

# MIND & BODY

In 30 years, annual costs of dementia are projected to climb to \$1.1 trillion.



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Joan Lunden former host of Good Morning America and senior living advocate.

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MARKLEIN BARBER/SHUTTERSTOCK



### CHINESE MEDICINE

## The Difference Between Chinese Medicine, Acupuncture, and Dry Needling

LYNN JAFFEE

**A**lmost 20 years ago when I went to graduate school to study acupuncture, I had two choices. I could pursue a master's in acupuncture or one in traditional Chinese medicine.

The master's in Chinese medicine was more in-depth and included the study of Chinese herbs, as well as other modalities. I realized that I wanted depth and breadth, and after briefly trying the shorter acupuncture program, switched to the traditional Chinese medicine (TCM) program.

Like me, there are many people who get confused over the difference, or whether there is a difference, between acupuncture and Chinese medicine. To throw more confusion into the mix, there are now people offering something called dry needling, which seems suspiciously like acupuncture despite its name. So, what is the difference between these terms?

#### Traditional Chinese Medicine

Starting with the broadest in practice is Chinese medicine. It's also called traditional Chinese medicine or TCM. This is an entire healing paradigm that's based on Taoist philosophy and the belief that your body's organs are systems that mutually support each other. In order to be healthy, your organs must function

effectively and be in balance with your body's other systems. In addition, your body is powered by energy (Qi) which moves in pathways. When this energy is weak, becomes blocked, or becomes overpowering, physical and emotional symptoms and disease develop. Practitioners of Chinese medicine perform a detailed diagnosis with their patients to uncover the underlying source of the problem that's causing their symptoms or illness.

Acupuncture and Chinese herbal medicine fall under the category of traditional Chinese medicine. Other healing practices based on the theories of TCM are Chinese food therapy, cupping, gua sha, warming with moxibustion, and massage-like tui na.

While the underpinnings of Chinese medicine are thousands of years old, this doesn't mean that practitioners are stuck in the second century. Acupuncturists and practitioners of Chinese medicine also base their treatments on current research and clinical evidence. Fortunately, more and more research is becoming available on the effectiveness of this medicine and the physiological impact these healing practices have on your body.

#### Acupuncture

Acupuncture can mean one of a couple of things. First, it is a healing practice that is a part of TCM. However, acupuncture can, and is, practiced in the absence of TCM. Western doctors, chiropractors, and other practitioners may perform acupuncture using the energetic pathways and acupuncture points along those pathways without much training or knowledge in TCM diagnosis or theory. In this case, acupuncture treatments are based on symptom relief only and are often used for treating musculoskeletal conditions.

Medical acupuncture is acupuncture performed by medical doctors who have training in acupuncture. Their treat-

ment strategies are often evidence-based, which means that they may only employ treatments that have been proven to be effective by scientific research. This can be a double-edged sword. While it's prudent to perform treatments based on the science behind it, there are many health conditions that acupuncture may help, but the research does not yet exist.

#### Dry Needling

Dry needling is a term that carries some controversy. It is essentially needling patients with acupuncture needles, but with no or very little training in acupuncture, energetic pathways, or acupuncture points. Dry needling is often used by physical therapists and chiropractors to release muscle knots and trigger points.

It is almost always used for treating musculoskeletal conditions, and treatments are very much symptom-related.

The controversy behind dry needling is that many professionals believe that dry needling is actually a term coined so the people performing it can bypass any kind of meaningful training. By calling what they do "dry needling," they are technically not performing acupuncture, but some other procedure that looks exactly like acupuncture and uses the same needles.

#### Education

The difference in education between practitioners of TCM, acupuncture, and dry needling can vary widely. Practitioners of TCM have somewhere between 3,000 and 4,000 hours of training, with about 600 of those hours in the clinic. A medical doctor performing acupuncture can do so after 100 to 200 hours, and a chiropractor can become board certified (by their own local board) in acupuncture after 105 hours. A chiropractor, physical thera-

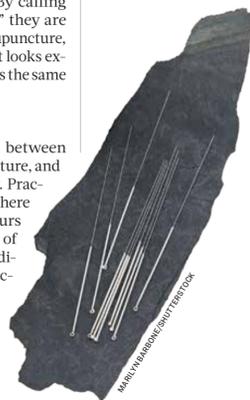
**There are many people who get confused over the difference, or whether there is a difference, between acupuncture and Chinese medicine.**

pist, or massage therapist can perform dry needling after about 30 hours of training. Because of the wide disparity in training, before any practitioner places needles in your body, I would ask them about their specific training to do so.

Ironically, even though there are clear distinctions between TCM, acupuncture, and dry needling, those lines are becoming blurred. Eastern and Western philosophies are merging. Acupuncture is being performed in hospital emergency rooms. Western medications have been and continue to be developed from Chinese herbs. Olympic athletes are turning to cupping as a way to recover after workouts. And TCM practitioners are using electric stimulation, far-infrared heat, and lasers in the clinic. Patients are learning that this medicine has benefits and are seeking it out. And that's a good thing.

Lynn Jaffee is a licensed acupuncturist and the author of "Simple Steps: The Chinese Way to Better Health." This article was originally published on AcupunctureTwinCities.com

Chinese medicine is a broad practice that includes acupuncture, Chinese herbal therapies, and other practices.



MARKLEIN BARBER/SHUTTERSTOCK

### CANCER UP CLOSE

## Finally Facing My Symptoms

Cancer isn't the first thing that came to mind, and it was the last thing I wanted to hear

MICHELE GONCALVES

*Cancer is one of the most common diseases of our age, and yet those who face it rarely know what is about to happen to them beyond the broadest terms. "Cancer up Close" is an open recount of Michele Goncalves' cancer journey from pre-diagnosis to life after treatment.*

**W**e all know when something is wrong. Call it a sixth sense, an inner voice, or whatever you'd like. To me, this is truly a gift from above, but whether we choose to listen or not is up to each one of us.

For over a year, my inner voice was whispering to me that the blood in my stool and growing belly pains needed to be checked out, but honestly, I wasn't mentally or emotionally prepared to do anything about it.

I had convinced myself that the blood was being caused by hemorrhoids and that everything would settle down and go away.

But the bleeding and the belly pains didn't go away. As time passed, that whispering voice grew louder until one day I heard a piercing scream and couldn't ignore my symptoms anymore.

It was early September 2017 and I was packing for a flight to Moscow the next day. I was struggling with extreme fatigue and a pain in my belly, just under my belly button. I felt like I might be

getting a urinary tract infection, something I'd never had before. It worried me. I thought about canceling my flight, but it was my last trip for the year so I pushed myself to get through it.

Deep down inside I knew my symptoms could be serious.

**Thanks to my now screaming inner voice, I ignored his irresponsible remarks to 'not worry about it.'**

By divine "coincidence," it just so happened I was having my monthly phone consultation that day with my functional medicine doctor from Michigan. When I described my symptoms, the doctor suggested I get some over the counter cranberry pills to see if that would help.

I rushed to my nearest drug store and picked up a box of the brand CranRx, and gulped down two pills. Miraculously, they made me feel notably better within an hour. This gave me enough energy to finish packing.

So off I went to Moscow. During my entire three-week stay I felt awful. I struggled with constant fatigue, non-



DANNY G/UNSPLASH

stop urges to pee, periodic chills, occasional nausea, and a pesky pain in my lower abdomen. Oh yeah, plus I could not really have a proper bowel movement during the entire trip. Looking back, I don't know how I managed to get my work done.

I mentioned some of what was going on to a colleague who was with me, and he (like me) thought it sounded like kidney stones. I have had kidney stones before and the chills, nausea, and pains felt familiar. But I was ignoring the alarm going off—the fact that my bowel movements were almost non-existent. That is definitely not a symptom of kidney stones.

Nevertheless, when I returned from my trip I quickly booked an appointment with a urologist with good reviews on the internet. After an ultrasound and pelvic exam, I was sent in for a CT scan to check for stones. The results came back negative. I was surprised; I thought for sure it was a kidney stone. Sadly, now I'd have

Sometimes we know when something isn't right, but we just don't want to face it.

**For over a year, my inner voice was whispering to me that the blood in my stool and growing belly pains needed to be checked out.**

to let this idea go.

However, what the CT scan did show as clear as day was that I was seriously constipated. Yet my urologist did not seem to wonder why this was. He just told me to take Miralax (a brand of stool softener) to help me "go."

Before he left the exam room, my astute auditing skills kicked in. I was reading the copy of the radiology report he gave me and noticed an interesting statement on the last page near the end (of course). It said "Wall thickening noted in the lower rectum. Can't rule out malignancy. Follow-up recommended."

When I asked my urologist about this, which he had not brought up in his discussion with me about the results, he said not to worry about it. He suggested I was probably straining from constipation while trying to go to the bathroom and my rectum was just swollen.

Thanks to my now screaming inner voice, I ignored his irresponsible remarks to "not worry about it." Instead, I took the advice of my functional medicine doctor, who was alarmed by my CT scan and rushed to book an appointment with a gastroenterologist to see what was causing the blockage.

By now, my fear was ballooning inside me from things I'd seen on the internet about my symptoms. I knew the time had come to stop ignoring what my body was telling me. Turns out, this was a very smart move on my part.

Next week I'll take you into my first colonoscopy experience, and the devastating diagnosis I never expected.

Until then, breathe deep and be kind.

Michele Goncalves is a financial compliance and fraud auditor for a Fortune 500 company by day and a passionate pursuer of holistic and functional medicine knowledge by night.

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# HOW HEART HEALTH FACTORS INTO Alzheimer's Disease

To reverse the tide of dementia, medical researchers need to get past a broken paradigm

CONAN MILNER

Alzheimer's disease is characterized by progressively worsening dementia. Almost 6 million Americans suffer from this disease, but that number is expected to more than double by 2050. It's already a great burden for sufferers and their families, but the cost of care is quickly becoming an enormous economic burden for the entire country. Today, dementia patients cost the United States \$290 billion a year. In 30 years, annual costs are projected to climb to \$1.1 trillion. For several years, drug companies have claimed that a pharmaceutical solution for this looming crisis lay just over the horizon. In reality, however, the drugs they've tested have shown little promise.

One reason for these failures may lie in the drugs' intended target: the brain. Alzheimer's disease clearly has a destructive impact on the mind. Add to this the presence of amyloid plaques found in the brains of deceased Alzheimer's patients, and you can see why conventional wisdom considers it a brain disease. But a number of doctors and researchers say this narrow understanding overlooks important warning signs that give more insight and dimension to this disease.

One such critic is Dr. Mark Menolascino who runs the Meno Clinic Center for Functional Medicine in Jackson Hole, Wyoming. Menolascino points to a growing body of research which finds that the health of the heart can reveal problems that will impact the brain down the road.

Menolascino is an internist who comes from a family of physicians, but he finds a lot wrong with modern medicine. In his new book "Heart Solution for Women: A Proven Program to Prevent and Reverse Heart Disease," Menolascino looks at how the medical establishment's narrow approach specifically impacts women. From the decades of research trials that failed to include any women in the sample, to ignoring the number of ways that female heart disease differs from male heart disease, Menolascino says such ignorance and lapses in judgment have helped contribute to heart disease becoming the most common killer among women today.

Menolascino says that if more women were advised on heart-healthy lifestyle choices by their doctors, not only would they be better able to avoid heart disease, they would be less likely to develop Alzheimer's and depression as well.

The Epoch Times talked to Menolascino about the heart's role in Alzheimer's disease, as well as other ways our medical system misses the mark in regards to supporting health and well-being. Answers are edited for clarity and brevity.

**THE EPOCH TIMES:** We typically think of Alzheimer's as a disease of the brain. How does the heart figure into it?

**DR. MARK MENOLASCINO:** The

thing that really ties the brain and heart together is inflammation. The same kind of inflammation that makes that plaque rupture to give you a heart attack is the same type of inflammation that's destroying the cells of the brain.

