

WEEK 9, 2020

THE EPOCH TIMES

# MIND & BODY

Many people mistakenly  
frame burnout as a  
character weakness.



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Key Stoic Ideas That Could  
Help You to Think Differently  
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## Doctors Suffer 'Moral Injury' From Financial Pressures Of Health Care

With no time to properly treat  
patients, doctors are being  
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distressed 4



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A high-protein diet may help you lose weight, but creates a biochemical reaction in the body that is a recipe for a heart attack.

## How High-Protein Diets Could Increase Risk of Heart Attack

Overeating protein starts a chain reaction that destroys the cells that break down the plaque

JULIA EVANGELOU STRAIT

High-protein diets may help some people lose weight and build muscle, but a new study in mice suggests a downside: more plaque in the arteries. Further, the new research shows that high-protein diets spur unstable plaque—the kind most prone to rupturing and causing blocked arteries. More plaque buildup in the arteries, particularly if it's unstable, increases the risk of a heart attack.

"There are clear weight-loss benefits to high-protein diets, which has boosted their popularity in recent years," said senior author Babak Razani, an associate professor of medicine at the Washington University School of Medicine in St. Louis. "But animal studies and some large epidemiological studies in people have linked high dietary protein to cardiovascular problems. We decided to take a look at whether there is truly a causal link between high dietary protein and poorer cardiovascular health."

The new study appears in the journal *Nature Metabolism*.

**The mice on the high-fat, high-protein diet developed worse atherosclerosis—about 30 percent more plaque in the arteries—than mice on the high-fat, normal-protein diet.**

### High-Protein Diets

The researchers studied mice fed a high-fat diet to deliberately induce atherosclerosis or plaque buildup in the arteries. According to Razani, mice must eat a high-fat diet to develop arterial plaque. Therefore, some of the mice received a high-fat diet that was also high in protein. And others were fed a high-fat, low-protein diet for comparison.

"A couple of scoops of protein powder in a milkshake or a smoothie adds something like 40 grams of protein—almost equivalent to the daily recommended intake," Razani said. "To see if protein has an effect on cardiovascular health, we tripled the amount of protein that the mice receive in the high-fat, high-protein diet—keeping the fat constant. Protein went from 15 percent to 46 percent of calories for these mice."

The mice on the high-fat, high-protein diet developed worse atherosclerosis—about 30 percent more plaque in the arteries—than mice on the high-fat, normal-protein diet, despite the fact that the mice eating more protein did not gain weight, unlike the mice on the high-fat, normal-protein diet.

### Unstable Plaques

"This study is not the first to show a telltale increase in plaque with high-protein diets, but it offers a deeper un-

derstanding of the impact of high protein with the detailed analysis of the plaques," Razani said. "In other words, our study shows how and why dietary protein leads to the development of unstable plaques."

Plaque contains a mix of fat, cholesterol, calcium deposits, and dead cells. Past work by Razani's team and other groups has shown that immune cells called macrophages work to clean up plaque in arteries. But the environment inside plaque can overwhelm these cells, and when such cells die, they make the problem worse, contributing to plaque buildup and increasing plaque complexity.

"In mice on the high-protein diet, their plaques were a macrophage graveyard," Razani said. "Many dead cells in the core of the plaque make it extremely unstable and prone to rupture. As blood flows past the plaque, that force—especially in the context of high blood pressure—puts a lot of stress on it. This situation is a recipe for a heart attack."

### Focus on Amino Acids

To understand how high dietary protein might increase plaque complexity, Razani and his colleagues studied the path protein takes after it has been digested—broken down into its original building blocks, called amino acids.

Razani and his team found that excess amino acids from a high-protein diet activate a protein in macrophages called mTOR, which tells the cell to grow rather than go about its housecleaning tasks. The signals from mTOR shut down the cells' ability to clean up the toxic waste of the plaque, and this sets off a chain of events that results in macrophage death.

The researchers found that certain amino acids, especially leucine and arginine, were more potent in activating mTOR than other amino acids. These amino acids were also more likely to derail macrophages from their cleanup duties, thus leading to cell death.

"Leucine is particularly high in red meat, compared with, say, fish or plant sources of protein," Razani said. "A future study might look at high-protein diets with different amino acid contents to see if that could have an effect on plaque complexity. Cell death is the key feature of plaque instability. If you could stop these cells from dying, you might not make the plaque smaller, but you would reduce its instability."

