by those." Indeed, the data analysis showed that a significant number of patients given prescriptions for opioids never filled them because they don't need that level

Between 2011 and 2016, for example, only 62 percent of lumpectomy patients in the analysis filled prescriptions, similar to hysterectomy patients.

In 2016, patients of Dr. Kimberli Cox, a surgeon in Peoria, Arizona, were prescribed about 59 pills in the week following lumpectomy, well above the recommendations from both Johns Hopkins and others.

But the KHN-Johns Hopkins analysis of that year's data shows that half of her patients never filled a painkiller prescription—a fact she acknowledges has changed her thinking.

"I am now starting to prescribe less because many patients say, 'You gave me too many' or 'I didn't fill it," she said.

Julie Appleby is a senior corresponments and costs, trends in health insurance, and policy affecting hospitals and other medical providers. Elizabeth Lucas is a data editor, specializing in data analysis and reporting for the KHN enterprise team. This article was originally published on Kaiser Health News.

7 Ways Restaurants Can Nudge People to

EAT MORE HEALTHILY

Helping people get better food on their plates does more than information and encouragement, researchers say

PIERRE CHANDON & ROMAIN CADARIO

here are seven effective "nudges" that restaurants and grocery stores can use to help tackle the obesity crisis while remaining in business and preserving our right as consumers to splurge if we want to

A nudge gently pushes us toward making better choices without resorting to economic incentives or restricting our freedom of choice. Reorganizing a menu or a grocery shelf is a nudge. Taxing sodas or banning

energy drinks is not. In our study of 96 field experiments, published in Marketing Science, we classified nudges into seven types and measured their effectiveness, after controlling for the characteristics of the respondents, setting and study. We then converted the expected daily decrease in energy intake into sugar-cube equivalents. For example, if a nudge can reduce consumption by 100 calories a day, it's the equivalent of ten sugar cubes.

Here are the healthy eating nudges that work best, in reverse order.

— Descriptive Labeling

The facts alone don't seem to move the • dial very much in terms of making healthy choices. This is nutritional information with no color-coding or symbols to help people interpret the numbers, and we don't see any real change with this nudge. Expected calorie reduction: five sugar cubes.

Visibility Enhancements

Another nudge that speaks to our brains is one that puts the healthiest product in the most visible place-at eye level on a shelf or on the best place in the middle of a menu. Still, it didn't have a significant impact on making better choices. Expected calorie reduction: seven sugar cubes.

Evaluative Labeling When we know how healthy some-

• thing is in relation to something else,

Nudges that food decisions.

inform only have a small impact on our

Healthy Eating Calls

A nudge gently pushes us toward making better choices without resorting to economic incentives or restricting our freedom of choice.

in the form of a smiley face or traffic-light food labeling, the information has some impact on our choices. We understand that a red light means "stop," even in the grocery store. Expected calorie reduction: nine sugar cubes.

This is when the cashier asks us if we • want a salad with that burger or when there are signs up to encourage us to "make a fresh choice." In experiments, people start to respond to this type of nudge-something that does more than just inform. Expected calorie reduction: nearly 13 sugar cubes.

Pleasure Appeals

This nudge emphasizes the taste of ● food. Instead of telling us that carrots are rich in antioxidants, the packaging describes them as "twisted citrus-glazed carrots" to draw attention to how it might taste or feel. Expected calorie reduction: 17



Convenience Enhancements

These nudges make selecting or con-• suming healthier foods the easy option, such as arranging indulgent foods at the end of the cafeteria line when our tray is already full of healthier foods. Another convenience is pre-cut fruit or vegetables. After all, it's much easier to eat peeled and chopped pineapple than a whole one. Expected calorie reduction: nearly 20 sugar

Size Enhancements

The most effective nudges directly • change how much food is put on plates or make the plate or glass smaller to reduce how much we eat or drink. Expected calorie reduction: 32 sugar cubes.

Thinking, Feeling, Doing

What are the characteristics of the most effective nudges? To answer this question, it is useful to look at what these nudges are trying to influence: our brain, our heart, or our hands.

The first three nudges (7, 6, and 5) are trying to inform us about the healthiness of the food options, either by displaying nutrition information or traffic-light symbols or by placing the healthiest food right where we will see them. Clearly, they are not ideal. Nudges that inform only have a small impact on our food decisions, reducing our intake by the equivalent of five to nine sugar cubes per day.

The second two nudges (4 and 3) are not just informing us about health, they are trying to make us feel like eating better through an interaction with another person or emotional appeals to our senses. These are more published on The Conversation.

useful, reducing our intake by the equivalent of 13 to 17 sugar cubes.

The last two nudges (2 and 1) try to influence what we do directly, without changing what we know or what we want. They are by far the most effective as they can save us up to 32 sugar cubes worth of calories.

A nudge gently pushes us toward making better choices without resorting to economic incentives or restricting our freedom of choice.

The most effective interventions are not the ones that we think about. Most policy debates are about how to best inform people, for example, with nutrition labels. At least when it comes to eating, feelings beat information and behaviors beat feelings. If shops and restaurants want to help us eat better, they should focus on our hands.

Pierre Chandon is the L'Oréal chaired professor of marketing-innovation and creativity and director of INSEAD-Sorbonne Université Behavioural Lab, INSEAD in France. Romain Cadario is an assistant professor at IESEG School of Management in France and visiting assistant professor at Boston University. This article was first

Milder Form of Hypothyroidism

Often Misdiagnosed as Depression

Over 20

percent of

all women

have a 'lazy'

thyroid but

women are

diagnosed.

The thyroid sits in

plex and dynamic

web of hormones

and chemicals that

Keeping a thyroid

healthy is an exercise

in holistic medicine

that requires you

to pay attention to

all aspects of your

lifestyle.

controls metabolism.

the middle of a com-

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of those

Frequent misdiagnosis results in ineffective treatments due to difficult-to-spot and complex condition

KELLY BROGAN

f you walk into a doctor's office and tell a conventional doctor that you're depressed, gaining weight, fatigued, having trouble concentrating, cold, and constipated, chances are that the doctor would tell you that it's depression, aging, or just stress, and that's why you're feeling the way you do. They might prescribe you some medication

and off you go. But one thing that the doctor might fail

to realize is that those very symptoms of depression also double as symptoms of a commonly underdiagnosed condition: hy-

An underperforming thyroid (hypothyroidism) is one of the most underdiagnosed conditions in America, yet it's incredibly common–especially in women. Over 20 percent of all women have a "lazy" thyroid, but only half of those women are diagnosed.

Science has known about the relationship between a dysfunctional thyroid and symptoms of depression for a long time. Depression often occurs concurrently with changes in the hypothalamic-pituitary-thyroid axis, which is a hormonal feedback control loop that regulates metabolism.

So exactly how many patients are told they have depression when it's really a thyroid problem? A new study published in the peerreviewed journal BMC Psychiatry is shedding a bit of light onto that question.

New Insight Into Subclinical Hypothyroidism

In a 2019 study, researchers from several Malaysian universities used a meta-analysis technique to evaluate the association between subclinical hypothyroidism-meaning hypothyroidism that is not severe enough to present definite observable symptoms-and depression amongst 12,315 individuals. The researchers were hoping to further clarify the prevalence of depression among people with subclinical hypothyroidism (SCH) and the effect of levothyroxine therapy, the most common synthetic thyroid hormone drug that is sold under the brand names of Synthroid, Tirosint, Levoxyl, Unithroid, and Levo-T.

Though the relationship between depression and hypothyroidism has been evident to scientific research for around 200 years, the association between depression and hypothyroidism's sneakier and more subtle cousin, subclinical hypothyroidism (SCH) has historically been more controversial. Subclinical hypothyroidism is an early, mild form of hypothyroidism where peripheral thyroid hormone levels are within normal range but serum thyroid-stimulating hormone (TSH) levels are mildly elevated. It's estimated that a whole 3-8 percent of the general population (usually more women than men) is affected by SCH.

studies, researchers found that:

1. Patients with SCH had a higher risk of depression than patients with normal thyroid function controls, which means that patients with SCH were more likely to have depressive symptoms.

2. In individuals with SCH and depression, levothyroxine therapy didn't help improve their depression or symptoms.

What does that mean? The researchers found that thyroid imbalance seems to be a driver those missing hormones with the most commonly prescribed synthetic T4 hormone, ledepressive symptoms.

some type of thyroid problem and are pre- your brain. scribed synthetic thyroid hormones such

The Thyroid

To better understand why this study was interesting, we first need to understand more Thyroid Disease Is a Psychiatric about the thyroid in general. The thyroid is **Pretender** throat just a little under the Adam's apple. storage form of thyroid hormone.

around the body, including the brain. To do hypothyroidism, for depression is. that, the process depends on a wide variety of factors: the amount of available special-B vitamins, vitamin C, and vitamin D.

But thyroids do much more than pump out hormones; they also take information roidism (both subclinical and hypothyroidin from the body to adjust its own pace. The ism) are run and the way reference ranges thyroid sits in the middle of a complex and are established aren't very accurate. dynamic web of hormones and chemicals that controls metabolism, which is how fast holistic medicine that requires you to pay atand efficiently cells can convert nutrients tention to all aspects of your lifestyle. Check into energy. In conversation with the brain, out our free symptom checker at KellyBroadrenal glands, and more, the thyroid indi- ganMD.com to see if your thyroid might be rectly affects every cell, tissue, and organ in affected, or if you have any of the other Top the body–from muscles, bones, and skin to 5 "Psychiatric Pretenders" common physithe digestive tract, heart, and brain.