We got heart disease wrong for women and I think we're getting Alzheimer's disease wrong for everyone. We thought cholesterol caused heart disease. Now we know that half the people with normal cholesterol still have heart attacks, and half the people with high cholesterol never have heart attacks.

We thought Alzheimer's was all about this amyloid plaque, and now we're finding out that half the people who have Alzheimer's don't have amyloid plaque. So this idea that we're going to have a single model therapy for Alzheimer's has proved with billions of dollars and up to 40 clinical trials of medications wrong.

Their idea is that one therapy will work. But it's not just one particle, it's a whole person. Think about it like 36 holes in a roof. You could have one really good patch, but the roof still leaks. You have to work on all of them.

**THE EPOCH TIMES:** This whole-body perspective you're talking about was once how doctors practiced medicine all around the world. But for the last 100 years or so, our modern allopathic model has chosen a reductionist approach. Why does the medical establishment prefer this paradigm, and why are doctors like yourself returning to a more holistic approach?

**DR. MENOLASCINO:** I'm a board-certified internist and when I have pneumonia, I want the best antibiotic I can get. For acute care medicine like this, our medical model works incredibly well. But for chronic illness, like diabetes, heart disease, autoimmune disease, and dementia, that model doesn't work very well. It woefully fails.

In medical school, we're taught the Rene Descartes reductionist model. We break down everything into the smallest piece so we know what pill to put in what ill.

Now we're returning back to this concept of systems theory. The body and the mind are a beautiful system, and they're actually connected. In medical school, they told me the brain was a mysterious black box. It was independent and had no interaction or relationship to the rest of the body. Now we know that the chemicals in the gut are talking to the chemicals in the brain. Serotonin controls mood, and now we know that most of the serotonin originates in your gut.

There is 90 percent more serotonin in your gut than in your brain. The permeability of the gut-leaky gut—now correlates to the permeability of the blood-brain barrier—the leaky brain.

The heart and brain and all our organs are connected to each other by the vagus nerve (which is Latin for "wanderer") and this conduit of information is a two-way channel of com-

munication for the brain to the rest of the body and vice versa.

It's about this whole system approach of looking at the brain. We now know that the brain and the body are intimately linked and that there is a relationship with the heart biorhythms and the brain biorhythms.

You can die of a broken heart, and we now know that what happens in the brain can also happen in the heart.

We're finding such a beautiful relationship in our knowledge base of neuro-chemistry and neuroimmunology and how the immune system and nervous system are communicating. We thought the brain was immune protected and privileged, and now we know that the brain and immune system have an intimate dance that they do, and inflammation in the body affects inflammation in the brain. Did you know depression may actually be an inflammatory disorder, not a serotonin imbalance?

We're just beginning to understand that your hormone balance has a lot to do with your brain health. That doesn't mean everyone should take hormones, but it shows how we're exposed to hormones in our food, environment, and medication, and how your body must process them and detoxify them.

**THE EPOCH TIMES:** One of the alarming things about Alzheimer's is how fast it's growing. Why do you think

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We're now calling Alzheimer's Type 3 diabetes.

Dr. Mark Menolascino, medical director, Meno Clinic Center for Functional Medicine



AFRICA STUDIO/SHUTTERSTOCK

we're seeing such a sharp rise in this disease?

**DR. MENOLASCINO:** Obviously, part of the reason is that we're living longer so we're seeing more. But it may also have to do with the lack of quality food, the reduced nutrient density in our soils, the increased toxicity and exogenous hormones in our food and environment, and all the chemicals that we're exposed to.

So I don't think it's any one thing. But I do think it's a combination. And a lot of these exposures start when we are very young.

We also don't have good tools for it. The medications don't really help.

**THE EPOCH TIMES:** What are the symptoms that show someone is on the road to developing a chronic inflammatory disease?

**DR. MENOLASCINO:** We can see them when they first walk into our office. It's the people who carry extra weight around the middle—particularly in the waist more than the hips. It's that central body fat, that internal, visceral, hot, inflammatory fat that people hold that makes the liver not as healthy. We can see the ruddiness in the skin, the buffalo hump or fat pad of insulin resistance on their neck. We can see nutrient deficiencies in their fingernails. We can see fatty acid deficiencies in the skin. We see food sensitivities with different patchiness on the tongue. We see little fat deposits on the eyelid.

There's a lot we can see on the body, but really, the average American is diabetic and obese. And what we're settling toward is average. They're saying two out of three children born this year will become diabetic adults. That's just not acceptable. We have to turn the tide of inflammatory obesity and diabetes.

We're now calling Alzheimer's Type 3 diabetes. There is very early insulin dysregulation before we see blood sugar changes that suggest the blood sugar of the brain is abnormal. Sugar is like fire on the brain. It's like when you take a beautiful organic apple and dip it in candy and caramelize it. It's what we're doing to ourselves. No matter how good the inside is when you put a sugar coating on it, you're going to disrupt its ability to function.

**THE EPOCH TIMES:** So we should definitely cut back on our sugar, but what other steps can we take to reduce our risk of Alzheimer's?

**DR. MENOLASCINO:** What we really want to do is focus on clean food, clean water, and clean air. We want to have love and support in our lives, and exercise in moderation. You really have the ability to turn on good genes and turn off bad genes, and the power is at the end of your fork.

And it's not just what you eat, but how you eat. Do you eat alone in your car or desk at work shoveling down fast food, or do you eat with a group of people you care about and share the love of the day, and support each other to make good choices? You're only as healthy as your friends are so pick good friends.

As far as exercise, do the little things. Take the stairs instead of the elevator, do a few laps around the grocery store before you get your cart and start shopping. When it's safe, park at the end of the parking lot and walk from the other end to the store. Just get a little bit of extra

movement and extra support in your life. Find people that care about you and that you care about. And try to eat clean, less processed food.

**THE EPOCH TIMES:** These are the most basic tenets of health that doctors have been preaching forever. Why does this simple message still have trouble getting through?

**DR. MENOLASCINO:** I was told in medical school that I would need to see a patient every seven minutes. A current study shows that a doctor will interrupt within 11 seconds of a patient talking. Our current medical model is not designed to listen to people and get to know them. You have to build a relationship and a trust where you can talk about lifestyle things. Today, it's all about writing a prescription and it's not really focused on wellness.

I talked to a CEO who was very stressed out and unhealthy and he just didn't know where to start. I said, "Everyday at lunchtime, take one employee, and offer to take them for a 15 minute paid walk. Ask them about themselves, their family, and your business. You will learn more about yourself and the people who work for you. You will be doing yourself a favor, but you will also be helping someone else."

A year later, he had lost 80 lbs. He was heralded as one of the best bosses in the industry, and he had a very vibrant, healthy and productive workforce. All it takes is one decision and we can really help each other. It's not that hard to get healthy and stay healthy.

But don't try to do it all at once. Just try little steps. Go for a small walk around the block after dinner for the first week. Do two blocks the second week, then three blocks. Start slow, be successful, congratulate yourself. Take a friend with you, even if it's your dog.

**THE EPOCH TIMES:** I'm struck by this idea of community in regard to our health. Why are relationships so important?

**DR. MENOLASCINO:** We know that women live longer than men because they have better relationships. The Mediterranean eating plan seems to have the best mortality



ARND LUNDEN

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Dr. Mark Menolascino, medical director, Meno Clinic Center for Functional Medicine

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benefit. It may be the food, but it's also different in Italy, France, and Greece. What's common in these cultures is that they eat as a family and as a group. They laugh, they love, they share and support. They cook and clean and eat together.

We're very social beings. We need stress in our lives because it what gets us out of bed, but stress can either be the glass half full or half empty. It's your choice. If you surround yourself with people whose glass is half empty, you're going to find that your support system isn't as healthy.

Choose healthy friends. Try to help support them and I think you'll find that life is more fun, more enjoyable, and you'll probably be healthier if you find that kind of love and support in your life.

**THE EPOCH TIMES:** But drug companies say a cure for diseases like Alzheimer's is just around the corner. Why should we bother with all this healthy food and lifestyle stuff if there is a promise that we'll soon have a drug to take care of it?

**DR. MENOLASCINO:** It's interesting you said that. Dr. David Perlmutter is a good friend of mine who wrote the book Grain Brain. He's a neurologist and one of the premier experts on Alzheimer's. Last week he posted that there will never be a drug for Alzheimer's in our lifetime. They are failing miserably at this single drug therapy because I think we're approaching the wrong target. Alzheimer's is a multi-factorial system.

I would be the first to celebrate a miracle drug. But I've been looking at Alzheimer's research for years. I did the very first clinical trial 35 years ago, and it's not any better than what we have now. I think it's because the entire approach is wrong. We're never going to have single drug success because it's a multi-factorial systemic effect. Medications for chronic conditions just do not work well and have a whole host of side effects.

In functional medicine, any disease a person has can have multiple different pathways to get to that endpoint. To restore health, you have to unravel those multiple pathways, and it's unique for everyone. So instead of a one-size-fits-all, it's a unique

personalized, precision approach. What's your story? How did you get there?

We should be asking ourselves, "What can we do in our own lives?" Because Alzheimer's starts 10, 15, even 20 years before there are symptoms. It's inflammation that is brewing. These lifestyle choices are slowly wearing away at you until you develop this memory problem that fits this category. And once you do, they say, "We really don't have a treatment. Get your affairs in order. Your future is in a nursing home."

But there is a proven model that takes this whole-person approach. It looks at nutrition, detoxification, hormone balance, and genetic variability. This is really where the future of Alzheimer's therapy is going to be, both prevention and treatment.

There's a company called Enso Health that is looking to put together this protocol and develop a coach-based model with five of the premier physicians in functional medicine all collaborating. This approach helps fix all 36 holes in the roof. You'll see the results of this next year. Cognitive decline is reversible and I believe preventable.

**THE EPOCH TIMES:** As I was reading the heart health statistics in your book, and how our medical system has ignored women in this regard, it made me wonder if there were female-specific features in regard to Alzheimer's too. Does this disease affect women differently than men?

**DR. MENOLASCINO:** Women are more afflicted with Alzheimer's than men are and part of it may be the hormone changes women go through are more abrupt than men's are. The other thing is that most caregivers of Alzheimer's patients are women. Studies have shown that being a caregiver of Alzheimer's patients actually induces cognitive loss. So women really carry the burden of dementia in our country and worldwide.

But what we're seeing is that a functional approach to dementia, or what they're calling mild cognitive impairment—when someone is having memory problems with day to day activities—that you can slow down or reverse it. What a game-changer it could be for our

society just to be able to slow that process down, and potentially reverse it for some people.

There are protocols out there looking at this whole-person approach that are reversing dementia and mild cognitive impairment, and slowing down this progression. I think you'll see a wave of programs coming out by doctors like myself who have the tools. But very few doctors can do this because they don't understand hormones, detoxification, and genetics, and it's very complicated to put it all together. That's why you don't hear much about this. It's much easier to prescribe a pill. It's much, much harder to teach patients about lifestyle factors and detoxification and putting it all in a plan to help a unique individual. But it's really fun. It's my personal passion. I have taught tens of thousands of doctors how to do it. And I'll teach tens of thousands more.

**THE EPOCH TIMES:** It's interesting that you came from a family of conventional doctors, but you decided to take a functional medicine approach. What made you choose this path?

**DR. MENOLASCINO:** When I was in high school I worked in clinical trials that saw how tobacco tar caused cancer, but my pediatrician smoked. So I decided I could not be part of this broken medical system. Then I started working with Dr. Dean Ornish who was studying 100 men who had heart attacks and heart vessel blockages. They were either going to have bypass surgery, or they were going to do his program, exercise and eat right, deal with stress, have love and support. People said he was crazy, but guess what? 35 years later, his group has done better.