"This work not only defines the critical processes underlying the cardiovascular risks of dietary protein, but also lays the groundwork for targeting these pathways in treating heart disease," he said.

Support for the work came from the National Institutes of Health, the American Diabetes Association, the Washington University Diabetic Cardiovascular Disease Center and Diabetes Research Center, the Washington University Mass Spectrometry Core, and the Foundation for Barnes-Jewish Hospital.

*This article was originally published by Washington University in St. Louis. Republished via Futurity.org*

### AGE WELL

## Should We Increase Our Protein Intake After Age 65?

Oddities of aging affect how our body processes protein as we advance in years

MICHAEL GREGER

A study that purported to show that diets high in meat, eggs, and dairy could be as harmful to health as smoking supposedly suggested that "[p]eople under 65 who eat a lot of meat, eggs, and dairy are four times as likely to die from cancer or diabetes."

But another way of looking at the data of the actual study suggests those eating a lot of animal protein had 73 times the risk. Even those in the moderate protein group, who got 10 to 19 percent of calories from protein, had about 23 times the risk of dying of diabetes compared to those consuming the recommended amount of protein, which comes out to be about 6 to 10 percent of calories from protein, around 50 grams a day. That said, the study also found those getting their proteins from plants had no higher risk.

And the risk changed depending on age. For those under 65, eating less animal protein was associated with a major reduction in cancer and overall mortality in middle age. But for those over 65, there was a lower chance of cancer and mortality if they ate more protein.

When it comes to diabetes deaths, eating less animal protein is associated with a longer life at all ages.

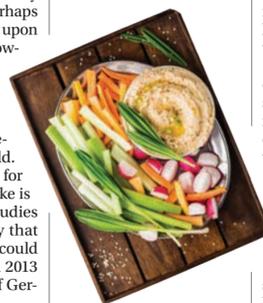
"These results suggest that low protein intake during middle age followed by moderate to high protein consumption in older adults may optimize healthspan and longevity," wrote the researchers in their 2014 study published in *Cell Metabolism*.

Some have suggested that the standard daily allowance for protein, which is 0.8 grams for every healthy kilogram of body weight, may be fine for most, but perhaps older people require more. The study upon which the recommended daily allowance (RDA) was based indicated that there was not enough evidence to suggest a higher RDA for the elderly.

A small study was published in 2008 and found no difference in protein requirements between young and old. The same RDA should be adequate for the elderly. However, adequate intake is not necessarily optimal intake. "Studies have not addressed the possibility that protein intake well above the RDA could prove beneficial," or so suggests a 2013 study published in *The Journals of Gerontology: Series A*.

Another small study followed sedentary individuals over the age of 65 for 12 years and found they lose about one percent of their muscle mass every year. If you force people to lie in bed for days at a time, anyone would lose muscle mass, but older adults on bedrest may lose muscle mass six times faster than young people also on bedrest. So, it's use it or lose it for everyone,

**When it comes to diabetes deaths, eating less animal protein is associated with a longer life at all ages.**



Vegetables have an alkalizing effect that may neutralize the mild metabolic acidosis that occurs with age.



Researchers believe that a person's protein needs change with age and that vegetable protein causes fewer health issues.

but the elderly appear to lose muscle mass faster, so they better use it.

The good news is that in contrast to the 12-year U.S. study, a similar though much larger study in Japan found that the "age-related decreases in muscle mass were trivial." Why the difference? It turns out that in the Japanese study, "the participants were informed about the results of their muscle strength, [so] they often tried to improve it by training before the next examination." This was especially true among the men, who got so competitive their muscle mass increased with age, which shows that the loss of muscle mass with age is not inevitable—you just have to put in some effort.

Research suggests that adding protein doesn't seem to help, based on a small study of 36 people. Adding more protein, mainly from eggs, to their diet didn't influence the muscle responses of participants to resistance training, and that was based on studies funded by the American Egg Board itself.

Even the National Dairy Council couldn't spin it: Evidently, strength "training-induced improvements in body composition, muscle strength, and size, and physical functioning are not enhanced when older people...increase their protein intake by either increasing the ingestion of higher-protein foods or consuming protein-enriched nutritional supplements."