One major way that thyroids affect us is emotional symptoms. through our mitochondria, the organelles in most cells that are widely considered to Kelly Brogan, MD, is a holistic women's be the powerhouses of the cell. Mitochondria health psychiatrist and author of The New not only help generate energy for our body to York Times bestselling book "A Mind of do things, but they also determine the time Your Own," the children's book "A Time of cell death and more.

Our mitochondria are maintained by our textbook "Integrative Therapies for Dethyroid hormone–which is why patients pression." This work is reproduced and whose thyroids are underperforming ex- distributed with the permission of Kelly perience an array of symptoms, including Brogan, MD. For more articles, sign up for fatigue, constipation, hair loss, depres- the newsletter at KellyBroganMD.com

In the study results, which the researchers sion, foggy thinking, cold body temperature, found by compiling the data of many other low metabolism, and muscle aches. That's partially why thyroid problems have such resounding and far-reaching effects on the body. When your mitochondria aren't being properly cared for by your thyroid hormone, everything in your body has less energy to do the work it needs to do, and everything slows down.

Week 29, 2019 THE EPOCH TIMES

ALL PHOTOS BY SHUTTERSTOCK

What Makes the Thyroid Misbehave?

It's no surprise that so many factors go into keeping the thyroid happy. The thyroid can be thrown off balance by all sorts of reasons: chemicals and food additives, like emulsiof depression—and that trying to replace fiers (found in commercial soda), synthetic plastic chemicals, fluoride (found in much of our tap water), and mercury (from large vothyroxine, doesn't actually help alleviate fish), or immune responses. Importantly, this circuitry is also influenced by another This is an interesting finding because about hormone, cortisol, which is produced by 20 million Americans, mostly women, have your adrenal glands at the command of

When we look at adrenal function, we have as Synthroid, a brand of the levothyrox- to take our analyses one step farther and ine. Instead of using synthetic chemicals to understand what is causing adrenals to be "fix" our bodies, which apparently isn't restressed out. From there, we know that the ally working, we should be finding the root adrenal glands are affected by the gut, diet, cause of the thyroid dysfunction and take a and environmental immune provocation more holistic approach in healing our bodies. and that many lifestyle and environmental factors can influence this relationship, which in turn, can disturb the thyroid.

a butterfly-shaped gland that sits at your The point of all of this is to say that because of how interconnected the relationship be-The gland produces a range of hormones, but tween the thyroid and other parts of the its two most active substances are T3, the body are, thyroid imbalance often leads to active form of thyroid hormone, and T4, the the symptoms of depression, when the culprit is an unhappy thyroid. The study that A healthy thyroid regularly secretes T3 and we talked about earlier is helping us better T4 into the bloodstream so that most of the understand just how prevalent mistaking T4 can be converted into its active form, T3, thyroid imbalance, particularly subclinical

Of course, it doesn't help that symptoms listed above are a vague bunch and could ized enzymes, optimal cortisol (your stress have many causes, so conventional doctors hormone) levels, and certain nutrients such frequently write them off as a symptom as iron, iodine, zinc, magnesium, selenium, of aging, depression, or stress in the few minutes they usually spend talking with patients. The way that lab tests for hypothy-

Keeping a thyroid healthy is an exercise in cal imbalances that show up as mental or

for Rain," and co-editor of the landmark

Long Commutes by Car Hard on Our Health

Walking and cycling to work makes commuters happier and more productive, find researchers

LIANG MA & RUNING YE

In Australia, more than 9 million people commute to work every weekday. The distance they travel and how they get there-car, public transport, cycling, or walking-can influence their well-being and performance at work.

Our study, involving 1,121 full-time workers who commute daily to work, made several important findings:

- Those who commute longer distances tend to have more days off work.
- Among middle-aged workers, those who walk or cycle performed better in the
- Those who commute short distances, walk, or cycle to work are more likely to be happy commuters, which makes them more productive.

In Australia, full-time workers spend 5.75 hours a week on average traveling to and from work. Among them, nearly a quarter of commutes can be classed as lengthy (travel for 45 minutes or more one way).

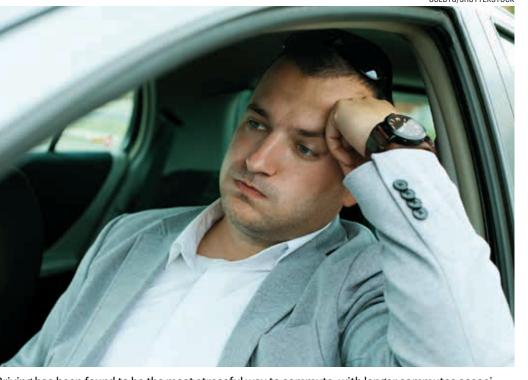
Long commutes cause physical and mental strains on workers and may also affect their work participation, engagement, and

Australia's pervasive urban sprawl means most workers commute by car. It's a problem reflected in other major urban centers such as Los Angeles or Toronto, where public transit is unable to adequately cover commuters. Unfortunately, driving has been found to be the most stressful way to

Driving to work is associated with a series of health problems and lower social capital (smaller social networks with less social participation), which all affect work performance and productivity.

What Did the Study Look At?

Our research investigated how and to what extent our daily commuting can influence workplace productivity. We surveyed 1,121 employees from Sydney, Melbourne, and



Driving has been found to be the most stressful way to commute, with longer commutes associated with higher stress and more absent days.

Brisbane. These employees are all employed full-time, have a fixed place of employment, make regular commuting trips, and work in different industries and occupations.

We found that workers with a long-distance commute have more absent days.

Two reasons can explain this result. First, workers with long commutes are more likely to become ill and be absent. Second, workers with long commutes receive less net income (after deducting travel costs) and less leisure time. Therefore, they are more likely to be absent to avoid commuting cost and time.

The average commuting distance for Australian capital cities is about 15 kilometers (9 miles). Workers with a commuting distance of 1 kilometer have 36 percent fewer absent days than those commuting 15. Workers who commute 50 kilometers have 22 percent more absent days.

This study also finds that middle-aged (35 to 54) commuters who walk or cycle– known as active travel-have better selfreported work performance than public transport and car commuters. This result may reflect the health and cognitive benefits

Finally, this study finds the short-distance and active travel commuters reported they were relaxed, calm, enthusiastic, and satisfied with their commuting trips, and were more productive.

How Does Commuting Affect Productivity?

of active travel modes.

Urban economic theory provides one explanation of the link between commuting and productivity. It argues that workers make trade-offs between leisure time at home and effort in work. Therefore, workers with long commutes put in less effort or shirk work as their leisure time is reduced.

Commuting can also affect work productivity through poorer physical and mental health. Low physical activity can lead to obesity as well as related chronic diseases, significantly reducing workforce participa-

tion and increasing absenteeism. The mental stress associated with commuting can further affect work performance.

A growing number of studies have found active commuting by walking and cycling is perceived to be more "relaxing and exciting." By contrast, commuting by car and public transport is more "stressful and boring." These positive or negative emotions during the commute influence moods and emotions during the workday, affecting work performance.

Finally, the commuting choice could influence work productivity through cognitive ability. Physical activity improves brain function and cognition, which are closely related to performance. So it's possible that active travel commuters might have better cognitive ability at work, at least in the several hours after the intense physical activity of cycling or walking to work.

What Are the Policy Implications?

Employers should consider types of commuting as part of their overall strategies for improving job performance. They should aim to promote active commuting and, if possible, to shorten the commuting time. For example, providing safe bike parking and showers at work could significantly increase cycling to work.

As for governments, in most states of Australia, only a tiny portion (less than 2 percent) of transport funding is devoted to bicycling infrastructure.

By contrast, in the Netherlands, most municipalities have specific budget allocations to implement cycling policies. Australia should allocate more transport infrastructure funding to active travel, given the economic benefits of walking and cycling

Liang Ma is a vice chancellor's postdoctoral research fellow at RMIT University in Australia. Runing Ye is a research fellow at Melbourne School of Design at the University of Melbourne in Australia. This article was first published on The