I saw in high school that lifestyle medicine trumped acute care medicine, so I wanted to be the best at both. I wanted to be an internal medicine specialist, so I could understand the intricacies of medicine and acute care. But I also spent time learning about nutrition, Ayurvedic and Chinese medicine, lifestyle, and exercise. So I have all these tools and we can pick and choose which are the right ones for you.

**THE EPOCH TIMES:** This interview has been edited for clarity and brevity.



RUSLAN HUZAI/SHUTTERSTOCK

## ELEVATE AND INSPIRE

# Nun's Illnesses Miraculously Cured After Doctor Gave Her a Book

Wandering nun found new path after illness became so severe that recovery seemed impossible

DANIEL CAMERON

This is a story of hope, one that provides insight into the life of a businesswoman who later became a nun in her arduous quest for the true meaning of life.

Meet Shi Zhengtong. Born into a farmer's family in a rural area of southern Taiwan, Shi (pronounced "Shrr") grew up on the bare necessities of life.

Her kindhearted family believes very much in serving others. Growing up, Shi's family was not financially well off but nevertheless always went out of their way to help neighbors and the people around them.

Despite hardly having enough food for themselves, Shi's parents encouraged their children to share food with needy locals in the community so nobody would starve.

"It really wasn't even easy to have three meals a day," Shi tells NTD show host Yu Xin.

Shi explains that when she was a young girl, she was often sick. Her family had little money to spare on medical expenses. Their money mainly went toward food, shelter, and transportation.

## Secular Life

Later in life, she established a business with her brothers, importing Buddhist items.

Each day when she was at the office, and when she had spare time after having completed her work, she'd take out her Buddhist scriptures to read and sit in the lotus position, a seated-meditation position where both legs are folded atop one another.

Shi did not feel any meaning to her work; she did not enjoy it. Life itself became depressing. She had no interest in the business, nor secular life, not to mention her own family. Her heart just wasn't in it.

She wanted to become a nun from as young as 6 or 7, but never could, as she felt a responsibility to her family.

There came a point, however, when secular life became too much, and she seriously considered giving it all up to become a nun.

For two years before she finally became a nun, she cried a lot and felt great hardship internally at the thought of leaving her family.

## Taking Up the Robe

The time came when she could not ig-



Shi Zhengtong was born into a poor farmer's family in southern Taiwan.

After taking up the spiritual system, she noticed a considerable improvement to her overall mental and physical health.



Shi Zhengtong holds a begging bowl in order to beg for food to feed herself, according to Buddhist tradition.

nore her heart's desire any longer, so she gave up everything and took up the robe to become a Buddhist nun sometime in her 40s.

For several years, Shi remained in a temple to cultivate herself.

She realized, however, that the scriptures she studied could no longer guide her any higher in her cultivation.

"It's agonizing for a cultivator who wants to upgrade oneself, but does not have the Way to do so," explains Shi.

That's when Shi resolutely decided to leave the temple and go off on her own. In addition to the robe she wore, her only possessions included a cloth bag, an umbrella, and a sleeping bag.

Alone, she roamed barefoot on the streets, day in and day out under the baking sun of southern Taiwan.

"The soles of my feet were worn out," she said, adding the hot asphalt road was excruciating to walk on.

Begging for alms was how she survived.

She walked and walked like this, from county to county, in search of a master who could help her return to her home in heaven, "to the origin," she explained.

She would sleep outside, under trees, sometimes even in cemeteries.

All this roaming around was torturous, but such is the ascetic life of the monks.

Host Yu Xin asked how she kept going despite all the hardship.

To that, Shi explained that because it was for a greater purpose, she did not feel bitter inside.

She adds that whenever she saw a kindhearted person smile at her, such a simple act, it would truly lift her spirits.

Though the person may not realize it, it encouraged her to keep going.

## A Turning Point

Shi's health when she was a young girl was not so good, as she was afflicted with numerous ailments, and life as a wandering nun exacerbated her condition, taking a huge toll on her health.

She was faced with the reality that her life as a nun could not go on.

Then one day in 1998, there came a turning point.

As there are a number of free services made available for monks and nuns in Taiwan, Shi used to be treated at a health care clinic, where she became acquainted with a doctor. He was well aware of her deteriorating condition and knew that medical treatment could not help her.

Before leaving the clinic after a checkup one fateful day, that doctor friend gifted her a copy of Falun Gong's principal text, Zhuan Falun.

Falun Gong (also known as Falun Dafa) is an advanced spiritual discipline of the Buddha school and is based on the principles of "Truthfulness-Benevolence-Forbearance."

According to Margaret Trey, "One of the reasons for Falun Gong's popularity is its remarkable healing effect," in her Ph.D. research outlined in the book, "The Mindful Practice of Falun Gong: Meditation for Health, Wellness, and Beyond."

Shi's doctor friend knew of the practice's health benefits and recommended she try it.

After being handed a copy of the main text, Shi found a place to sit down quietly and read.

She respectfully lifted the book above her head before flipping open the first page. When she laid eyes upon a picture of Master Li Hongzhi, the founder of the

practice—"my tears fell instantly," she recalled.

She felt a profound familiarity with this teacher, as though she had met him before. In her heart, she knew she had finally found her teacher.

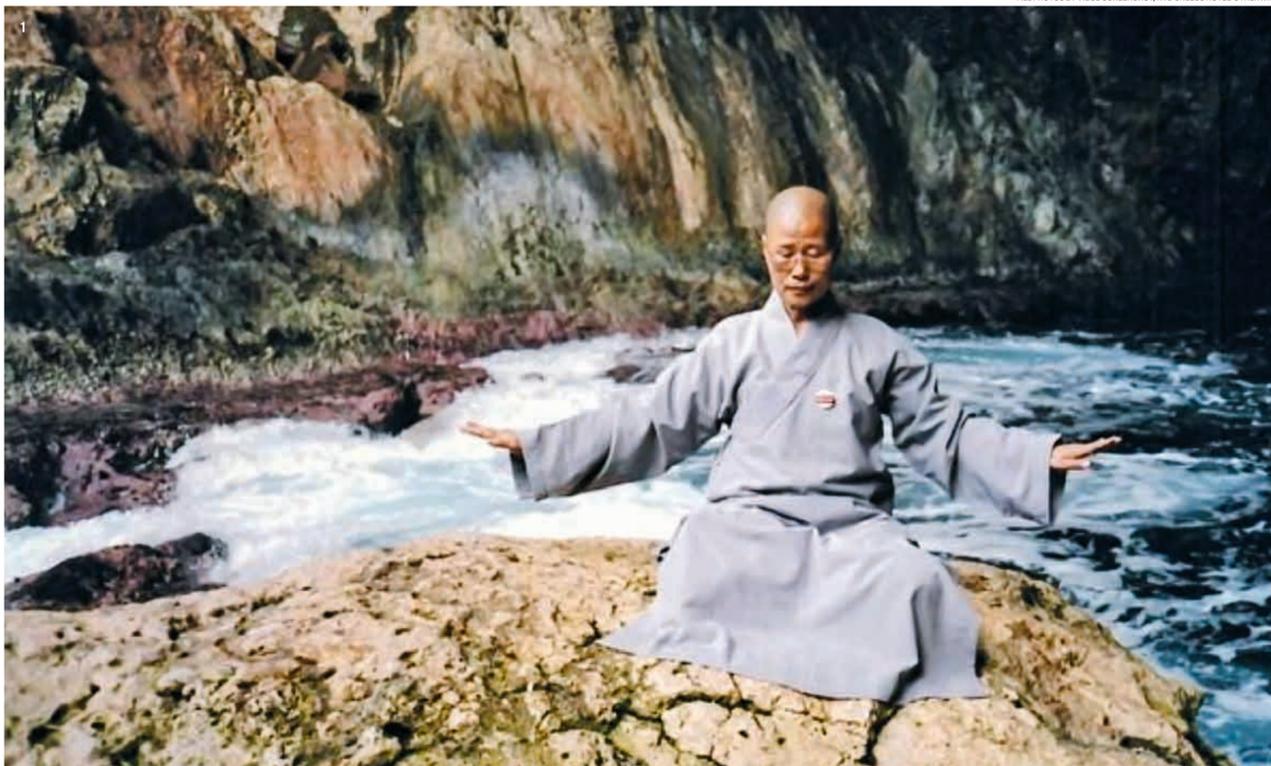
"I felt like a lost child who had returned home," she said, sharing her deepest feelings. "During that time, I would cry when I read the book. My tears would keep flowing."

Reading Zhuan Falun, it was as though she had found her parents, that she had found home.

"The inner meanings of this book ... I just knew it's the mighty Buddha Fa manifesting once again in the human world."

Falun Gong is not a religion, so there are no places of worship, and its practitioners are encouraged to conform to the norms of society as upstanding, law-abiding citizens. As Shi had already been a nun for many years, she chose to remain a nun and not return to secular life.

The robe she wears today is the same robe she has worn since around 1988. As



right with Falun Gong, especially given her poor health, which turned out to be a blessing in disguise.

After taking up the spiritual system, she noticed a considerable improvement to her overall mental and physical health.

Her ailments, which had tortured her for so long, seemed to disappear. She now has a healthy appearance and is not afflicted with illnesses. She's even able to walk up stairs with ease.

"Very soon my health recovered," says Shi. She also went on to explain that all those who practice these meditative exercises gain better "mental and physical health."

Falun Gong is not a religion, so there are no places of worship, and its practitioners are encouraged to conform to the norms of society as upstanding, law-abiding citizens. As Shi had already been a nun for many years, she chose to remain a nun and not return to secular life.

The robe she wears today is the same robe she has worn since around 1988. As

new as it looks, she says the hems inside are all frayed, though one cannot see this from the outside.

Shi says she has learned how to sincerely look within her heart to improve herself, which is an integral part of her self-cultivation.

She says that in traditional Buddhism, lay Buddhists treat monks and nuns with such respect that the latter become comfortable and complacent. They thus fail to look within and strictly cultivate their hearts.

At the end of the day, "cultivation," or self-improvement, is what's fundamental to a cultivator of any discipline.

In this cultivation, "xinxing," or heart-nature, is stressed. Cultivators are taught to look within, as opposed to looking externally, and be good people wherever and whoever they are, be it a student, worker, husband, wife, son, or daughter.

Shi said she feels blessed to have found the practice and encouraged others to try it.

## FOOD IS MEDICINE

# The Vital Importance of Your Microbiome

This colony of symbiotic microbes living inside you need a little help to stay well



Taking steps to keep your microbiome healthy and balanced can do wonders for your well-being.

KATERYNA KON/SHUTTERSTOCK

LISA RICHARDS

Do you suffer from bloating and indigestion every time you eat? Has your doctor diagnosed you with Irritable Bowel Syndrome? Are you constantly ill with colds and flu?

If yes, your microbiome could be to blame. In fact, research suggests it can affect everything from your mood to cognitive function.

## What Is the Gut Microbiome?

You may have heard the old saying "All disease begins in the gut". What this means is that most of your immune system is in your gut—around 70 percent of your immune tissue, in fact.

Your entire gastrointestinal system is lined with organisms known as microbiota. The microbiome is the complete set of genes within those microorganisms. These genes have a major influence on how your body operates, and each person's microbiota is unique because everyone has a different set of microorganisms.

Your microbiome is determined by everything you face in daily life—your health history, diet, age, gender, stress and all the things you come into con-

tact with. This means your microbiome is constantly changing.

## What Is Your Microbiome Made Of?

Most of the microbes that make up your microbiome are bacteria. In fact, you carry around three pounds of bacteria in your gut! Other organisms include fungi like *Candida albicans*, viruses, and protozoa.

That may sound like a bad thing, but it's not—most of the organisms in your gut work together in a symbiotic relationship. All in all, your gut is home to over ten trillion microbes, most of which live in the colon.

## What Does the Gut Microbiome Do?

Your microbiome plays a huge role in your health, affecting everything from how you age to how well you digest foods. It also plays a part in your ability to fight off illnesses, your ability to think clearly, and even your mood.