Is there anything we can do diet-wise to protect our aging muscles? Eat vegetables. The alkalizing effects of vegetables may neutralize the mild metabolic acidosis in our body that facilitates the breakdown of

muscle. Muscle wasting appears to be an adaptive response to acidosis. We all know when we exercise a muscle, it is likely to grow, or gain mass.

Consuming recommended levels of vegetables was associated with halving the odds of low muscle mass. Why? Vegetables have an alkalizing effect that may neutralize the mild metabolic acidosis that occurs with age. That little bit of extra acid can increase the breakdown of muscle.

We appear to get a chronic low-grade acidosis with advancing age because our kidney function starts to decline and because we may be eating an acid-promoting diet, which means a diet high in fish, pork, chicken, and cheese, and low in fruits and vegetables. Beans and other legumes are the only major sources of protein that are alkaline instead of acid-forming. And indeed, a more plant-based diet—that is, a more alkaline diet—was found to be positively associated with muscle mass in women aged 18-79.

So, if we are going to increase our protein consumption after age 65, it would preferably be plant-based proteins to protect us from frailty. No matter how old we are, a diet that emphasizes plant-based nutrition is likely to be healthier for people of any age.

*Michael Greger, M.D. FACLM, is a physician and New York Times best-selling author, who has testified before Congress, appeared on The Dr. Oz Show and The Colbert Report, and was invited as an expert witness in defense of Oprah Winfrey at the infamous "meat defamation" trial. This article is republished from NutritionFacts.org*

### MADE TO MOVE

## Strong and Healthy Muscles Matter

Stay independent, active, and uninjured with the aid of muscle

MOHAN GARIKIPARITHI

Strong and healthy muscles matter. There is really no other way to say it. Your muscles allow you to move freely, send blood throughout your body, lift things, and promote independence.

Without strong muscles, you're at risk for increased dependence and a host of health troubles. Muscles even play a role in ways you might not necessarily think about. Breathing, joint pain, and heart health are all improved by healthy muscles.

You've got more than 600 muscles in your body. That fact alone should indicate just how important they are to overall health.

Muscle health is about a lot more than working out and building

strong muscle. In fact, you don't need an intense workout plan to keep muscles healthy. Heavyweights and big muscles are not necessarily indicative of strength or muscle quality.

Although activity is required, it is really only one piece of the puzzle. Strength training at a moderate pace of three times per week is recommended. Working in the 8-12 repetition range for each exercise will help build, strengthen, and maintain quality muscle.

The next thing needed for muscle health is eating right. Eating sufficient high-quality protein is recommended as protein contributes to muscle tissue maintenance and growth. Green vegetables

Maintain your muscles to better guarantee you can live the life you want as age takes its toll.

and antioxidant-rich fruits and vegetables are also important to feed muscles and limit the likelihood of oxidative stress.

Lastly, good sleep each night allows your muscles to repair and get stronger so you can face the challenges of tomorrow.

Aside from allowing you to move and carry things, your muscles protect your bones and joints from injury. If the muscles around your knee get weak, for example, you might be more likely to get injured. Muscle can also help provide balance to limit the risk of slips and falls.

Metabolism is also aided by muscle, which can help you keep a healthy weight. Muscle can help with insulin sensitivity and

blood sugar control.

Muscles can get overlooked when it comes to overall health, but they are essential to an active and able body. Help your body age better, reduce the risk for chronic illness, and enhance independence by including muscle care in your health routine.

*Mohan Garikiparithi holds a degree in medicine from Osmania University (University of Health Sciences). He practiced clinical clinical for over a decade. During a three-year communication program in Germany, he developed an interest in German medicine (homeopathy) and other alternative systems of medicine. This article was originally published on Bel Marra Health.*