TRUTH and TRADITION

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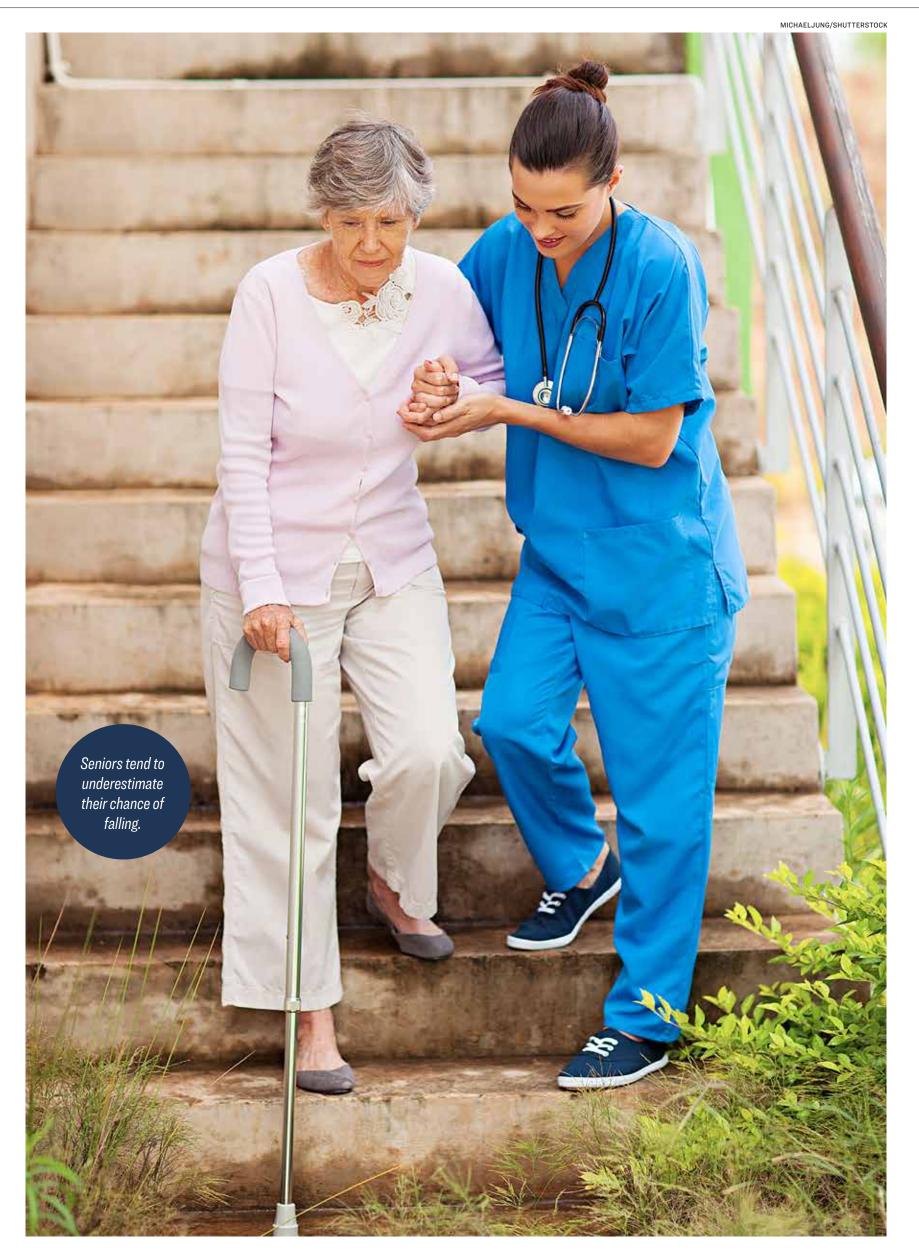
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NAVIGATING AGING

More Seniors Are Rates of fatal falls have doubled since 2000 and doctors can do more to stop that

aging physicians to adopt evidence-

based fall prevention practices. But

doctors still aren't doing enough to

She cites evidence from two studies.

In one, published in 2016, research-

ers found that fewer than half of

seniors who were considered high

risk-people who'd fallen repeated-

ly or sought medical attention for

falls-received a comprehensive fall

risk assessment, as recommended

by the CDC and the American Ge-

problems with their feet, blood pres-

tion, vision, vitamin D levels, and

home environment.

help older patients, Burns said.

JUDITH GRAHAM

lder adults worried about fallng typically receive general ndvice: Take an exercise class. Get your vision checked. Stop taking medications for sleep. Install grab bars in the bathroom. A new study suggests that sort of advice hasn't proved to be very nerable because they're living longer effective: Nearly three times more with conditions such as diabetes and

adults age 75 and older died from cardiovascular disease and taking falls in 2016 than in 2000, according to a recent report in the Journal of such as opioids, she noted. the American Medical Association.

In 2016, 25,189 people in this age fatal falls for adults 75 and older health-related spending. more than doubled during this pe-2016 from 51.6 per 100,000 people in 2000, the report found.

is a more personalized approach to the National Council on Aging. preventing falls, more involvement Since 2012, the CDC has tried to

by medical practitioners, and bet- turn the situation around by encourter ways to motivate older adults to

Elizabeth Burns, a co-author of the report and health scientist at the U.S. Centers for Disease Control and Prevention (CDC), said it's not yet clear why fatal falls are increasing. Older adults are probably more vulmore brain-altering medications

By 2030, the CDC projects that 49 million older adults will fall each group died from falls, compared year, resulting in 12 million injuwith 8,613 in 2000. The rate of ries and more than \$100 billion in

The steep increase in fatal falls is riod, to 122.2 per 100,000 people in "definitely upsetting," especially given national, state, and local efforts to prevent these accidents, said What's needed to check this Kathleen Cameron, senior director alarming trend, experts suggest, of the Center for Healthy Aging at

In another study, published last and nurse practitioners routinely risk evaluation. failed to review older adults' medi-

so), recommend exercise (48 percent didn't), or refer people to a vision specialist (about 62 percent didn't) when advising older patients about falls.

Physicians' involvement is important because older adults tend to take their doctors' advice seriously, said Emily Nabors, program manager of the Fall Prevention Center of Excellence at the University of Southern California.

Also, seniors tend to underestimate their chance of falling.

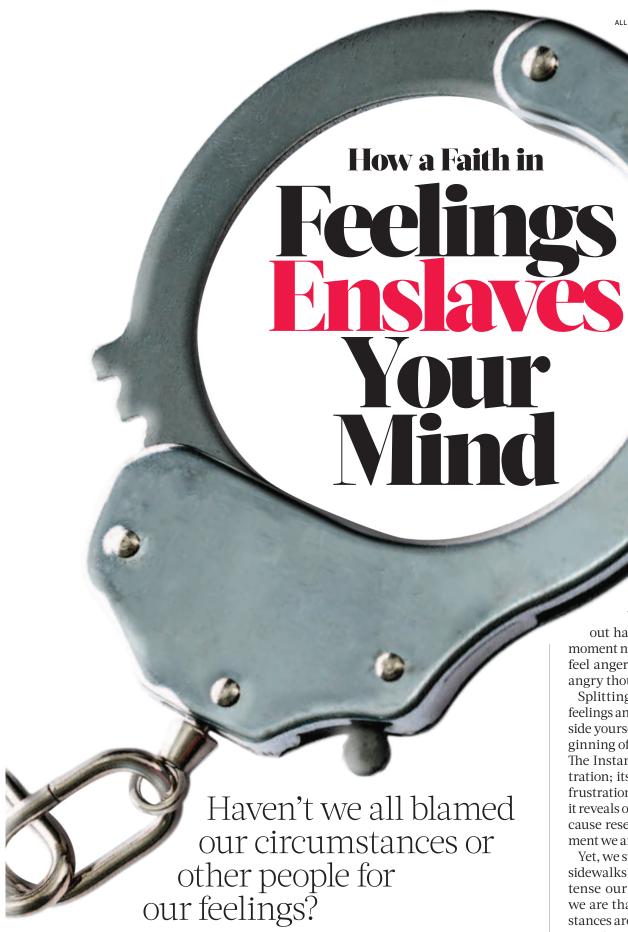
"It's very easy for people to look at a list of things that they should be concerned about and think, 'That doesn't apply to me. I walk just fine. I don't have trouble with my balance," said Dorothy Baker, a research scientist at Yale School of Medicine and executive director of the Connecticut Collaboration for Fall Prevention.

What's the alternative to giving seniors a laundry list of things to do and hope they pay attention? We asked experts around the country for suggestions:

These assessments evaluate a **Get a fall risk assessment.** Doctors person's gait, lower-body muscle should ask older adults three quesstrength, balance, medication use, tions about falls: Have you fallen in the past year? Do you feel unsteady sure when rising from a sitting posi- when walking or standing? And are you afraid of falling?

If the answer is yes to any of these questions, you're probably a good year, Burns found that physicians candidate for a comprehensive fall

cations (about 40 percent didn't do Continued on **Page 12**



BARRY BROWNSTEIN

e have been taught to trust our feelings. Being authentic, we are told, is the key to success. On college campuses, feelings have been elevated to the sacred.

Gillian McCann, a professor of religion at Canada's Nipissing University, relates the story of her graduate school supervisor advising her "to do whatever [she] felt." A friend listening to her story quipped, "That kind of advice has ruined a generation."

Writing with co-author Gitte Bechsgaard, McCann observes that problems with emotional self-regulation and addiction are rapidly growing. They add that "we are living in a culture with an expectation to be authentic and expressive in all life situations-quite independent of context or consequences."

McCann and Bechsgaard pointedly write, "A mind that is left undeveloped (or not attended to) is ... potentially our worst enemy."

Wet Streets Don't Cause Rain

One morning, after setting up my breakfast in my Instant Pot, I sat down and prepared for my workday by watching my thoughts arise. I was attending to my mind, especially noticing grievances and mild annoyances that could undermine my purpose for the day.

As I sunk into my meditation, I heard the steam hissing furiously from my Instant Pot. The pot had not sealed. Mindless, I found myself back in the

kitchen screaming in frustration. In seconds, I was shocked by the intense emotions seething beneath my placid surface. The hissing steam exposed what was lurking in my mind.

If I was ready to learn, the hissing steam was about to teach me a lesson. I could blame the Instant Pot for my rage, or I could acknowledge my thoughts of frustration, irritation, and blame ready

Feelings Don't Cause Thoughts

Haven't we all blamed our circumstances or other people for our feelings? Feeling resentment, we blame our partner for not offering enough support. Feeling anxiety and stress, we blame a traffic delay. Feeling depressed, we are sure it is coming from the state of the world.

We have reversed cause and effect. As

You can't have a feeling without having a thought first.

Our life is what our thoughts

make it.

Marcus Aurelius, "Meditations"

We can interpret our feelings as signals, giving reliable feedback on the quality of our thinking.

cause thoughts. You can't have a feeling without having a thought first. Take a moment now; try to feel anger. Can you feel anger without first conjuring up angry thoughts?