## It Keeps You Well

Ever since you were born, the bacteria in your gut have been recognizing and fighting off harmful pathogens and viruses. They defend your body against disease and also work in harmony

with helpful organisms such as probiotics (good bacteria) to improve your overall health.

## It Digests Your Food

Gut bacteria are an essential part of the digestive process. Vast species of bacteria live in the intestines and colon, where they break down the food you eat through fermentation.

## It Provides Nutrients

By breaking down the food you eat, microbiota produces valuable enzymes and nutrients to aid digestion and support overall health. The bacteria in your gut also produce B vitamins, vitamin K, and short-chain fatty acids. They even have an influence on how fast your metabolism burns energy.

## It Makes You Happy or Sad

Research has shown there is a powerful link between your gut microbiota and your brain. This is known as the gut-brain axis. By interacting with your central nervous system, the microbiota is able to regulate certain neurotransmitters in the brain, which can affect your mood, mediate the way your body responds to stress and anxi-

ety, and help or hinder your ability to remember things.

## It Takes Care of You

When the gut microbiome is functioning properly, it works to reduce inflammation in the gastrointestinal tract, reduce the bad bacteria that cause gas and bloating, enhance the lining of the gut, reduce hypersensitivity, and even moderate the body's stress response.

## What Is an Imbalanced Microbiome?

Some people only realize the importance of their microbiome when they get sick.

Alterations in your gut bacteria can lead to all sorts of problems such as indigestion, constipation or diarrhea. If untreated, these problems can develop into illnesses such as irritable bowel syndrome, gastroenteritis, and serious conditions such as inflammatory bowel disease.

Other disorders linked to gut dysbiosis include arthritis, asthma, autism, type 2 diabetes, heart disease, metabolic syndrome, mood disorders, fatty liver disease, and even Parkinson's disease.

## How Can You Keep Your Microbiome Healthy?

Being in the gut, it makes sense that diet plays a major part in the health of your gut microbiome.

Many kinds of food, drink, and medicine can be harmful to the 'good bacteria' in your gut, and even kill them. This can then lead to an imbalance of bad bacteria. Fortunately, it's quite simple to keep your microbiome in good shape.

## Eat More of the Good

Certain strains of probiotics help to counteract bad gut bacteria and establish the 'good' bacteria needed for healthy digestion, immune support and overall wellbeing.

You can take probiotics either as a supplement or in fermented foods.

Supplements include freeze-dried bacteria in powder, capsule, or tablet form, and must be sufficiently high in numbers to have a therapeutic effect. Fermented foods can be of both dairy and vegetable origin, and include yogurt, kefir, miso, sauerkraut, and kimchi.

Prebiotics, which are high-fiber foods that feed friendly bacteria, are

ALL PHOTOS BY VIDEO SCREENSHOT/NTO UNLESS NOTED OTHERWISE

1. Shi Zhengtong, a Taiwanese who became a nun in her 40s meditates beside a river.

2. Shi Zhengtong left the monastery to wander with only a cloth bag, umbrella, and sleeping bag.

3. Shi Zhengtong holds "Zhuan Falun," the principal text of Falun Dafa.

4. Shi Zhengtong has lived a grueling life but treasures the opportunity to cultivate.

## FOOD IS MEDICINE

# The Big Deal About Antioxidants

DEVON ANDRE

If you're talking health or nutrition, it's nearly a guarantee that at some point, antioxidants are going to pop up. They sound super cool, healthy, and generally what distinguishes a "superfood" from regular food. But really, do you know what an antioxidant is?

Antioxidant is an umbrella term to encompass compounds that protect cells from potentially harmful free radicals. In the body, free radicals are linked to signs of aging and chronic disease. It works a little like this:

Free radicals are incomplete atoms that look to bond with other atoms to become complete. The problem is that they are indiscriminate in what molecules they bond with, and therefore become unstable. When oxygen molecules split into single atoms that go unpaired, they seek other atoms and molecules to bond with, producing something called "oxidative stress."

Oxidative stress is believed to damage the body's cells, leading to signs of aging and disease. Antioxidants, on the other hand, bond with incomplete atoms to prevent or reduce oxidative stress, thereby potentially reducing the symptoms of aging and lowering the risk of illness.

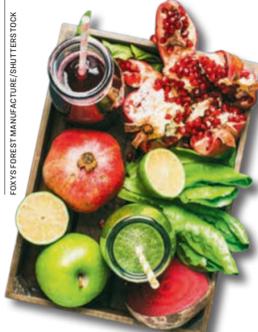
Eating a wide variety of colorful fruit and vegetables, nuts, legumes, and whole grains can ensure you're taking in plenty of antioxidants to combat free radicals.

There are a bunch of compounds, nutrients, vitamins, and minerals with antioxidant qualities. Some common ones include vitamin C, vitamin E, selenium, magnesium, and calcium. But there are countless others—some are classified as "phytochemicals" like anthocyanin and proanthocyanidin (found in purple, red, and blue grapes and may help protect from genetic mutations and heart disease). Other phytochemicals include:

- Ellagic acid (berries) may help prevent genetic mutations
- Kaempferol (dark green veggies) help dilate blood vessels
- Lutein (dark leafy greens) aid eye health
- Catechins (green tea, sweet potatoes, orange veggies) that can block cell damage
- Mangiferin (mangos) that may block cell damage, lower diabetes risk

That's only a few of them. The good thing is that they are available in easily accessible foods in your grocery store's produce section. Eating a wide variety of colorful fruit and vegetables, nuts, legumes, and whole grains can ensure you're taking in plenty of antioxidants to combat free radicals and promote anti-aging in various incarnations.

Devon Andre holds a bachelor's of forensic science from the University of Windsor in Canada and a Juris Doctor from the University of Pittsburgh. This article was first published on Bel Marra Health.

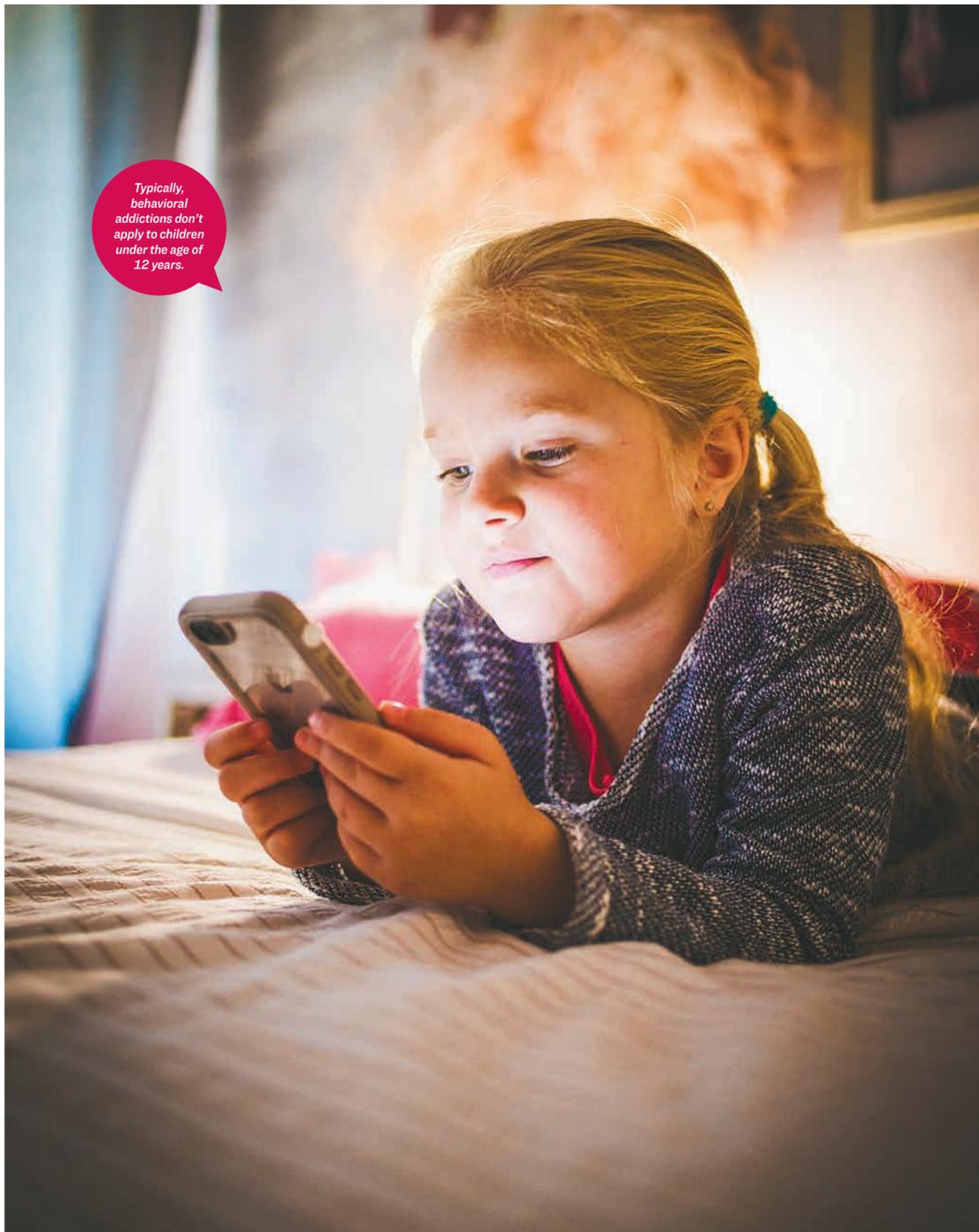


FOX/FOREST MANUFACTURE/SHUTTERSTOCK

Lisa Richards is a nutritionist and the creator of the *Candida Diet*. She has been featured on *Today*, *Women's Health* magazine, *Reader's Digest*, and *Shape*, among others. Through her website, the *CandidaDiet.com*, she explains the benefits of a low-sugar, anti-inflammatory diet.

# What You Can Do If Your Child Is Addicted to Screens

Screen addiction can leave kids struggling, but there are ways to help them get past it



Typically, behavioral addictions don't apply to children under the age of 12 years.

JACKSON A. SMITH & DILLON THOMAS BROWNE

Luke's parents gave him a cellphone last year for his 10th birthday. Since then, the amount of time he spends playing video games on and off his phone has increased. Luke has gained weight and recently started refusing to play on his sports team after school, preferring to stay home and interact with peers online. His grades at school have also declined. Recently, Luke and his younger brother got into a physical fight after Luke's brother "killed" his character in a first-person shooter game. With summer break in full swing, parents like Luke's are concerned about their children spending more and more time on their devices. They are worried about how this might affect their child's health. They wonder when (and if) they should draw the line. They often ask us, as psychology researchers and clinicians, "Is my child ad-

**When someone is addicted, the source of their addiction becomes their priority.**

dicted to screens?" A few important considerations emerge in response to this question.

**Addictions Are Not Limited to Drugs** Addiction is often characterized by a recurring desire to continue to take a substance despite harmful consequences.

While the term addiction has traditionally been used in relation to substances such as alcohol and drugs, nonsubstance addictions—including behavioral addictions such as sex, gambling, and "video gaming"—are now recognized.

When someone is addicted, the source of their addiction becomes their priority. Other important life activities (for instance sleeping, eating, and bathing) are neglected. Interests such as playing soccer or spending time with family and friends fall by the wayside.

And when the source of the addiction is cut off, this triggers intense, negative, emotional

reactions.

**A Teenager Can Have an Addiction** Typically, behavioral addictions don't apply to children under the age of 12 years. This is because the principle of addiction implies two important factors. First, the person has insight into the problematic nature of their use, requiring a sophisticated capacity for self-reflection. Second, the person must have the cognitive maturity and capacity to be expected to inhibit their behavioral responses.