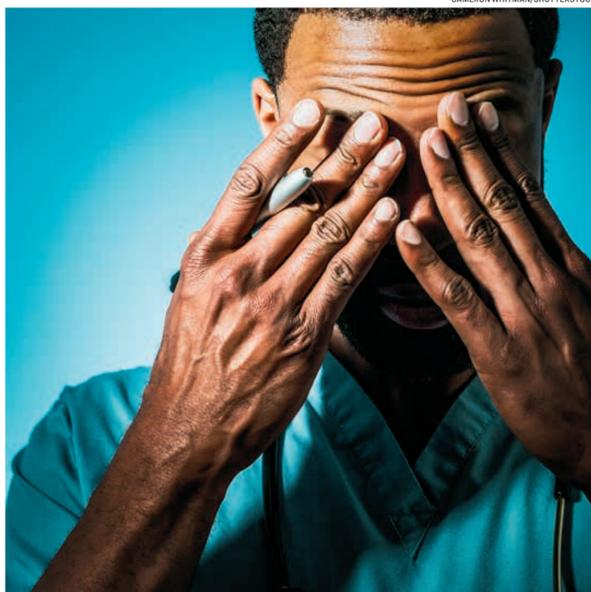


LJUPCO SMOKOVSKI/SHUTTERSTOCK

# Doctors Suffer 'Moral Injury'

## From Financial Pressures Of Health Care

With no time to properly treat patients, doctors are being left burned-out and distressed



CAMERON WHITMAN/SHUTTERSTOCK

"We're just shotgunning," Corl said. The shingles case is one of hundreds of examples that have led to his exasperation and burnout with emergency medicine. What's driving the burnout, he argued, is something deeper—a sense of "moral injury."

Corl, a 42-year-old assistant professor of medicine at Brown University, is among a growing number of physicians, nurses, social workers, and other clinicians who are using the phrase "moral injury" to describe their inner struggles at work.

The term comes from war: It was first used to explain why military veterans were not responding to standard treatment for post-traumatic stress disorder. Moral injury, as defined by researchers from veterans hospitals, refers to the emotional, physical and spiritual harm people feel after "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations."

Drs. Wendy Dean and Simon Talbot, a psychiatrist, and a surgeon were the first to apply the term to health care. Both wrestled with symptoms of burnout themselves. They concluded that "moral injury" better described the root cause of their anguish: They knew how best to care for their patients but were blocked from doing so by systemic barriers related to the business side of health care.

That idea resonates with clinicians across the country: Since they penned an op-ed in Stat in 2018, Dean and Talbot have been flooded with emails, comments, calls, and invitations to speak on the topic.

Burnout has long been identified as a major problem facing medicine: 4 in 10 physicians report feelings of burnout, according to a 2019 Medscape report. And the physician suicide rate is more than double that of the general population.

Dean said she and Talbot have given two dozen talks on moral injury. "The response from each place has been consistent and surprising: This is the language we've been looking for for the last 20 years."

Dean said that response has come from clinicians across disciplines, who wrestle with what they consider barriers to quality care: insurance preauthorization, trouble making patient referrals, endless clicking on electronic health records.

Those barriers can be particularly intense in emergency medicine.

Corl said he has been especially frustrated by a model of emergency medicine called "provider-in-triage." It aims to improve efficiency but, he said, prioritizes speed at

the cost of quality care. In this system, a patient who shows up to an ER is seen by a doctor in a triage area for a rapid exam lasting less than two minutes. In theory, a doctor in triage can more quickly identify patients' ailments and get a head start on solving them. The patient is usually wearing street clothes and sitting in a chair.

These brief encounters may be good for business: They reduce the "door to doc" time—how long it takes to see a doctor—that hospitals sometimes boast about on billboards and websites. They enable hospitals to charge a facility fee much earlier, the minute a patient sees a doctor. And they reduce the number of people who leave the ER without "being seen," which is another quality measure.

But "the real priority is speed and money and not our patients' care," Corl said. "That makes it tough for doctors who know they could be doing better for their patients."

Dean said people often frame burnout as a personal failing. Doctors get the message: "If you did more yoga, if you ate more salmon salad, if you went for a longer run, it would help." But, she argued, burnout is a symptom of deeper systemic problems beyond clinicians' control.

Emergency physician Dr. Angela Jarman sees similar challenges in California, including ER overcrowding and bureaucratic hurdles to discharging patients. As a result, she said, she must treat patients in the hallways, with noise, bright lights and a lack of privacy—a recipe for hospital-acquired delirium.

"Hallway medicine is such a [big] part of emergency medicine these days," said Jarman, 35, an assistant professor of emergency medicine at UC-Davis. Patients are "literally stuck in the hallway. Everyone's walking by. I know it must be embarrassing and dehumanizing."