ALL IMAGES BY SHUTTERSTOCK

Splitting your thoughts from your feelings and pretending something outside yourself is causing them is the beginning of psychological enslavement. The Instant Pot didn't cause my frustration; its hissing steam revealed my frustration. Traffic doesn't cause anger; it reveals our anger. Relationships don't cause resentment; they reveal resentment we are carrying within ourselves.

chael Crich-

ton observed,

"Wet sidewalks

don't cause rain."

Likewise, feelings don't

Yet, we stubbornly insist that our wet sidewalks cause our rain. The more intense our feelings, the more certain we are that other people and circumstances are to blame for the feelings we experience.

As our feelings become more intense, so do the associated sensations. Our heart rates may rapidly rise. Our muscles may constrict. Our thinking swirls with rapid-fire thoughts; an external situation has hijacked our attention. We seek relief from our swirling thoughts. For many of us, reaching for our smart- er people or circumstances for your phone is an escape from the swirl. Adfeelings.

The World Is Experienced Inside-Out This past week, you may have experienced anxiety, fear, depression, worry, resentment, frustration, or some other intense feeling. I have never met a per-

son who claims to be immune to negachoose to process our feelings: outsidein or inside-out. Typically, we process feelings in an

outside-in manner. We believe our feelings are giving us feedback about other overcame physical bondage people, our circumstances, past events, or future possibilities.

Most of us pay special attention to some negative feelings while easily overlooking others. Judging by the growing writing "The Enchiridnumber of prescriptions written for ion," he shared his anxiety, many pay special attention to anxious thoughts. For some, when anxiety arises, their thinking speeds up. They are gripped by thoughts of, "Why by things, but by am I feeling this way? How can I get rid the views they of this feeling?" The more their head is take of them." filled with thinking, the less present they are to the moment. Taking a prescription drug may seem like the only

way to calm the mind. Looking at feelings through an outside-in mindset, it seems we have a lot of or disturbed, external circumstances to process and or grieved, let us manage. After all, if an endless supply never attribute of other people and circumstances are it to others, but to causing our feelings, it is natural to have a lot on our minds.

However, we misunderstand how the uninstructed person will mind operates when we attempt to get lay the fault of his own bad to the bottom of our feelings from an condition upon others." outside-in mindset.

always experiencing our thinking and from an inside-out mindset. our feelings from the inside-out.

In "Meditations," Marcus Aurelius wrote, "Our life is what our thoughts make it." From an inside-out mindset, our feelings are a barometer, giving us feedback on the quality of our thinking at the moment.

Taking More Responsibility Understanding that we can only expe-

rience life inside-out, not outside-in, is the beginning of taking responsibility and experiencing psychological free-

In 1895, the first silent movie was shown in Paris. The less-than-a-minute movie simply showed a train arriving in a station. There are apocryphal accounts of audience members rushing out of the theater in fear. The audience experienced the train bearing down on them; the experience of projection was

The story, even if untrue, provides a good metaphor. Gripped by an outsidein mindset, we try to flee our mind's theater by resisting the thoughts and feelings we have created. The feelings we are having in any given moment are arising from our thoughts, not from our external circumstances.

We project our thinking onto the world. In "The 7 Habits of Highly Effective People," Stephen Covey wrote, "We see the world, not as it is, but as we are."

Each moment, we choose whether to take responsibility for our experience of life. When we look at our experience through the lens of an outside-in mindset, we believe our feelings are giving us honest feedback about our circumstances and other people. This outsidein mindset leads to blame.

The alternative is to experience life through an inside-out mindset. Moment by moment, we can interpret our feelings as signals, giving reliable feedback on the quality of our thinking.

Life requires action. When action is needed, an inside-out mindset allows us to act from our highest purpose and values. In contrast, using an outside-in mindset, we approach a problem with a built-in lack of clarity. This lack of clarity undermines our problem-solving ability. Indeed, the harder the problem, the more the lack of clarity in the outside-in mindset works against us. As the popular saying goes, "We cannot solve our problems with the same level of thinking that created them."

Learning From Life

We can go through life kicking and screaming, or we can be a happy learner. To stubbornly maintain that life is being lived outside-in is to be devoted to misery.

To be a happy learner, remember that your interpretation of an "external" situation is a big clue to your state of mind. Observe when intense feelings arise. Observe any thoughts blaming oth-

For example, do bad drivers anger you? If so, observe the accusations you are making. Perhaps you are a good driver, but inconsiderate in other situations. If you are willing to learn, life gives you insight into the contents of your thinking.

Understanding that life is lived insidetive feelings. What is crucial is how we out, practice the subtraction solution: have a little willingness to say, "I must be mistaken because I'm blaming."

The Stoic philosopher Epictetus began his life as a slave. He and then attended to his mind to free himself of his own inner chains. In the collection of his timeless discovery: "People are not disturbed

tus continued, "When therefore we are hindered, ourselves; that is, to our own principles. An

The good news is life's situations—even There are no feelings that can ever exhibs ing steam—will instruct us if we are ist separate from our thoughts. We are willing to learn to attend to our mind

> Barry Brownstein is professor emeritus of economics and leadership at the University of Baltimore. He is the author of The Inner-Work of Leadership. To receive Barry's essays, subscribe to Mindset Shifts at BarryBrownstein. com. This article was originally published on the Foundation for Economic Education.

About to take on a new

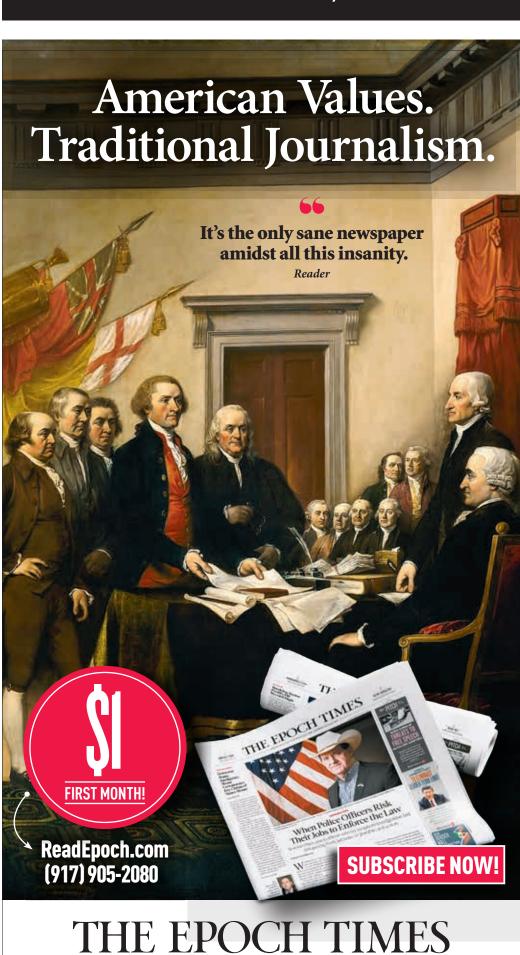
hobby? Best to do a gut

really committed before turning your garage

into a pottery

studio.

check and make sure you're





LEO BABAUTA

ll my life, I've struggled with being half-committed.
Not always, but more than I'd usually like to admit. I say I'm going to stick to something, and I actually believe it. Then, a week later (sometimes sooner, sometimes longer), I falter. I justify it. I feel guilty. I try not to think about it. I resolve to do better. Repeat, for life.

Recently, I read a post by a coach and teacher I respect, Kendra Cunov, on Getting Clear on Commitment. It was thought-provoking, as always, and made me re-examine what I'm truly committed to. Not "I'm committed, but ..." What I'm truly

I've done this before, notably last December, when I was doing an annual re-examination of my life and commitments. It's always useful to re-examine what you're committed to, and to re-commit. But as the year has progressed, it's become clear that I'm only truly committed to some of the things on my list.

So I've been spending some time looking at what makes me truly committed in one area (my family, for example), and not so committed in another (reading books).

What I've found is that when I'm truly committed, there is a deep feeling in my gut that there's no way I'm going to fail at the commitment.

It's not, "I really want to fulfill this commitment." Instead, it's, "There is no question in my mind I'm going to fulfill it."

When I feel discomfort and have an urge to put off the commitment, if I'm not really committed, I'll justify putting it off. If I'm truly committed, there's no doubt in my mind that I'll make it happen.

To paraphrase a teacher of mine, if I'm committed, I become a man who would walk through walls to make it

What are you truly committed to? Are you willing to walk through walls for it? Is there no question in your mind that you'll do it? If you're not fully committed, you have three choices:

1. Keep being half-committed. This is what most of us do. I don't rec-

ommend this at all. It saps you of energy. It makes you feel like committing to something isn't really important. It makes others trust you less. It makes you trust yourself less. Instead, do one of the two next

2. Let go of the commitment. This is the best option in many cases. Let go without judgment. It's OK to not be committed to everything—in fact, it's impossible to be committed to every single thing you want to do. It's better to be committed to fewer things, but more deeply. So examine a half-commitment, and ask whether you want to make this one of your few commitments, or whether it's worth letting go. If you don't feel you'd walk through walls for this, let it go without guilt. Like you're letting go of a caged bird.

a small number of things (maybe four to six), you want to be truly committed. There is no question in your mind that these things will happen. If you are only partly there, don't fret. You can deepen. We'll look at that in the next section.

So let go of the habit of being

half-committed, and either let go of a half-commitment (best option, usually), or deepen to true commitment.

How to Deepen

For me, the process of deepening commitments this year has looked something like this:

Commit to it, including committing to other

people that I'll do it.