Stated differently, we would expect young children to have meltdowns in response to turning off a device and thus wouldn't describe this as indicative of addiction.

However, if a young person with a more developed capacity for reflection and self-regulation responded the same way, such as a 16-year-old, it means something very different.

Continued on Page 12

CONNECT TO LEAD

# Calm Down, Take Stock, the First Report Is Always Wrong

Leaders need to cool their fight or flight response and seek clarity when crisis strikes



Leaders stay cool and nurture a reasoned environment that can foster good communication for an effective response.

SCOTT MANN

During my first deployment to Afghanistan back in 2004, my battalion was on what's called a site survey in Southern Afghanistan to meet with the other group that we were replacing.

I was in the operations center where I'd soon be the director. It was late at night and most of the guys were already at their fire-bases or in bed. I was sitting up with the outgoing director when an urgent report came in of impending enemy contact.

I was watching the other guys in the ops center and they didn't just rush to the ball. They didn't move right away. They were listening intently. They were writing furiously. They were talking among themselves.

The outgoing director leaned over to me and said, "One of the things I've learned in Afghanistan is the first report is always wrong."

That sounded odd to me, because clearly the guys out in the bush had a better perspective on the local reality than we did in this sterile command center.

But as the situation unfolded, the guys on the ground got more clar-

ity and other sources of intel came in. That's when I started to see what he meant. Now the people around me were starting to take appropriate action.

It was a big lesson for me to see that in high-stakes, no-fail situations, the initial reports that come in are often wrong, inaccurate, or incomplete. That's just human nature.

If we are exposed to a high-stress crisis situation, we likely won't get all the facts right. We're going to report what we see and the person next to us will report it differently.

As leaders, we need to know the first report is often wrong. We need to be measured in how we respond to it because when you have a situation on your hands, it is difficult to get grounded in truth.

One of the biggest issues leaders face is a "zero-defect environment" where if you get it wrong, heads are going to roll. This causes leaders to overreact to the initial feedback from the ground. This overreaction is fueled by fear, scarcity, honor and those primal factors that push us every single day.

How we respond in the initial moments of a crisis is critical. You need to have the discipline to remember

that the first report is always wrong. This will give you the mental space to sort out what you need to do next.

Everyone around you will panic. They will start barking and chirping in your ear. Everyone below you will start feeding you unfiltered reports. If you don't immediately adjust your mindset, you will get sucked right into the chaos.

Taking a moment alone to do three lower-body breaths will improve clarity. Expand your belly on the inhale and drop on the exhale. This will help relax your parasympathetic state. You can't afford to be in a 'fight, flight or freeze' state with elevated cortisol when the stakes are high. You have to be responsive, but as a leader, you have to be clear.

Next, you need to ask thoughtful, open-ended questions about what's going on. People communicate best through a story, so allow people to tell you the narrative. That will bring everyone's emotional temperature down and you will be able to form a picture from multiple perspectives.

Your job as a leader is to speak last. Once you've heard all the different perspectives, then speak to what the next steps are.

If you follow these steps, you're

going to get the best perspective on what's going on, which makes you the most relevant person in the room.

When we overreact without all the facts, we hurt relationships. By having a little bit of discipline over ourselves, we can get a better perspective and be more relevant to the problem. We can keep those relationships intact with the people that we care about the most—our family, our friends, our associates, our employees, our bosses, our customers.

These are the people who are working so hard not to fail us. We owe them a quality response in a crisis.

This is what we do in Rooftop Leadership. This is how we think about problem sets and this is how we approach them.

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

THE EPOCH TIMES

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# THE EPOCH TIMES

TRUTH and TRADITION



Facing cancer causes stress that leads to worse outcomes. Emotional acceptance is the counter to that and a powerful aid in healing.

## Want to 'Beat' Cancer? End the Fight

Emotional acceptance is a powerful ability that can support wellness and combat disease

KELLY BROGAN

The translation of emotions to physiology is becoming less “woo woo” and more scientifically validated. A landmark study of women with breast cancer was recently published that provides even more evidence of the power of emotions on disease outcomes.

In the study, researchers measured markers of inflammation called cytokines and correlated them with people's emotional states. Cytokines are potent signaling proteins that direct cells to act in certain ways. This study focused on pro-inflammatory cytokines such as tumor necrosis factor (TNF)-alpha, IL-6, IL-8, IL-10, and IL-18.

These cytokines are elevated in cancer patients and can contribute to symptoms of “sickness behavior” like fatigue, chronic pain, and nausea. This sickness behavior not only diminishes a person's quality of life but also saps physical resources that are needed to heal. Interestingly, these cytokines are also elevated in people who suffer from social isolation or negative emotions.

Sadly, the very process of being diagnosed with cancer creates a surge of pro-inflammatory cytokines and has been referred to as medical hexing. However, previous research has shown that using strategies for emotional acceptance leads to lowered distress, closer relationships, and increased survival following a breast cancer diagnosis. Emotional acceptance is the process by which a person allows emotions—both positive and negative—to emerge and dissipate without attempts to control, change, or reject these emotions.

In the study, researchers recognized the harmful side effect of cancer diagnoses and taught patients an emotional regulation technique to influence their feelings before, during, or after their diagnoses. Ultimately, these researchers wanted to know if emotional acceptance caused measurable changes on the molecular level.

To answer this question, researchers analyzed data from 136 women who had been diagnosed with breast cancer (stage 0 to stage IIIB). Starting at diagnosis, researchers collected blood samples and questionnaire data every three months for two years, analyzing a variety of parameters.

Interestingly, women's emotional acceptance scores were measured against their own average scores, not those of other people. This distinction is important because it accounts for a person's baseline optimism level; if a woman was naturally pessimistic, her average emotional acceptance scores would be lower than that of an optimistic woman. In the study, the

metrics of molecular changes are based on how a woman compares to herself, not to other women. The molecular results speak for themselves.

When a woman's emotional acceptance scores were low, her sickness symptoms and inflammatory cytokines were high, particularly IL-8 and TNF-alpha. Conversely, as her emotional acceptance scores increased, her pro-inflammatory cytokines went down.

IL-8 is a particularly important cytokine to study in the context of breast cancer because IL-8 is produced by breast cancer cells themselves. This cytokine sets off further inflammatory cascades that can misdirect the immune system and enable breast cancer metastases. Therefore, anything that lowers pro-inflammatory cytokines like IL-8 has the potential to beat cancer at its own game. Overall, women with higher levels of emotional acceptance showed lower levels of IL-8 and lower sickness symptoms.

The data goes on to show that emotional acceptance disrupts the association between pro-inflammatory cytokines and sickness behavior: when a woman increased her emotional acceptance, her sickness symptoms became independent of her cytokines. That is, even if a woman exhibited high levels of IL-8, she didn't necessarily feel sick due to high emotional acceptance. On average, high emotional acceptance predicted low sickness symptoms, regardless of cytokine levels.

Many other studies have shown that emotional acceptance decreases symptoms of depression and anxiety and can buffer the harmful effects of chronic stress. Overall, this study is significant because it provides a proposed mechanistic basis that helps explain how emotional acceptance creates more favorable experiences and outcomes in the context of disease diagnoses—and is yet another reason to consider symptoms not as sentences, but as invitations to explore underlying causes.

It is through accepting this invitation that we find personal meaning in our symptoms, our experience of being a patient, and our personal identification with illness. And suffering ends where meaning begins.

Kelly Brogan, MD, is a holistic women's health psychiatrist and author of *The New York Times* bestselling book “A Mind of Your Own,” the children's book “A Time for Rain,” and co-editor of the landmark textbook “Integrative Therapies for Depression.” This work is reproduced and distributed with the permission of Kelly Brogan, MD. For more articles, sign up for the newsletter at [KellyBroganMD.com](http://KellyBroganMD.com)

NAVIGATING AGING

## Laughing Until You Die

Humor may be the antidote for pain of death for patients, survivors

BRUCE HOROVITZ

Just weeks before Christmas some years ago, Shirley Rapp and her family faced the devastating news that she had what appeared to be a terminal illness.

But that didn't stop Rapp from wanting to do one last round of Christmas shopping for her kids. Her daughter, Karyn Buxman, a registered nurse who describes herself as a “neurohumorist,” went along. When the mother-daughter duo stepped into a St. Louis-area stationery store, Rapp picked up a day planner that she admired, turned to her daughter and quipped: “If I make it past Jan. 1, will you buy this one for me?”

That's when mom and daughter burst into laughter that attracted every eye in the store.

For some folks, the process of dying comes with less stress when it's something of a laughing matter. Not a yuk-yuk laughing matter. But, at its simplest, a willingness to occasionally make light of the peculiarities—if not absurdities—that often go hand-in-hand with end-of-life situations.

An aging generation of boomers, the oldest of whom are now 70, grew up to the background sounds of TV laugh tracks and are accustomed to laughing at things that might not always seem so funny. There's even a nonprofit organization funded by donors, conference revenue, and membership dues, whose mission is simply reminding people that laughter is a core ingredient of all facets of life—even end of life.

“Laughter is the best medicine,” says Mary Kay Morrison, president of the Association for Applied and Therapeutic Humor (AATH), “unless you have diarrhea.”

Humor is particularly important when folks near end-of-life situations, says Morrison. Turning 70 hasn't stopped her from engaging in activities specifically to make her laugh—like hopping on her pogo stick. “While death cannot be cured, your frame of mind is something that you can change.”

Her group has some loose guidelines for the use of humor among the dying. Most critically: Make certain that you know the ailing person very well before using humor with them.

On its website, the National Cancer Institute urges patients to build humor into their day-to-day lives, in ways as small as buying a funny desk calendar and watching comic films and TV shows.

Buxman, who earned a lifetime achievement award from the AATH, gives speeches on the importance of life's comic moments. A former hospice nurse, she takes humor very seriously. She has studied the impact humor has on the brain and on the stress levels of patients in their final days. The right humor at the right time, she says, can infuse the brain with pleasurable hits of dopamine, decrease muscle tension and anxiety in the body's nervous system, and momentarily diminish feelings of anger or sadness.

As it turns out, her mom survived her initial illness—only to later develop a fatal form of Alzheimer's. Near the end, Buxman took her mom to the doctor's office. At the

time, her mom had stopped responding to most external stimuli. While sitting in the waiting room, Buxman could hardly believe it when her mom uttered, “Make me laugh.” Buxman knew this was the time to share a funny family memory. She recounted to her mom the story about the time the two of them visited the kitchen section at a large department store and saw a display of frying pans cooking what appeared to be artificial eggs. “This food looks so real,” her mom said, poking her finger into the fake food. But the egg was real, and when the yolk popped, it oozed all over Rapp and the display.

“

**While death cannot be cured, your frame of mind is something that you can change.**

Mary Kay Morrison, president of the Association for Applied and Therapeutic Humor

“As I recounted this story, Mom's face moved and her eye's sparkled—and the two of us just doubled-over with laughter,” says Buxman.

But family-related humor isn't only acceptable in terminal situations—it's often helpful.

Just ask Paula McCann, an elder attorney from Rutland, Vermont, who writes the blog *onthewaytodying.com*. She recalls when her then-83-year-old father, John, requested to die at home. He was diagnosed with Alzheimer's. His children and wife took turns caring for him.

McCann sat with her mother at her father's side shortly after he had been administered his last rites. Mother and daughter started to discuss where his soul was at that moment. McCann suggested to her mom that perhaps it was in a holding pattern, while God reviewed the right and wrong he'd done, before allowing him into heaven. That's

when her mother quipped, “He'll be there forever.”

A sense of humor about all of the drugs patients deal with at life's end helped Ronald Berk, former assistant dean at Johns Hopkins University, through a rough patch. His wife, Marlon Smith-Watson, a former OBGYN doctor, was very ill before her death a few years ago. She had scheduled a meeting at their home with folks offering holistic medicines. When Berk entered the room, a drug counselor asked him, “Are you taking any medications?” Berk shot back, “Yes, I was taking crack—but I gave it up for lent.”