For example, when an older patient breaks an arm and cannot be released to their own care at home, they may stay in the ER for days as they await evaluation from a physical therapist and approval to transfer to rehab or a nursing home, she said. Meanwhile, the patient gets bumped into a bed in the hallway to make room for new patients who keep streaming in the door.

Being responsible for discharging patients who are stuck in the hallway is "so frustrating," Jarman said. "That's not what I'm good at. That's not what I'm trained to do."

Jarman said many emergency physicians she knows work part-time to curtail burnout. "I love emergency medicine, but a lot of



SHEFF/SHUTTERSTOCK

The physician suicide rate is more than double that of the general population.

what we do these days is not emergency medicine," she said. "I definitely don't think I'll make it 30 years."

Also at UC-Davis, Dr. Nick Sawyer, an assistant professor of emergency medicine, has been working with medical students to analyze systemic problems. Among those they've identified: patients stuck in the ER for up to 1,000 hours while awaiting transfer to a psychiatric facility; patients who are not initially suicidal, but become suicidal while awaiting mental health care; patients who rely on the ER for primary care.

Sawyer, 38, said he has suffered moral injury from treating patients like this one: A Latina had a large kidney stone and a "huge amount of pain" but could not get surgery because the stone was not infected and therefore her case wasn't deemed an "emergency" by her insurance plan.

"The health system is not set up to help patients. It's set up to make money," he said.

The best way to approach this problem, he said, is to help future generations of doctors understand "how decisions made at the systems level impact how we care about patients" so they can "stand up for what's right."

Whether these experiences amount to moral injury is open for discussion.

Cynda Rushton, a nurse and professor of clinical ethics at Johns Hopkins University, who has studied the related notion of "moral distress" for 25 years, said there isn't a base of research, as there is for moral distress, to measure moral injury among clinicians.

But "what both of these terms signify," Rushton said, "is a sense of suffering that clinicians are experiencing in their roles now, in ways that they haven't in the past."

Dean grew interested in moral injury from personal experience: After a decade of treating patients as a psychiatrist, she stopped because of financial pressures. She said she wanted to treat her patients in longer visits, offering both psychotherapy and medication management, but that became more difficult. Insurers would rather pay her for only a 15-minute session to manage medications and let a lower-paid therapist handle the therapy.

Dean and Talbot created a nonprofit advocacy group called Moral Injury of Healthcare, which promotes public awareness and aims to bring clinicians together

to discuss the topic.

Their work is attracting praise from a range of clinicians:

In Cumberland County, Pennsylvania, Mary Franco, who is now 65, retired early from her job as a nurse practitioner after a large corporation bought out the private practice she worked in. She said she saw "a dramatic shift" in the culture there, where "revenue became all-important." The company cut in half the time for each patient's annual exam, she said, down to 20 minutes. She spent much of that time clicking through electronic health records, she said, instead of looking the patient in the face. "I felt I short-shifted them."

In southern Maine, social worker Jamie Leavitt said moral injury led her to take a mental health break from work last year. She said she loves social work, but "I couldn't offer the care I wanted to because of time restrictions." One of her tasks was to connect patients with mental health services, but because of insurance restrictions and a lack of quality care providers, she said, "often my job was impossible to do."

In Chambersburg, Pennsylvania, Dr. Tate Kauffman left primary care for urgent care because he found himself spending half of each visit doing administrative tasks unrelated to a patient's ailment—and spending nights and weekends slogging through paperwork required by insurers.

"There was a grieving process, leaving primary care," he said. "It's not that I don't like the job. I don't like what the job has become today."

Corl said he was so fed up with the provider-in-triage model of emergency medicine that he moved his ER clinical work to smaller, community hospitals that don't use that method.

He said many people frame burnout as a character weakness, sending doctors messages like, "Gee, Keith, you've just got to try harder and soldier on." But Corl said the term "moral injury" correctly identifies that the problem lies with the system. "The system is flawed," he said. "It's grinding us. It's grinding good docs and providers out of existence."

Melissa Bailey is a Boston-based correspondent on the KHN enterprise team, focusing on aging and dying. This article was originally published on Kaiser Health News.