• Create a structure to hold me in that commitment even when things get tough. (This includes a "Sacred Council," who I email every week.)
• Things go

• Things go
well, I'm on track,
I feel great. I report
weekly to my Sacred
Council, things are awesome.

• Then I get busy and some of the commitments fall off or are put temporarily on hold. I justify it to myself.

· I re-examine my commitment–from how things have gone, it becomes apparent that I'm not as committed as I thought. I get clear on how I'm showing up and where I need to deepen my commitment

Then I spend some time reflecting on this commitment. I deepen it inside of my heart.

At this point, I spend some time deliberating and meditating. My deepening session goes a bit like this:

1. Go for a walk in nature. I've found that solitude in nature, especially while moving, is ideal. I also will find a rock or log to sit on and find stillness. But first, I like to walk, to get the blood circulating. The solitude creates space to more deeply deliberate. No phone.

Ask myself, "Am I truly committed to this? Would I do just about anything possible to make this happen?" This is a gut check. Feeling deep inside myself to understand how much I care about this.
 Ask myself, "Why do I care deeply about this?" Is it because of my love for my family? Love for the people I serve? Compassion for others' pain? If it's a self-centered reason, I'm less likely to walk through walls to stroke my ego. If it's to serve the world or people

I love, I'm much more likely

to walk through walls. I'd do

anything for my kids. And my

tant than the people I care about.

4. Firm my resolve. If I'm truly committed, I need to feel it in my gut. Even more, I need to feel it in my heart. This is a matter of feeling into my heart for the love that I feel deeply. And how much more

important this is than my self-

discomfort is so much less impor-

Ask what I need to do to make this happen. Now that I'm resolved, I ask what steps need to happen to make this a reality. If I'm committed to impeccable structure for my family's finances, what actions need to happen?

This isn't an exact science, but I'm hoping you can see through this example that it's a process of searching your heart for what you care most deeply about, and what your heart's priorities are.

Deepen your commitments for the sake of the people you love most.

Leo Babauta is the author of six books, the writer of "Zen Habits," a blog with over 2 million subscribers, and the creator of several online programs to help you master your habits. Visit ZenHabits.net

It's better to be committed to fewer things, but more deeply.

THE EPOCH TIMES

TRUTH and **TRADITION**

A NEWSPAPER ABRAHAM LINCOLN WOULD READ

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THE

How to Think Yourself Into a Fit Person

If you want to exercise more, start viewing yourself as an exerciser

Working out in a group has

also been shown to build

SHAELYN STRACHAN

Many of us, aware of the benefits of exercise, try to stick to a routine, only to find our sneakers at the back of the closet when the weather doesn't co-operate, our routine is disrupted, or we are short of time.

One way to turn an exercise fling into a long-term commitment is to develop an exercise identity. An exercise identity is what we imagine when we think of an "exerciser." For most, this is someone who goes to the gym regularly or prioritizes their walk, despite a busy schedule.

When we adopt an exercise identity

When we adopt an exercise identity, physical activity becomes a part of who we are and a powerful standard that can drive behavior.

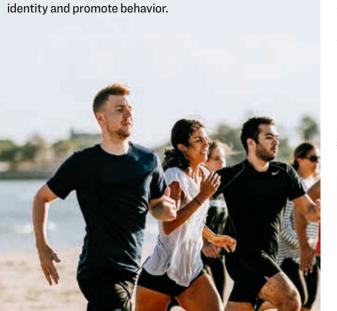
The research L conducted at the Uni-

The research I conducted at the University of Manitoba and the University of Ottawa shows that the more adults identify with exercise or physical activity, the more they do it.

Other researchers agree with the power of exercise identity and have described it as one of the largest psychological correlates of exercise.

Walk the Walk

So how does an exercise identity help people develop an exercise habit? Exercisers feel uncomfortable



when they don't play the part and this discomfort can be motivating. Our research showed that people with a strong exercise identity who imagined not exercising for three weeks felt worse (more guilty), intended to get their exercise back on track, and had more plans about how they would do this than people with a weaker exercise identity.

Identifying with exercise gives people an advantage.

Identifying with exercise gives people an advantage. People with strong exercise identity have plentiful and strong exercise plans and intentions. Their motivation to exercise also comes from quality sourcessuch as enjoyment or their values, rather than from guilt or pressure from others.

Exercise confidence is also strong among people with a solid exercise identity and all these things help people get moving.

Imagine Yourself as Fit

If you want to exercise more, start

viewing yourself as an exerciser. But if your routine sees you more inclined toward a Netflix marathon than true participation, you may be skeptical about how you are going to convince yourself that you are an exerciser.

Imagining yourself as one may help. Retirees who saw themselves in the future as a physically active person reported a stronger physical activity identity one month later.

Fake It Until You Make It

It's always

examine

useful to re

what you're

committed

to, and to re-

commit.

Even if you have a vivid imagination, you may need some behavioral proof that you are an exerciser. Fake it until you make it—simply start working out.

Inactive women increased their exercise identity after participating in 16 weeks of exercise. The identity increases occurred independently of how intensely or long the women exercised.

This means that you don't have to run 30 miles a week or break into a sweat to wear your exerciser badge. Some report that walking the dog or simply working physical activity into their daily lives (for example, getting off the bus a few stops early) allows them to view themselves as

Regardless of the exact exercise rou-

tine that allows you to call yourself an exerciser, consistency is key. The take-home: find a fitness routine that fits your life and stick to it.

Exercise in a Group

Though walking the walk is a way to convince yourself that you are an exerciser, becoming one is actually about more than just exercise.

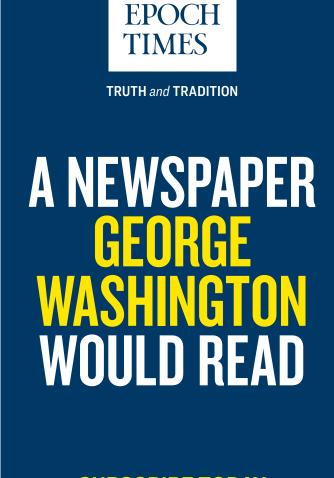
In my research, people started seeing themselves as exercisers when physical activity crept into other aspects of their lives. So shamelessly wear the gear, even when you aren't exercising. And don't be shy to work exercise into your conversations.

exercise into your conversations.

Working out in a group has also been shown to build identity and promote behavior so add other exercisers within your social circle. These efforts may feel contrived but they often happen naturally when you put yourself out there in exercise contexts.

Shakespeare told us ages ago, in Hamlet that "thinking makes it so." So play the part of the exerciser and start thinking about the exerciser that you can be and are becoming.

Shaelyn Strachan is an associate professor at the University of Manitoba in Canada. This article was first published on The Conversation.



ReadEpoch.com

More Seniors Are Rates of fatal falls have doubled since 2000 and doctors can do more to stop that

Continued from **Page 8**

Dr. Muriel Gillick, a geriatrician at Harvard Medical School, believes older patients and their families should "clamor" for these assessments. "Tell your doctor, 'We're really worried about falls. Can you do this kind of evaluation?" she

When you join Medicare, you become eligible for a "Welcome to Medicare" prevention visit, during which doctors should evaluate your chance of falling. (This is a brief screening, not a thorough examination.) Subsequently, seniors are eligible each year for a Medicare annual wellness visit, which offers another chance for a physician to assess your fall risk.

If your doctor doesn't offer these services, ask for a referral to another medical practice, said Leslie Allison, editor-in-chief of the Journal of Geriatric Physical Therapy. Physical therapists can provide an in-depth review of walking, muscle strength and balance, she noted.

The CDC's "Stay Independent" brochure lists 12 fall-related considerations for those interested in doing a self-assessment. The last one asks about depression, which alters attention, slows responses, and is often overlooked in discussions about falls.

Get a personalized plan. A fall assessment should identify risk factors that are specific to you as well as ways to address them.

"The goal is to come up with personalized recommendations, which older adults are far more likely to take up than generic non-tailored approaches," said Elizabeth Phelan, a researcher of falls and associate professor of geriatric medicine at the University of Washington.

Take programs that address balance, for example. Some are desome for those who are active, and still others for those in between. "If a senior goes to a program that doesn't meet her needs, it's not going to work out," said Mindy Renfro, associate professor of physical therapy at Touro University Nevada.

The single most important intervention is exercise-but not just any kind. Notably, simply walking-the type of exercise most older adults

get-won't help unless seniors have for one near you. previously been sedentary.

"If you're walking, by all means, don't stop: It's good for general health and well-being," Phelan said. "But to prevent falls, you need to focus on strength and balance."

Exercise such as tai chi or the Otago Exercise Program could improve strength and balance, advises Cameron of the National Council on Aging. She suggested asking an area agency on aging, a senior center, YMCA, or YWCA about classes. The center also has formed fall pre-

A national directory of resources that can help older adults make home modifications is being expanded through a new program led by USC's Leonard Davis School of Gerontology. Occupational therapists can evaluate homes and suggest changes to reduce your chance of falling. Ask your physician for a

Your doctor's guidance will be needed to review medications that can contribute to falls. Using three or more psychotropic medications vention coalitions in 43 states. Look such as opioids, antidepressants,

Fall-related injuries were the thirdmost-common reason for hospital

readmissions.

antipsychotics, benzodiazepines (such as Valium), and "Z" drugs for sleep (such as Ambien) puts seniors at substantial risk, said Dr. Donovan Maust, an assistant professor of psychiatry at the University of Michigan Medical School.