Berk insists humor at that stressful moment offered a critical “release valve.”

Chip Lutz, a professional speaker who retired from the Navy years ago, recalls the importance of shared humor before his father, Eugene, died a few years ago. Trying to squeeze an extra hug out of visiting family members, Eugene often cajoled them with, “Well, this might be the last time you see me.”

But Eugene's son, Chip, had the perfect response. “You can't die yet—I don't have your eulogy done,” he shot back.

Few people hear more morbid jokes than hospice workers. Several years ago, Allen Klein, an author and motivational speaker, volunteered at a hospice in the San Francisco Bay Area. An elderly woman he was assisting told him that after she died, she wanted her husband's bedroom repainted—with her cremated ashes mixed into the paint.

“Why would you want that?” inquired a confused Klein.

“So I can look down at my husband and see if there's any hanky-panky going on.”

Bruce Horovitz is a freelance journalist and regularly writes for *Kaiser Health News*, which first published this article. KHN's coverage related to aging and improving care of older adults is supported in part by The John A. Hartford Foundation.



ALL PHOTOS BY SHUTTERSTOCK

**Make certain that you know the ailing person very well before using humor with them.**

For some folks, the process of dying comes with less stress when it's something of a laughing matter

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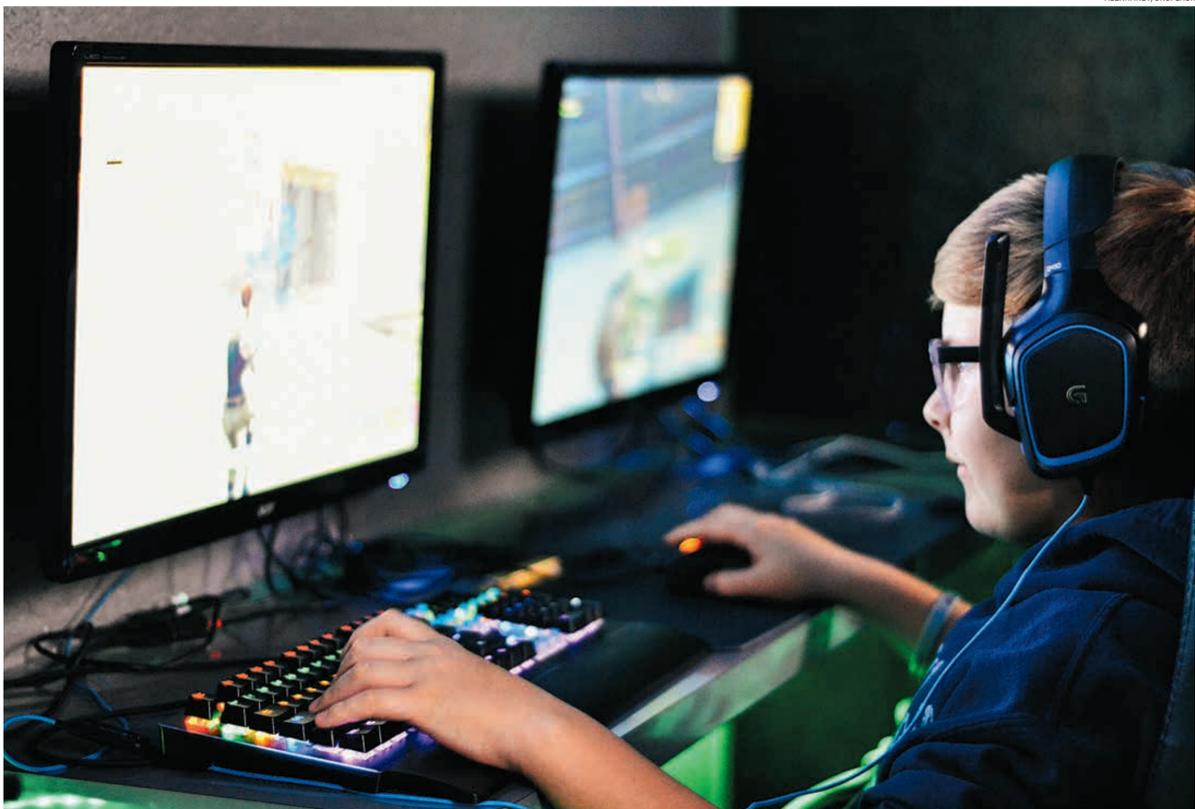
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# What You Can Do If Your Child Is Addicted to Screens

Screen addiction can leave kids struggling, but there are ways to help them get past it



ALEKHANEV/UNSPASH

Continued from Page 8

## Screen Addiction Is Complex

According to the World Health Organization and many independent clinical scientists, human beings can be addicted to screens. “Gaming disorder” was introduced into the 11th revision of the International Classification of Diseases, in 2018.

**We need to be mindful of how we integrate these technologies into our lives and of the consequences they have on ourselves, our relationships, and our children.**

Other prominent researchers have argued that digital addiction is a myth. However, as clinicians, it is our ethical obligation to take parents’ and children’s concerns seriously when they present them at the clinic with worries about problematic media use.

The issue of being addicted to screens is complicated. First, the term “addic-

tion” is loaded and is off-putting for some. There are also many sources of screens (smartphone, tablet, laptop, television), many types of media (social media, TV shows, games) and many ways to use them (active or passive, solitary or social).

Addiction is also an extreme form of dependence and the term should not be used lightly. A comprehensive understanding of an individual’s context, behaviors, and the consequences of their actions is needed.

Research into what makes some people more susceptible to addictions shows there are many possible pathways, including genetic and socio-relational factors such as stress. It is important to remember, however, that an increased risk for addiction doesn’t mean that one is destined to become addicted. Many individual, social, and environmental factors can protect an individual from developing an addiction.

**Recommended Screen-Time Limits** The American Academy of Pediatrics and Canadian Paediatric Society have both published guidelines for promoting healthy screen use.

The following limits on screen time are recommended for young children: no screen time for children younger than two years (except for video-

“Gaming disorder” was introduced into the 11th revision of the International Classification of Diseases, in 2018.

calling with friends and family); less than one hour per day of routine or regular screen time for children two to five years old; avoid screens for at least one hour before bedtime; maintain daily “screen-free” times, especially for family meals and reading books.

Research on the impacts of screen time in older children and adolescents is still developing. Therefore, guidelines for school-aged children focus less on time limits and more on curating healthier engagement with digital media, but low to moderate screen time (under four hours per day) is encouraged.

## What You Can Do as a Parent

The guidelines include helpful recommendations for parents:

**1. Manage screen use.** You can achieve this by creating a family media plan with individualized time and content limits and learning about parental controls and privacy settings. Other tips include co-viewing and talking about content with your children, discouraging the use of multiple devices at once, obtaining all passwords and log-in information, and discussing appropriate online behaviors.

**2. Encourage meaningful screen use.** This involves prioritizing daily (non-screen) routines over screen use and helping children and teens to choose age-appropriate content and to recognize problematic content or behaviors. You can become part of your children’s media lives and advocate for schools and child-care programs to consider developing their own plan for digital literacy and screen use.

**3. Model healthy screen use.** Review your own media habits and plan time for alternative play and activities. Encourage daily “screen-free” times. Turn off your own screens when they are not in use (including background TV). Avoid screens at least one hour before bedtime and discourage recreational screen use in bedrooms.

**4. Monitor for signs of problematic use.** These signs include complaints about being bored or unhappy without access to technology and oppositional behavior in response to screen-time limits. Screen use that interferes with sleep, school, face-to-face interactions, offline play, and physical activities is also problematic, as are negative emotions following online interactions.

## Integrate Screens Mindfully

We are fortunate to live in a time of such rapid technological innovation.

These technologies open up tremendous opportunities for most (if not all) domains of life, including new and different opportunities for families to connect, engage, and bond.

But we do need to be mindful of how we integrate these technologies into our lives and of the consequences they have on ourselves, our relationships, and our children.

**Many individual, social, and environmental factors can protect an individual from developing an addiction.**

If you are concerned about digital media use in your family, we recommend that you develop a family media plan. You can also see your family physician or a clinical psychologist to discuss your concerns.

*Jackson A. Smith is a graduate student in clinical psychology and research assistant in the Whole Family Lab at the University of Waterloo in Canada. Dillon Thomas Browne is an assistant professor at the University of Waterloo. This article was first published on The Conversation.*



NICKELSH/ISTOCKPHOTO

# Home Birth May Start Babies Off With Health-Promoting Microbes

Hospital sterilization procedures undermine the process of a mother passing on essential microbes

JOAN COMBELICK

For all of human history, babies have been born where their mothers lived—whether in a house, hut, or cave. Only in the last century has birth moved out of the home and into the hospital. How has that changed the types of microbes that live in and on our bodies—collectively known as the microbiome—which we know are vital to human health?

To find out, our group of researchers from New York University, University of California–San Francisco, and Sejong University in Seoul, South Korea compared different kinds of fecal bacteria from babies born at home to babies born in the hospital. Our results suggest that hospital births can change the gut microbiome of newborns, perhaps placing these babies at higher risk for certain immune or metabolic disorders. So how do we respond? And why do I, as a hospital-based midwife, care?

Starting with the midwife part: There is a bas relief at Angkor Wat in Cambodia that depicts a woman giving birth. She is supported from behind, a midwife kneels in front and a newborn lies across her chest. It looks just like many midwife-attended births today, despite the fact it comes from halfway around the world and is 800 years old.

I like to think about what it means to do the same work that midwives did centuries ago. Whether by necessity (then) or by choice (now), the midwives’ philosophy of care is pretty much the same. Namely, to support an undisturbed birth—where interventions are used only when absolutely necessary. Increasingly, research suggests this is a good approach to care.



ROBIN HAYES, CC-BY-SA

A bas relief on a temple at Angkor Wat shows a woman giving birth with the help of a midwife.

## Babies’ First Inheritance

In the last decade, researchers have discovered many ways our health depends on the trillions of bacteria and other microorganisms that reside in and on our bodies. Exposure to vaginal bacteria at birth starts an important colonization process in the newborn. In the beginning, bacterial colonies on different parts of babies’ bodies are similar and tend to match their mothers. Over time, different body habitats, like the skin, mouth, and gut, develop their own distinct microbial communities.

The baby’s intestinal microbiome plays a key role in initiating an immune and metabolic function. That is why we wanted to investigate how hospital factors might shape the early gut microbiome. We compared feces from healthy, breast-fed babies who were born



BRYTNY.COM/UNSPASH

Mothers pass on a wealth of microbes to their children, an important inheritance that can be damaged by hospital procedures.

vaginally at home to similar babies born in the hospital. Then we determined which microbes were most likely to flourish in which babies during the first month of life.

Here is what we found: Babies born at home were more likely to be colonized with “beneficial” microbes, the kinds associated with normal immune, metabolic, and digestive functioning. Babies born in the hospital were more likely to be colonized with microbes associated with interventions like a cesarean section, antibiotic treatment, and formula feeding even though none of those things happened to the babies in our study.

Then we wanted to see if these differences in the microbiome made epithelial cells—which line the colon—behave differently.

So we exposed these epithelial cells to fecal material—which contains a sample of the baby’s microbiome. We found that cells exposed to

Disruptions in early mother-to-baby transmission are associated with changes in the infant microbiome which, in turn, have been associated with health problems later in life. Thus, supporting an undisturbed birth process makes sense.

But, undisturbed birth isn’t always possible. Complications arise, and microbiome-altering interventions—like antibiotics or a cesarean section—can save a mother or baby from life-threatening emergencies. These interventions may impact the baby’s microbiome, but no one would recommend any other course of care.

However, what about interventions performed without medical necessity? For example, one in three babies in the United States is delivered by cesarean section. That’s around double the rate we would expect if responding to medical need alone. Women in the United States frequently experience many interventions while giving birth. Too much intervention used too soon doesn’t help, and in many cases may harm mothers, babies, and their microbiomes.