## FOOD AS MEDICINE

# The Amazing Mind Body Benefits of Sage

JAYA JAYA MYRA

I'm sure you know about sage, but do you know how valuable this herb is for your health and overall wellbeing? It's one of those herbs we've all heard about but may not have in the pantry. After reading this, you may just decide to add it to your regular repertoire.

Sage, also known as *Salvia officinalis*, is a member of the mint family and native to the Mediterranean region. It has a piney aroma and notes of sweet, bitter, citrus and eucalyptus in its flavor. This potent flavorful blend can scare away amateur cooks, but when you know how to cook with sage you can reap its many health benefits.

Dr. David Friedman, Naturopathic Physician and author of Food Sanity says "sage is chock-full of anti-inflammatory and antioxidant compounds, including rosmarinic acid, carnosol, and camphor. Sage is a common ingredient in some mouthwashes because of its antibacterial and anti-inflammatory properties."

Those antibacterial properties help prevent plaque. Mouthwash containing sage has also been shown to effectively kill candida albicans, which can contribute to cavities and a host of other health problems.

Sage is a potent medicinal plant with wide-ranging effects. Let's start with cognitive function.

Sage is well known and scientifically proven to enhance cognitive function, improve memory and prevent neurodegenerative disease. If you're having problems focusing, sage may help. Sage is also packed with nutrients and antioxidants which help support health by preventing or delaying cellular damage, which is probably why it has been shown to protect against many types of cancer.

Having issues with blood sugar regulation? It may have little to do with your diet or lifestyle. Certain populations, including Asians and South Asians, struggle with diabetes and insulin resistance more than their Caucasian counterparts,

even at younger ages and lower BMI. Sage has been shown to improve insulin sensitivity and lower blood sugar levels and can be helpful, even when you're otherwise on top of your diet and lifestyle habits.

Suffering from pain or a chronic condition like fibromyalgia? The potent anti-inflammatory properties of sage can help reduce pain and help the body restore its balance.

It can even help improve metabolism and promote weight loss, which many people with chronic health conditions struggle with. Sage is known to treat a host of other ailments including reducing menstrual cramps, alleviating hot flashes, heartburn, flatulence, reducing overproduction of sweat, treating depression, lowering cholesterol levels and so much more. Like I alluded to earlier, is there anything sage doesn't help with?

If you're not sure how to start using sage, try sprinkling some on top of soups or pasta. Just remember, a little sage goes a long way, so use it sparingly or in places where it's flavor is complimentary. Sage pairs well with fatty food and meats, pasta, gnocchi, red and cream-based pasta sauces and can be used to make a delicious vegan cashew cheese sauce or spread. You can even make a flavorful sage tea and impart its health benefits that way.

How will you include sage in your routine?

[Editor's Note: For links to research source, find this article online at [TheEpochTimes.com/c-wellness](https://www.theepochtimes.com/c-wellness)]

Jaya Jaya Myra is a wellness lifestyle expert and go-to media expert on mind-body wellness, stress management, mindfulness, food for mood, and natural, healthy living. She's a best-selling author, TEDx and motivational speaker, and creator of The WELL Method for purpose-filled healthy living. Visit [www.jayajayaMyra.com](http://www.jayajayaMyra.com)



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MELISSA BAILEY

Burnout is a symptom of deeper systemic problems beyond clinicians' control.

**D**r. Keith Corl was working in a Las Vegas emergency room when a patient arrived with chest pain. The patient, wearing his street clothes, had a two-minute exam in the triage area with a doctor, who ordered an X-ray and several other tests. But later, in the treatment area, when Corl met the man and lifted his shirt, it was clear the patient had shingles. Corl didn't need any tests to diagnose the viral infection that causes a rash and searing pain.

All those tests? They turned out to be unnecessary and left the patient with over \$1,000 in extra charges.

The excessive testing, Corl said, stemmed from a model of emergency care that forces doctors to practice "fast and loose medicine." Patients get a battery of tests before a doctor even has time to hear their story or give them a proper exam.

**They knew how best to care for their patients but were blocked from doing so by systemic barriers related to the business side of health care.**

## THE ROOT CAUSE

# Diet Can Reduce Autoimmunity At Cellular Level

ARMEN NIKOGOSIAN

Chronic inflammation and autoimmune disorders occur when the body's attempts to fight disease misfire. Rather than protecting the body, the immune response becomes a disease in itself. A new study suggests that eating less of an essential amino acid called methionine could help relieve these conditions.