Be careful during transitions. Older adults coming home from the hospital or starting new medications should be especially careful about falling, because they may be weak, deconditioned, exhausted, and dis-

A new paper from researchers at the University of Michigan and Yale University highlights this risk. They looked at 1.2 million older adults readmitted to the hospital within 30 days of being discharged in 2013 and 2014. Fall-related injuries were the third-most-common reason for readmissions.

In other studies, Geoffrey Hoffman, an assistant professor at the University of Michigan School of Nursing, has asked seniors and caregivers about their experiences during discharge planning. None remembered receiving information about falls or being advised that they might be at risk.

THE EPOCH TIMES Week 29, 2019

Hospital staffers should discuss fall prevention before older patients leave the hospital, Hoffman said, calling it "a time when it's critical to intervene on fall risk."

Consider the message. In research studies and focus groups, older adults report they don't like negative messages surrounding falls such as "You can hurt yourself badly or die if you don't watch out."

"Telling older adults what they need to do to be safe feels patronizing to many people and raises their hackles," Hoffman said.

Instead, seniors respond better to messages such as "taking these steps is going to help you stay independent," Burns of the CDC said.

Judith Graham is a contributing columnist for Kaiser Health News, which originally published this article. KHN's coverage of these topics is supported by The John A. Hartford Foundation, Gordon and Betty Moore Foundation, and The SCAN Foundation.

PIXOFPOP/SHUTTERSTOCK



CONNECT TO LEAD

Leadership Is Forever

When a leader is committed, the team becomes something more

SCOTT MANN

I teach leadership and human connection all over the world.

I teach it in the private sector, I teach it in the public sector, Top 10 banks, nonprofits, law enforcement, and special operations forces, and what I see consistently these days is that leadership is primarily focused in the context of the job or work that a person is in. And when the sun sets on that, they're done. They walk away. I see it enough that it concerns me.

I was brought up to understand that leadership is forever.

Real leadership is forever and I saw this on display time and time again, particularly in combat in Afghanistan, and after Afghanistan.

The guy that showed me this was Chief Warrant Officer 'Romy' Camargo. On his third tour to Afghanistan, he was wounded, shot through the throat in Zabul province with an injury that, by all accounts, should have taken his life.

Medic Steve Hill performed an amazing tracheotomy and kept Camargo breathing while the rest of the team pulled security. The team then fought their way out of a riverbed and medically evacuated him via chopper. Flight medics moved Camargo to Landstuhl, Germany, and then on to the United States. He continued to recover along the way, but what strikes me about this is that the leadership that was displayed at every level shows how leadership is forever.

When Camargo got back home, the team would call and check on him.

Camargo had established himself as an amazing combat leader well before that firefight occurred. He was the kind of guy you wanted to be near when things went lies. He loved them more than life itself that his team was close when they were back home. He made sure that his men and their families were taken care of. He would fight for them viciously because leadership is forever.

So when things took a turn, and Camargo was the one that was hit, his team in touch with them after you parted ways took over. They didn't panic. Because of the because leadership is forever? What if we



way he led and because of the way he empowered his men, they stepped up. They realized it was their moment to lead and after Camargo was medically evacuated, they continued the mission. They continued the mission and pushed on because that's what leadership means.

Leadership is forever.

And then when Camargo got back home, the team would call and check on him. Those of us that were home in D.C. would go and spend time with him. Old teammates would sit with him while he went through surgery. We would sit with his wife, Gaby, because leadership is forever.

They told Camargo he would never walk again, he would never leave the hospital, he would never breathe on his own again. But eventually he learned to breathe on his own again and he left the hospital. Despite not being able to walk, he and his wife, Gaby, have opened a premier spinal cord injury center called Stay In Step. There, he helps other veterans and other spinal cord injury patients get back on their feet, or learn to gain new movements or quality of life again because leadership is forever.

Camargo could have easily retired with south. When things got bad, he always 100 percent disability. He earned it; in fact, knew what to do. He was always first into a lot of people encouraged him to do that, the fight, leading from the front. He took but that didn't happen. Because he uncare of his men, he took care of his famiderstands that leadership is forever. His and he demonstrated that through action They participate at Stay in Step. They still and deed, all the time. Not just in battle, have team parties. They still take care of but in the small moments. He made sure each other, because leadership is forever. And I think...what if we did that in our

lives? What if we shifted our mindset and thought about leadership that way? What if you thought about your associates and your employees like that? What if you viciously fought for them? What if you stayed

Cinnamon has been

for its flavoring and

used for millennia both

asked thoughtful, open-ended questions when someone at work seems distant or disconnected, or angry, and we actually figured out what's going on?

When we change our mindset and meet them where they are–not where we want them to be-we figure out that they've actually got other things going on. Maybe those are issues at home, a severe loss in the family, or they're suffering from depression or dependency of some kind. Because leadership is forever and it lives in those small moments. Those are the moments before things go high order, the moments where you take care of your people and you connect. That's when you look out for them, and you never quit on them. Because, you guessed it, leadership is forever.

They told Camargo he would never leave the hospital, never breathe on his own again.

That's something that Camargo and the

I hope you use it in your life and I'll see you on the rooftop.

Scott Mann is a former Green Beret who specialized in unconventional, high-impact missions and relationship building. He is the founder of Rooftop Leadership and appears frequently on TV and many syndicated radio programs. For more information, visit RooftopLeadership.com

FOOD IS MEDICINE

Why You Should Eat More Real Cinnamon, Not Its Cousin

This delicious spice has a long list of health benefits and won't thin your blood

GREENMEDINFO

f you live in North America or Europe, that jar of "cinnamon" in your cupboard is probably not truly cinnamon at all, but a very similar spice known as cassia. True cinnamon is usually labeled "Ceylon cinnamon" and comes principally from Sri Lanka (called Ceylon in colonial times), India, Madagascar, Brazil, and the Caribbean. Cassia, on the other hand, is often designated as "Chinese cinnamon" or "Saigon cinnamon," and comes principally from Indonesia, China, Vietnam, Japan, and

Cinnamon, one of the oldest and most popular spices in the world, has been used for millennia both for its flavoring and medicinal qualities. In ancient Egypt, it was used to fill body cavities

of corpses as an embalming agent. In ancient Rome, it was considered so valuable that Emperor Nero burned a year's supply on his wife's funeral pyre as proof of his devotion to her.

Ceylon cinnamon is more expensive and more difficult to find in North America, where most spices labeled cinnamon are actually the cheaper cassia. Sweeter, lighter, and more refined than cassia, true cinnamon is most suitable to flavoring desserts rather than more robust, savory dishes which can handle the heavier cassia.

Besides flavor, the most important distinction between the two spices, however, is in their levels of coumarin, a natural compound that acts as a blood thinner when ingested.

Cassia has much higher levels of coumarin than true cinnamon. Patients on

Both types of cinnamon are excellent sources of the trace mineral manganese.

blood thinners such as warfarin (trade name Coumadin) are often advised to limit their intake of cinnamon, but this generally applies more to cassia than to real cinnamon. Both types of cinnamon are excellent sources of the trace mineral manganese, which is an important activator of enzymes essential to building healthy bones, as well as other physiological processes that including carbohydrate and fat metabolism.

They are also both very good sources of dietary fiber, iron, and calcium. The combination of calcium and fiber is thought to be helpful in reducing the risk of colon cancer and lowering cholesterol levels, and relieving constipation or diarrhea.

Whatever you do, makes sure to buy all your spices USDA certified organic because many conventional brands irradiate their raw material with intense doses of radiation.

6 Reasons to Make Sure You're Getting **More Cinnamon in Your Diet:**

1. Lowers Blood Sugar Levels

Cinnamon has been shown to normalize blood sugar levels in type 2 diabetics by improving the ability to respond to insulin. It does so in part by slowing the rate at which the stomach empties after eating as evidenced by a study in which people ate about a cup of rice pudding with and without about a teaspoon of cinnamon. Adding the cinnamon slowed the rate the stomach emptied to 34.5 percent from 37 percent and significantly

slowed the rise in blood sugar levels. Even tients taking prescription blood thinners are less than a half of a teaspoon a day reduces blood sugar levels in type 2 diabetics.

2. Favorably Alters the Blood Lipid Profile Diabetics can also reduce their risk factors associated with cardiovascular disease by consuming even one daily gram (about 1/3 teaspoon) of cinnamon. One 2003 USDA study found that after 40 days of eating between just 1 and 6 grams of cinnamon (about 2 teaspoons), type 2 diabetics were not only able to reduce their blood sugar levels by 18 to 29 percent, but also lowered their triglycerides by 23 to 30 percent, their LDL ("bad") cholesterol by 7 to 27 percent and total cholesterol by 12 to 26 percent. Note: the focus on LDL cholesterol particles by number versus their quality is misleading.

> Cinnamon has been shown to normalize blood sugar levels in type 2 diabetics

3. Supports Healthy Blood Clotting

Much research has been devoted to cinnamon's effect on blood platelets which contribute to clotting. It helps thin the blood and prevents unwanted clumping of platelets. It's so effective as an anti-coagulant that pawarned not to take cinnamon in concentrated form such as supplements or extracts. Cassia has higher concentrations of the bloodthinning agent coumarin, which is all the more reason to opt for the Ceylon form.



Ayurvedic medicine has long used cinnamon for its anti-microbial

qualities to support the immune system and prevent colds and flu. It has been proven to help stop the growth of bacteria, fungus, and the common yeast Candida. One study showed that it is an effective alternative to chemical food preservatives and just a few drops of essential oil of cinnamon added to refrigerated carrot broth prevented the growth of food-borne pathogens for up to

5. Boosts Memory and Protects the Brain.

Chewing cinnamon flavored gum or just smelling the sweet spice has been found to improve brain activity. Research led by Dr. P. Zoladz and presented at the 2004 meeting of the Association for Chemoreception get more in your inbox.