The mothers of the babies in our study didn’t experience overt interventions at birth. All mothers who had antibiotics, cesarean delivery, or a water birth were left out. That meant our study was small, only 10 babies in the hospital and 10 babies at home. Yet a large study of more than 1,000 babies came to the same conclusion: full-term, breast-fed babies born vaginally at home had the most “beneficial” microbiomes. That is, they were colonized with microbes that have been associated with normal health and development. Further research is needed to understand the implications, but thinking through a typical hospital birth may suggest areas to study further.

## Birth in the Hospital: Too Clean?

One reason hospital births differ from those at home is that hospitals prioritize cleanliness. Hand washing, bactericidal scrub, and frequent cleaning limit the spread of germs. As the baby nears delivery, a sterile drape may be placed underneath the woman and sometimes over her legs and abdomen to create a “sterile field” around

the baby.

In some hospitals a bactericidal soap may be used to wash the vagina before delivery, destroying almost all the bacteria. This practice reflects just how little we value the robust microbial habitat of the mother’s vagina which, interestingly enough, changes during pregnancy to promote an abundance of healthy flora. There may also be frequent vaginal exams performed during labor that carry small amounts of antiseptic lubricant into the vagina.

**Only in the last century has birth moved out of the home and into the hospital.**

After birth, the baby may be taken to a semi-sterile warmer instead of having contact with the mother’s skin. Antibiotic ointment is usually applied to the baby’s eyes. A full-body bath to “clean” the baby is also common, constituting another source of potential damage to microbial colonies on the newborn’s body.

But even for babies who “room in,” contact with the outside world is limited compared to a home where a baby might get licked by the family dog or passed around to an array of visitors. The “hygiene hypothesis” suggests that we, as humans, need early and frequent exposure to diverse organisms. We tend to restrict this in the first few days of life in the hospital. Is that the right approach?

In the United States, only 1 percent of births occur at home. Our research suggests a previously unrecognized benefit of home birth. Might this information also lead to a redesign of hospital care? When we start to value the power of babies’ first inheritance—bacteria from their moms—we may end up with a different view of what “best practice” really is.

*Joan Combellick is an assistant clinical professor of midwifery at Yale University. This article was originally published on The Conversation.*

# US Lags Behind Other Countries in Regulating Pesticide

GINA-MARIE CHEESEMAN

The United States seriously lags behind other countries when it comes to regulating pesticides, a situation that brings additional health risks for the U.S. population.

Environmental health researcher Nathan Donley with the Center for Biological Diversity reviewed pesticide regulations in the United States versus the EU, Brazil, and China, which represent four of the largest agricultural producers and users of pesticides in the world.

He analyzed the approval status of more than 500 pesticides in the four nations. What he found is that 72, 17, and 11 pesticides approved for outdoor agricultural applications in the United States are banned or in the process of being phased out in the EU, Brazil, and China, respectively.

Of all the pesticides used in U.S. agri-

**In 2017, pesticide use in California exceeded 200 million pounds for the third straight year.**

culture in 2016, 322 million pounds were of pesticides banned in the EU, 26 million were of pesticides banned in Brazil, and 40 million pounds were pesticides banned in China. More than a quarter of all agricultural pesticide use in the United States is comprised of pesticides banned in the EU. Most of the pesticides banned in the EU, Brazil, and China have not “appreciably decreased” in the United States during the last 25 years and most of them have either increased or stayed constant in the last decade.

Donley also found that the pesticides banned in at least two of the other nations may have been implicated in acute pesticide poisonings in the United States. Some of them are restricted by individual states. There is a big regulatory problem with the United States, he points out in his study. “The U.S. Environmental Protection Agency (US EPA) has all but abandoned its use of non-voluntary cancellations in recent years, making pesticide cancellation in the USA largely an exercise that requires consent by the regulated industry,” he stated.

Five of the pesticides (benflusid, dicrotophos, phorate, terbufos, and tribufos) banned in other countries but used in the United States “are in the neurotoxic organophosphate class that was once used in chemical warfare in World War II,” Donley wrote in a blog post.

Paraquat is another chemical used in the United States but banned in other countries. It is “one of the most acutely lethal pesticides still in use today, with a teaspoon-sized dose being enough to kill a grown adult,” he writes.

California is the top agricultural producing state in the United States and produces half of the nation’s produce. Pesticide use in the state is at near record-high levels, according to recently released data.

In 2017, pesticide use in California exceeded 200 million pounds for the third consecutive year. Pesticides included in the total increase are the organophosphate insecticide chlorpyrifos and two fungicides (chlorothalonil and mancozeb) known to cause cancer.

Glyphosate is one of the pesticides most widely used in the state. The World Health Organization classified glyphosate as a probable carcinogen in 2015, and California lists it in a list of chemicals under Proposition 65 known to cause cancer.

**What You Can Do** There are few things you can do to help reduce pesticide use in the United States.

1. Buy organic produce. By increasing the market for organics, you help to reduce the need for pesticides.
2. Appeal to your local, state, and federal government representatives to make sure they know you don’t want to be exposed to these pesticides.
3. Grow your own fruits and vegetables when you can.

*Gina-Marie Cheeseman is a freelance writer. This article was first published on NaturallySavvy.com*



ALEXANDER DUMMER/UNSPASH

## CONNECT TO LEAD

# Soft Skills Deliver Hard Results

Learning lessons on leadership from the battle field exploits of Lawrence of Arabia

SCOTT MANN

In my career, I've worked with a lot of Special Forces guys and other special ops leaders. Mullah Mike was a team leader, exceptionally talented, who really knew how to be relevant in his space.

And he knew how to own every room he walked into. He achieved very hard things in very hard places, like the Afghan District of Khakrez.

People thought it was because he was a ferocious fighter, or because his team was so aggressive. But, if you were to sit down with Mullah Mike and ask him what allowed him to get things done in those hard places, he would tell you it's the proverbial 'soft skills.'

Now, I hate that term. I think it's one of the most misleading terms in leadership today. A lot of leaders think 'soft' skills, like active listening, narrative competence, and interpersonal presence, are secondary to the 'hard' skills, or that they convey a form of weakness that a leader doesn't need.

T.E. Lawrence, better known as Lawrence of Arabia, was a highly decorated British intelligence officer. But, it was these 'soft' skills that allowed him to mobilize the Bedu tribe to overrun the massive fortress of Aqaba and achieve a strategic victory for the Allies in World War I.

Talk about a return on investment! One guy who makes better human connections enables the overthrow of an entire fortress. That's why instead of soft skills, I call them the 'Lawrencian Skills.'

As a guy who trains some very senior business leaders in the commercial world, I get asked all the time, "What's the use of these Lawrencian skills? Why should I waste my time?"

And here's the irony in that: I've spent a lot of time in the world of human connection and high stakes engagements, teaching at Fort Bragg, teaching law enforcement, and researching what it takes to lead people who don't want to follow. Surprise, it's the 'Lawrencian' skills that are what actually move people to take action.

We have this innate ability as social creatures to band together and build entire societies. There are several studies that show that people who are more social and better at forming connections have longer bloodlines, more relevance in high-stakes situations, and, yes, can get more done in the hard places, like Afghanistan.

Khakrez was one of the most violent districts in all of Afghanistan. Yet, Mike—just like Lawrence—was able to move throughout that space, and more importantly, empower and inspire Afghans to stand up in a way that no other leader had been able to. He was able to do this



▲ Soft skills like active listening and interpersonal presence are foundational to good relationships.

**Studies show that people who are better at forming connections have longer bloodlines and more relevance in high-stakes situations.**

because of his relationships. He understood that relationships are the business leader's greatest off-book asset.

It is so important that, as leaders, we reshape our mindset to understand the relevance and the place of Lawrencian skills in hard places. If you're going to be an effective leader, or be the most relevant person in the room, then you have to have this fundamental mindset.

That doesn't mean you are weak. There's nothing wrong with having red lines in how you operate. We all have to do that. We establish red lines that we will not negotiate on. These are the values, the norms, the things we stand for, that define our principles and our culture. And, if someone crosses that red line, we will push them out, or do whatever we have to do coercively, to ensure that line isn't crossed again.

But, far too often coercion has become a default mechanism by which we handle such situations. If you look around the world today, trust is eroding to such a point that people are more often defaulting to violence or coercion, and that creates a bigger element of distrust.

Those kinds of hard places are ripe for the leaders who roll in with 'Lawrencian' skills because that is actually what inspires people to take action. I saw entire tribes go up on their roofs and fight shoulder to shoulder with men they wouldn't look in the eyes three weeks earlier because of the human connections that were built through soft skills in hard places.



The so-called "soft skills" are the backbone of a leadership style that can move people to action.

In order for these 'Lawrencian' skills to be effective, you need to connect as if your life depends on it. If you're not approaching our connections, lives, and business as if your life depends on it, then you're leaving social value on the table. If we're casual about our connections, then we are leaving social value on the table because we're devaluing the people in our orbit. Someone else will value them more than you do, and they will go into their circle.

Having the 'Lawrencian skills' mindset isn't enough—you have to train deeply on these skills. You have to train on storytelling, active listening, being present, and asking thoughtful, open-ended questions. You have to train on making better human connections.

The smart leader is the one who understands that even in the most violent, trust-depleted, coercive areas, the leader with the soft skills of command, and the red lines to back them up, is the most relevant leader in the room.

It's time to develop a 'Lawrencian' skills mindset. That's what Mullah Mike did, and it's what you can do to become the most relevant leader in your world as well.

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

## WISE HABITS

## Practicing With the Fear of Missing Out

Opportunities never stop coming, even when you have nothing left to give them

LEO BABAUTA

I have a friend who is working on a meaningful project that he wants to focus on so he said 'no' to some exciting opportunities.

These were projects where people he highly respects want him to work with them. How can you say no?

Understandably, he felt some pain and fear of missing out on these amazing opportunities. I think a lot of us can relate to that.

The fear and pain of missing out (actually, any fear or pain) can be an amazing chance to open our hearts and deal with our deep feelings of inadequacy.

It's a transformative practice.

### Saying No Is Saying Yes to Focus and Space

Let's say you're missing out on important opportunities by saying 'no.' You don't normally say 'no'—you say 'yes' to too much, and are constantly overloaded.

You are busy, stressed, overworked and prone to burnout, missing deadlines and underperforming on projects because you've got too much going on.

So saying 'no' to these opportunities is a big shift. It means:

- You are going to give priority to what's on your plate. Finally.
- You are going to create space for sanity, self-care, and not burning out.
- You are going to focus on the work that's most meaningful to you.

These are amazing things. These are loving actions to yourself and the people you care about.

And yet, the fear and pain of missing opportunities remain.

**Practicing With the Fear and Pain** If you are struggling with this fear and pain, take it as a doorway towards practice and transformation.

Here's how you might practice:

- Stop and notice that you are feel-

# Sobering Up In An Alcohol-Soaked Nation

A national trend of boozeless bars is creating social spaces without the hangovers

JAYNE O'DONNELL &amp; LAURA UNGAR

Not far from the Anheuser-Busch brewery, Joshua Grigaitis fills a cooler with bottles and cans in one of the city's oldest bars.

It's Saturday night, and the lights are low. Frank Sinatra's crooning voice fills the air, along with the aroma of incense. The place has all the makings of a swank boozy hangout.

Except for the booze. Pop's Blue Moon bar, a fixture of this beer-loving city since 1908, has joined an emerging national trend: alcohol-free spaces offering social connections without peer pressure to drink, hangovers or DUIs. From boozeless bars to substance-free zones at concerts marked by yellow balloons, sober spots are popping up across the nation in reaction to America's alcohol-soaked culture, promising a healthy alternative for people in recovery and those who simply want to drink less.