Sciences, in Sarasota, Florida, concluded that cinnamon enhances cognitive processing and was found to improve test subjects scores related to attention, memory and visual-motor speed when working at a

A 2011 study suggested that it may have a role in reducing the kind of chronic inflammation that leads to various neurodegenerative diseases, such as Alzheimer's disease, Parkinson's disease, multiple sclerosis, brain tumor, and meningitis.

6. Improves Digestion

In traditional Chinese medicine, cinnamon has been used for flatulence, nausea, and diarrhea. It is also believed to improve the body's ability to digest fruit, milk and other dairy products.

Both cassia and real cinnamon are often labeled the same in North America. The true Ceylon version will be more expensive, and it will be a lighter shade of brown, a finer powder and have a sweeter scent. When buying the sticks, known as "quills," keep in mind that, generally, cassia will be thicker and the two ends will be rolled toward each other rather than being rolled in one direc-

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Fever and the Nature of Acute Disease

Suppressing the body's immune response works against the best disease-fighting tool available

THOMAS COWAN

The following excerpt is from Dr. Cowan's book "Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness," and is reprinted with permission from the publisher.

n November 1890, a 28-year-old surgeon named William Coley amputated the forearm of a young woman named Bessie Dashiell, Dashiell, a dear friend of John D. Rockefeller Jr., was afflicted with **The History of Fever and the Role of the** a malignant bone tumor in her hand. Coley had recently joined the staff of New York City's Memorial Hospital to work under the tutelage of Dr. James Ewing, a revered sarcoma specialist, and Memorial was considered the foremost sarcoma treatment center in the world. Nevertheless, Dashiell's of weeks.

Shaken by Dashiell's death and what seemed like Memorial's far too frequent failures to treat sarcoma successfully with its advanced-for the time-surgical techniques, Coley began to analyze hospital records. He wanted to better understand the rates of success and failure over time. And he wanted to understand the factors. The results, he discovered, were dismal. Very few of Memorial Hospital's sarcoma patients ever actually recovered.

The overwhelming failure was what made the curious case of a German immigrant and dockworker stand out. Records showed that the man was admitted to Memorial Hospital in 1883 with a malignant tumor in his neck. He was later discharged, having neither undergone surgery nor showing any further evidence of a tumor in his neck. Fascinated, Coley sought the man out, found him alive and in good health, and asked about his experience. What Coley learned surgery, the man had contracted a virulent case of erysipelas, a grave and painful strep infection of the skin.

Erysipelas is usually accompanied by intense pain, redness, and high fever. In the pre-antibiotic era, it was not uncommon to see temperatures as high as 105 degrees for weeks at a time in a patient suffering from erysipelas. Nor was it uncommon for patients to die from erysipelas. This patient, however, recovered, and his sarcoma vanished. The surgical procedure was canceled and the man was discharged.

Immune System

Cases like this are typically attributed to "spontaneous remission for unknown reasons," but Dr. Coley began to investigate the history of fever and the role of the immune system in treating cancer and other diseases. He discovered in the scientific cancer persisted and spread throughout her literature that most so-called spontanebody, killing the young woman in a matter ous remissions occurred in patients who had had a concurrent acute febrile illness. He also found a history of physicians using fever therapy in the treatment of their patients. And he learned that European doctors were injecting cancer patients with bacterial toxins to induce fevers. In 1891 Coley began to experiment.

In the beginning, he simply injected patients with Streptococcus pyogenes, the strep bacteria that causes erysipelas. Among patients who contracted erysipelas as a result of the exposure, approximately 20 to 40 percent died from the infection. Roughly another 20 to 40 percent experienced no noticeable impact on the sarcoma. And roughly 40 percent experienced remission. These results are intriguing and significant, for two reasons: First, for the first time in modern medical history a nonsurgical therapy resulted in the durable remission of a significant number of patients with an otherwise incurable form of cancer. And, second, no matter how successful the therapy, a 20 to 40 percent mortality rate is too high a price was that while in the hospital waiting for to pay. Coley, emboldened, began looking for a better way.

After several years of experimentation, he was able to isolate the S. pyogenes en-



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Any medical worldview that ignores the role of fever and acute illness in the development of the immune system will also be **fundamentally** misguided in treatment

protocols.

dotoxin-part of the outer membrane of the cell wall in Gram-negative bacteria that elicits a strong immune response, including fever-and mix it with the endotoxin from Serratia marcescens.

Each of these endotoxins can provoke significant fevers on its own, but since Coley was using only the part of the bacteria that provokes the immune response, he surmised that there would be a greatly reduced risk of life-threatening infection compared to simply injecting patients with live bacteria. Dr. Coley injected this mixture-known as Coley's Toxins-into patients at increasing doses, depending on their tolerance, provoking fevers of up to 105 degrees on a daily basis for a month. Amazingly, Coley's gamble (with other people's lives) paid off. The death rate plummeted, and the benefits of the fever therapy remained.

Coley treated nearly a thousand patients, mostly with inoperable sarcomas, and his toxins-eventually there were thirteen different formulations—were made available to physicians across Europe and North America from the pharmaceutical firm Parke Davis and Company. A 1945 study calculated a 60 percent cure rate among more than 300 cases of inoperable cancer. This is astonishing and, in fact, far surpasses anything modern oncology has to offer for stage 4 cancer patients.

For decades, Coley's Toxins were used all

over the United States and Europe in the **Understanding the Nature of Disease** treatment of a wide variety of cancers, but never without controversy, in part because Coley could never quite explain how his concoctions worked and in part because results were unpredictable. As early as 1894, Coley's Toxins were criticized severely by the Journal of the American Medical Association, which declared, "There is no longer much question of the entire failure of the toxin injections as a cure for sarcoma and malignant growths." And James Ewing, fanatically obsessed with radiation treatment, forbade Coley to use his treat-

ment at Memorial Hospital. Coley's Toxins were outright banned in 1962 when the Food and Drug Administration refused to acknowledge them as proven drugs. The postwar years were, of course, also the heady early days of radiation, chemotherapy, and the cusp of the genetic revolution—a time when treating a sick patient with something as simple as the induction of a fever began to seem quaintly medieval compared to blasting a patient with the latest technological firepower. The medical world had discovered aspirin and acetaminophen (Tylenol) to suppress fevers and had begun routine use of antibiotics. The idea of the human being as a self-correcting organism, with the primal event of producing a fever as its main tool, no longer had a place in the armamentarium of the modern doctor.

What does all of this have to do with the changing nature of childhood illness and vaccines? Broadly, it has to do with how we're looking at health and disease.

We (modern doctors) have forgotten (or never learned) that acute disease–disease that is typically self-limiting and usually accompanied by fever, rash, and pus—is the primary way the body rids itself of unwanted toxins or other substances. For example, if you get a splinter in your finger and do not remove it, your body may make pus to expel it. The pus is the therapy for the splinter, not the disease to be treated. The splinter, technically speaking, is the disease. If you think of the pus as the disease because it is an infection, you might take antibiotics, but the splinter remains. This mistreatment of acute disease is a fundamental mechanism for chronic disease. In order for a disease to become chronic, there needs to be an insult, often a toxic exposure, and then a suppression

These days, talking about "noxious influences" sounds naive, even childish. We are much more interested in genetics. We furiously attempt to characterize specific mutations occurring in the cells of a specific tumor. We spend billions of dollars a year doing research on DNA sequences in

of the body's attempt to detoxify.

One of the horses at

the Bergen Equestrian

Center involved in the

research.

It was very

profound for

me and it was

life-changing.

It's something

helped me with

Tei Pascal, 21-year veteran

that I found

that really

my PTSD.

of the U.S. Air Force

Children with temperatures over 99.5 degrees were **immediately** given acetaminophen to 'bring their fever down.'

UCCHIE79/SHUTTERSTOCK

Suppressing a fever can undermine a developing immune system and only makes sense when the fever is life threatening, suggests Thomas Cowan, MD.

there has been only minimal improvement in the prognosis for cancer patients. For the 30-plus years that I've worked as a family doctor, whenever I saw a sick child, my first thought was whether I could help the child through the sickness without suppressing her symptoms. For 12 years, I also worked part-time as an emergency room doctor in New York and New Hampshire, and it was a constant source of frustration to me that I had almost no control over how patients who came into the ER were treated, particularly when it came to their symptoms. Children with

> Don't Ignore the Importance of Fever in **Developing the Immune System!**

> these distorted cells. We have been doing this work for about five decades, and yet

> temperatures over 99.5 degrees were im-

mediately given acetaminophen to "bring their fever down," sometimes even in the

waiting room before I got a chance to see them. Once the fever was suppressed, the

child would be evaluated to see if he had

signs of a bacterial infection. If he did-

bronchitis, sinusitis, or an ear infection-

antibiotics would be administered to "clear

up" the infection. These interventions take

place thousands of times per day across

America, with little thought to the role of

infections, fever, and acute illness in the

maturation of the child's immune system.

Understanding the role of acute disease, in general, and fever, in particular, in the prevention and treatment of disease would do more to improve the health of our children than perhaps any other intervention or medical breakthrough. Any medical worldview that ignores the role of fever and acute illness in the development of the immune system-as our medical establishment currently does-will also be fundamentally misguided in treatment protocols-as our dominant medical establishment currently is. This is particularly serious in relation to vaccines, where we are dealing with the developing immune systems of very young children.