"This is a good trend if you want the experience of companionship and social culture but don't want the negatives," said William Stoops, a University of Kentucky professor who studies drug and alcohol addiction. "It can help people make better choices."

A federal survey shows nearly 67 million Americans binge drink at least monthly, meaning women down four drinks during a single occasion, men five. Midwestern states have some of the highest binge-drinking rates in terms of both prevalence and intensity, putting millions of people at risk.

Research links excessive alcohol use to fatty liver, cirrhosis, and cancers of the breast, liver, colon, mouth, and throat as well as heart disease, high blood pressure, stroke, dementia, anxiety, and depression. Nearly half of murders involve alcohol, according to studies. Drinking kills about 88,000 people annually, according to the Institute for Health Metrics and Evaluation at the University of Washington. Such diseases and social ills cost the nation an estimated \$249 billion a year.

Even one drink a day is unhealthy, said Dr. Sarah Hartz, an assistant professor of psychiatry at Washington University in St. Louis. "If you're going to drink, know it's not good for you."

For Grigaitis, 41, who also goes by Joshua Loyol and is co-owner of the

bar, tying all his fortunes to alcohol was "weighing on my soul" after 20 years in the business. He cut way back on his own drinking and began holding boozeless Saturday nights in January, offering hop water, nonalcoholic beers and drinks infused with cannabis-derived CBD.

"I love everything about the bar business—except the alcohol," he said. "The nonalcoholic beverage movement is a growing group. I'm making a decision to choose this and I'm proud of it."

Chris Marshall, who founded Sans Bar in Austin, Texas, in 2015, got sober in 2007 and was working as a counselor when a client shared how difficult it was to navigate the social world without alcohol. The client's relapse and subsequent death was his call to action.

Sans Bar held a national tour this year with pop-up events in St. Louis, Portland, Ore., and Anchorage, Alaska, and opened a permanent location in Austin. It draws a largely female crowd all along the sobriety spectrum, from those in recovery to the "sober curious." People gather for hours to sip handmade mocktails, talk, dance and listen to speakers and sober musicians.

"If you closed your eyes on a Friday night, you'd think you were in a regular bar," he said. "This is not about being sober forever. This is about being sober for the night."

### Alcohol's Pervasiveness

Alcohol has become so ubiquitous that it's perfectly acceptable to wear T-shirts announcing "Mama needs some wine" or "Daddy needs a beer."

"It's normalized," said Boston University School of Public Health professor David Jernigan. "It's like the wallpaper of people's lives."

Elsewhere, in Rock Hill, S.C., Liberty

Tax served margaritas when customers went in to finish their taxes last April. And a dentist's office that treats adults and children hosts after-hours drop-in events that include wine. Neither of those businesses responded to requests for comment.

"Culturally, we know it's not OK to hand out opioids when you're getting your hair or nails done, yet alcohol kills more people than opioids, and businesses will hand it out," said Alexandra Greenawalt, director of prevention at the nonprofit addiction treatment center Keystone Substance Abuse Services in Rock Hill.

Washington, D.C., has 2,055 outlets that sell alcohol—one for every 315 people, which Jernigan said is high. Some low-income, primarily African-American neighborhoods have few retail outlets other than liquor stores and convenience stores selling beer and wine.

Lothorio Ross, 38, started drinking at about 17 while on fishing trips with his father. Now homeless in D.C. and coping with alcoholism, he can get alcohol on credit from some liquor stores. But he said he's trying to quit with the help of the nonprofit Father McKenna Center and reminding himself what life used to be like.

"Up until I started drinking in my teens, I was having fun," said Ross. "So, you can have fun without drinking; it is possible."

Outside major cities, entertainment often revolves around alcohol. Social worker Stephanie Logan-Rice said she grew up in Aberdeen, S.D., where her mother drank herself to death, succumbing to liver cirrhosis three years ago at 56.

Logan-Rice was in sixth grade when she realized her mother was drinking wine or vodka out of Tupperware glasses or plastic water bottles.

"I just thought it was normal," she said.

When Logan-Rice, 39, got to high school, she drank from beer bongs in cars during lunch with friends and went to cornfields for keg parties. The drinking continued when she moved to Minnesota for college. In her 20s, she drank every day.

She finally quit five years ago. She now has two children her mother didn't live long enough to meet.

Since giving up booze, Logan-Rice said, she has seen alcohol in unexpected places—even an assisted living facility that offered bottles of wine as door prizes when she attended an early-afternoon presentation about hospice care.

"I get it if I go into a restaurant," she said. "But not an assisted living place."

### Declining A Drink

America's pervasive alcohol culture has pushed people to find creative ways to socialize soberly.

In South Carolina, the Keystone treatment center hosts events for local college students at Winthrop University featuring nonalcoholic beverages.

Nationally, sober raves such as Day-breaker morning dance parties have caught on, fueled only by dancing.

Still, Devra Gordon, a behavioral health therapist in nearby Fairfax County, Va., said she advises people who are grappling with substance abuse to attend concerts and raves with just their sober friends—and they should attend recovery meetings before and after. The meetings help avoid falling into a "euphoric recall" and romanticizing past substance use, she said.

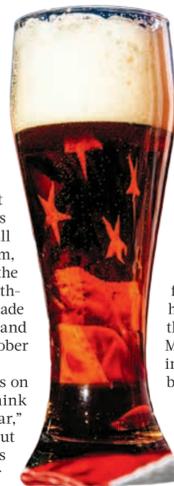
"Having fun and drinking alcohol is an illusion," said Cortez McDaniel, who is recovering from alcohol and drug abuse disorders and heads services at the Father McKenna Center. "We have to stop believing the lie, and then we have to start practicing something different."

Stephanie Keil, 39, spent two hours with friends there on a recent Saturday night and said she'd love to see more boozeless bars.

Though she drinks now and then, places like these help her responsibly navigate nightlife in the city where Budweiser was born.

O'Donnell reported from Washington, D.C.; Ungar reported from St. Louis. This article was originally published on Kaiser Health News.

**Alcohol has become so ubiquitous that it's perfectly acceptable to wear T-shirts announcing 'Mama needs some wine.'**



People gather for hours to sip handmade mocktails, talk, dance and listen to speakers and sober musicians.

ing either fear or pain of missing something important, of not being able to do what you should be doing.

Pause and let yourself feel the pain and fear. Don't run from it or avoid it. Pause and actually feel it—not the thoughts about what you're missing, but the physical feeling of fear and pain.

Ask yourself if there is anything on your plate right now that is less important than what you've said 'no' to. If not, you are clear on your priorities, even if there's never a

certainty that it's the right choice.

Remind yourself that you've said 'yes' to your priorities. This fear and pain come with this amazingly loving act of saying 'yes' to focus, space, and priorities. It's a part of the experience, and you will feel it many more times, and that's OK.

Remind yourself that you would have felt even greater pain if you had said 'yes.' The pain of being overloaded and overcommitted. The pain of burnout, missed deadlines, and underdelivering. The pain you're feeling now isn't as bad.



There's an inevitable fear and pain when opportunities come up and you have to say no. Learning to deal with it takes practice.

- Feel the love in saying 'yes' to your biggest priorities, and to focus and space. Appreciate how amazing that is.
- Fearing missing out is also a kind of "greed" (in a nonjudgmental sense). We always want to pile our plates with everything. Instead, can we be grateful for what we've put on our plates? Can we see how amazing the things we've chosen are? Can we see that they are enough, and we don't need more?
- At the heart of the fear of missing out is likely a feeling of inadequacy. We fear that if we miss out on something important, somehow we won't be OK. Let yourself face the pain of your feelings of inadequacy, and make friends with this. Can you be friendly and kind to these feelings of inadequacy?
- Feel the goodness in yourself for the

acts you've taken. You are a beautiful, courageous person with a good heart. You can handle things if they don't turn out as well as you like. You have made it through much worse.

Learn to trust yourself by seeing the goodness in yourself. Learn to make friends with yourself. Learn to have the courage to feel everything, and be OK with what you feel.

In the end, you will always miss out on something important. It's unavoidable. But what you are gaining is worth being grateful for.

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

NATURE HEALS

# The Health Benefits of Bee Pollen and Royal Jelly

YVONNE VOULGARIS SMYTHE

Mother Nature is brilliant in her capacity to create natural healing opportunities. One such way is the ever-important bee and its beautiful by-products: bee pollen and royal jelly.

**Bee Pollen Facts**

The title of “worker bee” is appropriately termed given the lengths to which bee pollen is produced. It takes one bee approximately 240 hours of work to produce 6 grams of bee pollen. Young bees use this for nourishment, and it is full of nutrients required for humans—not the least of which is protein, lecithin, live enzymes, folic acid, vitamins, and trace minerals. Half of the protein found in bee pollen is even in its free amino acids form, meaning it is very bio-available.

**Royal Jelly Facts**

Royal jelly transforms a female worker bee into a Queen Bee. It is her main source of sustenance. In fact, for the first two days after the female hatches, royal jelly is all she is fed. On the third day, the other females are fed honey and pollen while the queen’s food continues to be royal jelly. It is created when a nurse bee combines masticated pollen with its own glandular secretions. The result is a vitalizing tonic that extends the Queen Bee’s life by at least twenty times the average bee.

**Bee pollen and royal jelly are the food of bees but they have great health benefits for people.**



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**Bee Pollen and Royal Jelly Health Benefits**

While both bee pollen and royal jelly have similar healing and nutritional properties, royal jelly tends to have more potent effects because it has a higher concentration of nutrients. As a result of its high enzymatic count (believed to contain nearly 5000 live enzymes), bee pollen helps with various digestive disorders by healing and regulating the intestinal flora. Also, neither has a mucosal residue, so the body can assimilate and benefit from its high nutrient content.

**Bee pollen helps with various digestive disorders by healing and regulating the intestinal flora.**

In addition to trace minerals, both of these foods also contain concentrated amounts of vitamins and bio-flavonoids, and they are comparable to cereal grasses, such as wheat and barley grass, as well as spirulina, which are very high in chlorophyll. Research suggests bee pollen and royal jelly are:

- Anti-cancerous
- Anti-aging
- Antimicrobial
- Radio-protective
- Digestive tonics

These properties and others allow bee pollen and royal jelly to help:

- Alleviate menses pain
- Increase fertility (especially royal jelly—the Queen Bee can lay up to 2000 eggs per day because of her optimally developed spermatheca and ovaries)
- Alleviate seasonal allergies (using local, pesticide-free bee pollen, and only under the supervision of a health care practitioner)
- Increase endurance and longevity
- Improve vitality

- Alleviate asthma
- Reduce cravings
- Regulate blood sugar levels
- Increase hemoglobin count in anemic individuals
- Assist in weight loss (because of lecithin)

**How to Use Bee Pollen and Royal Jelly**

Bee pollen can be purchased as granules or powder form and can be thrown into smoothies, salads, yogurt or a favorite cold or room temperature beverage—but never hot drinks, like tea. It is important that bee pollen is never heated, as this destroys its potent enzymatic properties. Fresh is best, and sometimes packages of bee pollen granules list the packaged date rather than the best before date. They should be kept in the freezer or fridge but preferably the freezer, and because they don’t freeze, they can be used straight from the freezer.

To assist with the somewhat bitter taste, add to honey or smoothies.

Raw, unprocessed honey contains bee pollen, too. Farmers markets are the best bet for fresh, local sources. There are farmers who will sometimes add bee pollen or royal jelly into their honey for additional health benefits.

There is no question as to how important bees are to the survival of humanity. Through pollination, they keep innumerable plant species alive. Equally important are the healing properties these majestic creatures offer humans through their existence. Getting honey and these by-products from local sources, and from farmers who are ethical in their practices, are key to their preservation.

*Yvonne Voulgaris Smythe is a natural nutritional clinical practitioner who loves helping clients improve their quality of life through teaching, writing and consulting. This article was originally published on NaturallySavvy.com*



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