Thomas Cowan, MD has studied and written about many subjects in medicine, including nutrition, homeopathy, anthroposophical medicine, and herbal medicine. He has served as vice president of the Physicians' Association for Anthroposophic Medicine and is a founding board member of the Weston A. Price Foundation. He is the author of numerous books, including "Human Heart, Cosmic Heart" (Chelsea Green, 2016) and "Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness" (Chelsea Green, 2018). This article was originally published on KellyBroganMD.com





Tei Pascal working with one

Dr. Yuval Neria (C) with

gen Equestrian Center.

one of the horses at Ber-

Veterans With PTSD

Building trust, sensitivity to overcome

ANDREW THOMAS

or many of our military veterans, → it's difficult to go to war and return home as the same person. Our service members often experience traumatic, life-changing events during their deployments, and the scars from those experiences can manifest as post-traumatic stress disorder (PTSD).

Researchers at Columbia University are now experimenting with equine-assisted therapy as one form of treatment. Working with horses can be therapeutic

for several reasons: Horses are naturally hyper-vigilant, which helps the veterans they work with perceive and comprehend fear responses. They are also sensitive to verbal and non-verbal cues, are social animals, and are forgiving and non-judgmental.

Early research in the field has provided anecdotal evidence that equine-assisted therapy may be effective. Now, researchers are collecting empirical data to determine just how effective it may be.

Studying PTSD

Dr. Yuval Neria is one of the researchers in charge of the study. He teaches medical psychology at Columbia University and is the director of trauma and PTSD at the New York State Psychiatric Institute.

Neria himself is a veteran of the Israeli Defense Forces. He earned the Israeli Medal of Honor for his service as a company commander during the 1973 Yom Kippur War,

Veterans have to earn the horses' trust, and then they can develop a relationship with the animal that's based on respect and affection.

(Bottom R) A veteran interacting with one of during which he was wounded.

Neria also served in the 1982 Lebanon War as a battalion commander. He's been studying psychology since 1984, and works at Columbia University on developing new ways to treat PTSD.

One of the studies he's working on is called the Man O' War Project, which is focused on researching the effectiveness of equine-assisted therapy for veterans suffering from PTSD. This will be the first clinical trial of its kind and the findings will be synthesized into a treatment protocol manual.

So far, 60 veterans have participated in the research, and the team has been collecting data since 2016. Initially, the veterans are assessed to determine if they have PTSD and if the treatment will be safe for them. Once the veteran is accepted as a candi-

and functional connectivity. The researchers study areas of the brain responsible for memory storage and retrieval, fear processing and response, distinguishing between safety and danger, learning, and how these areas are connected.

date, they undergo an MRI before and after

treatment to examine the brain's structure

Horse Therapy

Veterans arrive at the Bergen Equestrian Center in New Jersey and are placed in groups of three to six people. Each group is paired with two horses, and the veterans engage in a variety of activities with them. The treatment lasts 90 minutes, once a week, for eight weeks.

First, the veterans begin by getting to know and grooming the horses. They then begin leading the horse, and then move on to more complicated exercises with obstacles. Veterans have to earn the horses' trust, and then can develop a relationship with the

animal that's based on respect and affection. "The treatment is not so much about the trauma or about the symptoms. It's really about intense and concentrated interaction with the horse," Neria told The Epoch Times.

Tei Pascal is a 21-year veteran of the U.S. Air Force who completed the program. She lives in the Bronx.

Pascal has been deployed five times, but her deployment to Kirkuk, Iraq, left an indelible mark on her psyche. She and her unit experienced mortar attacks at least five days a week, and the barrages had a profound effect on her over time.

"It really takes a toll on you mentally, and this is where I discovered my PTSD started. I didn't know it at the time-I didn't even know about PTSD until years laterbut Iraq was the catalyst for my PTSD," Pascal said.

When Pascal returned home, she experienced a fair amount of stress, and struggled to figure out what she was feeling.

Pascal was living at Florida at the time, and one particular day, there was a severe thunderstorm. The thunder was so loud that it set off a car alarm, and she remembers taking cover with her son.

"This kind of shocked me, because it was the first time this happened, so I didn't know what it was. It took me a moment to realize that 'Hey, I'm not still in Iraq,'" Pascal said.

Pascal didn't realize that she had PTSD, and didn't seek help right away. But, over time, she noticed she had trouble remaining resilient about past traumas. She found herself hyper-vigilant, worried about loud sounds, and in a state of self-imposed isolation.

Building Trust

Initially, Pascal tried to cope by putting on a brave face and pretending that nothing was wrong. When she moved to New York, she wanted to start doing new things.

Pascal had always wanted to try horseback riding, and began taking lessons. After one of her lessons, she noticed a flyer for the equine-assisted therapy research that

Columbia University was conducting.

Pascal knew she was struggling, plus the study involved something she loved: horses. So, in September 2018, she decided to

"It focused instead on relearning skills necessary to build and maintain relationships. As a mother, this was really important to me because I needed to learn to trust people again. I needed to learn how to trust myself," Pascal said.

Pascal and her group were paired with two horses, named Dutch and Jack. Initially, the group started by grounding themselves to keep themselves in the present.

Pascal would then do exercises with Dutch and Jack. She had to build trust with the horses, and learned that they picked up on her energy. She had to allow the horse to feel her energy and allow herself to feel the horses' energy.

Healing and Horses

Pascal started by grooming the horses, and then, talking to them. After gaining the trust of the horses, she and the other participants began taking the animals on walks and doing more complex activities. It took time and effort for her and the horses to be open and receptive toward each

other, and Pascal learned she had to let her own guard down to earn their trust. Over time, the emotional barrier Pascal put up between herself and the horses came

down. She was then able to forge a relationship with them. Neria and the team have yet to analyze

the entire data set, but the results look to be promising. The team plans on releasing their findings later this summer.

They also plan to publish a treatment manual that's informed by their research. Even though the analysis isn't completed, the veterans seem to be responsive to the treatment.

"It was very profound for me and it was lifechanging. It's something that I found that really helped me with my PTSD," Pascal said.





JEFF GARTON

cientists continue to find ways that our thoughts help create the world around us. That makes learning to supervise how you think critically important to having the best life humanly possible.

Tom Campbell, the former NASA scientist and author of My Big T.O.E. (Theory of Everything), says physicists have become the mystics of our time. If you listen to what they are saying today, you'll hear something quite amazing.

Your body and the world around you is a virtual reality that was manifested by your thoughts. Your virtual future is being created right now as we all think. We are co-creators of our good and bad reality, virtual heaven, or hell

As far-fetched as this may seem,

this idea is gaining momentum within the scientific community. For example, research over the past 35 years by the Global Consciousness Project suggests that when human consciousness becomes coherent and synchronized, it can change things in the external environment.

Researchers in transcendental meditation found that when thousands of meditating people (synchronized) meet in one location and focus their thoughts (coherent) on peace and love, violence in that location drops.

Researchers came to this conclusion by observing fewer reported incidences of crime, suicides, and ambulance trips after the group meditation. While some scientists challenge the findings, the effect is interesting enough to spur deeper investigation.

On the other side, a 2012 study by

psychologist Dan Gilbert found the average person spends nearly half of each day on autopilot. You're mentally checked out nearly 46.9 percent of the time. It's like driving through an intersection and not remembering if the light was red or green.

When on autopilot, your mind wanders almost of its own volition. You analyze, second guess, ruminate about past regrets, and worry about the unknown future. This unsupervised thinking creates emotions that make you miserable, anxious, and depressed.

Psychologist Ellen Langer found that unsupervised thinking is visible to others and repelling. You appear aloof, disengaged, and apathetic, which makes you unlikeable.

Bruce Lipton is a former researcher at Stanford University's School of Medicine, developmental biologist, and early advocate of the potential role epigenetics can play on gene expression. He made the controversial assertion that thoughts can alter gene expression.

Lipton claims up to 95 percent of your time is spent living in response to the conditioning you received while growing up. You go on autopilot and rely on habitual brain thinking (mindless thinking) and remain confined within the self-limiting boundaries of your comfort zones.

While lounging in those comfort zones, you allow life's golden opportunities to pass by. When you later reengage with the world, you beat yourself up by thinking you could have done this or should have done that, things you may have done without the fear influenced by the conditioning of your unsupervised thinking.

However, if you can control your thoughts, you really do have the ability to create a better reality. You also have the ability to elevate your potential to function in that reality.

When you use this ability to supervise the tendency of your brain to think habitually, you switch off the autopilot and keep your mind engaged. Then you have the power to self-regulate how to think, feel, and act.

And now you're thinking, Come on, all I have to do to create a kind of heaven on earth is supervise my thinking?

According to the mystics of our time and past sages, from the Stoics to the Buddha, this is the only way any of us can create a better reality. Philosophers and spiritual leaders have been trying to tell us this for over two thousand years. Scientists are finally catching up to them.

The field of integrative medicine incorporates mind and spirit to help heal the brain and body. Meditative practices, clinical hypnotherapy, and the mindfulness revolution all rely on supervised thoughts to ease stress and facilitate healing.

At some point in our not too distant future, we'll no longer be able to get away with blaming other people or our circumstances for the pain and suffering we sometimes experience. If you do, someone might interrupt you and say, "Hey, you created that experience. If you weren't so lazy, you could've just as easily created a better experience. Stop whining and start supervising your thoughts like the rest of us. Our collective consciousness is depending on you."

Jeff Garton is a Milwaukeebased author, certified career coach, and former HR executive and training, provider. He holds a master's degree in organizational communication and public personnel administration. He is an originator of the concept and instruction of career contentment.



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