Methionine is well represented in the standard American diet. It is particularly abundant in ground turkey, beef, tuna, pork chops, and milk. Vegan foods high in methionine include firm tofu, Brazil nuts, white beans, and quinoa.

Methionine plays a critical role in our metabolism and adequate levels are essential for healthy immune function. With a normally functioning immune system, you would want methionine to be plentiful in the diet.

But due to the dysfunctional nature of the immune system

in autoimmunity, restricting methionine in the diet helps dampen the immune cells responsible for the inflammatory response.

Researchers published their findings in the journal Cell Metabolism. They found mice eating less methionine had a slower onset and progression of autoimmunity.

T cells play a central role in our bodies immune response. During an immune response, they flood the affected area to help the body defend itself from pathogens. CD4 T helper cells are a type of T cell in charge of regulating the immune response and can differentiate into scores of more specific T cells. This reprogramming of T cells requires methionine. T cells depend on dietary intake of this amino acid for full function. By restricting methionine in the diet, the investigators observed a blunting of the CD4 T helper cells' ability to differentiate into other T cells, which

**By restricting methionine in the diet, you're essentially removing the fuel for this overactive inflammatory response without compromising the rest of the immune system.**

Russell Jones, Ph.D., the study's senior author



TERRAVIVA/OLGA ALIBEC/SHUTTERSTOCK

Autoimmune conditions can range from rashes to debilitating illness.

ultimately led to blunting of the inflammatory response in the tissues and organs targeted by the autoimmunity.

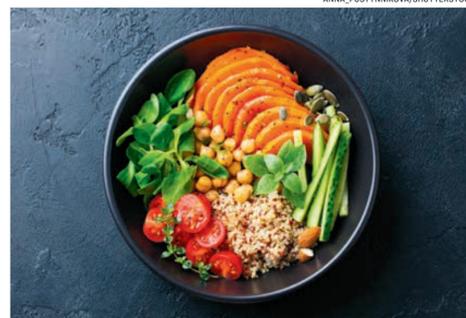
In other words, by starving CD4 T helper cells of methionine, these cells could not take on the diverse roles needed to do the job they were overdoing. "By restricting methionine in

the diet, you're essentially removing the fuel for this overactive inflammatory response without compromising the rest of the immune system," Russell Jones, Ph.D., the study's senior author, told Science Daily.

Autoimmunity affects seven percent of the American population, or 24 million people,

New study finds link between eating less of a common amino acid can ease malfunctioning immune response

ANNA\_PUSTYNNIKOVA/SHUTTERSTOCK



A low-methionine diet may lower autoimmunity, according to a recent study.

with a steadily rising prevalence since the 1990s.

Autoimmunity occurs when the immune system mistakenly attacks and destroys healthy organs, tissues and cells. Inflammation is one of the immune system's primary weapons. When inflammation runs amok, it becomes chronic inflammation.

Some examples of conditions in which the immune system mistakenly attacks itself are multiple sclerosis (MS), Hashimoto's thyroiditis, systemic lupus erythematosus (SLE), and inflammatory bowel disease.

The severity of autoimmunity can range from a minor nuisance like a rash to a life-threatening

disease with symptoms varying depending on which organ or tissue the dysfunctional immune cells are targeting. There are currently very few conventional treatments that can significantly slow or stop many of these autoimmune conditions without greatly increasing the risk of infection or cancer.

Dampening the capabilities of T cells—one of the immune system's key weapons—could be a gentle and effective way to dampen the immune response without undermining our immunity.

Of course, it is difficult to dampen the immune response without causing troubles. That means a methionine-restricted diet needs to be precise, and when done properly it is certainly worthy of a place in the functional medicine practitioner's armamentarium of dietary interventions. It may be one of the few interventions that can be done without significant side effects—if done well.

Regardless, this diet should only be taken on to address the most serious of conditions. The effects of methionine on our body's systems are broad and diverse. The various outcomes of methionine restriction have been investigated over the past decade with a mixed bag of effects.

Sometimes methionine restriction can fight inflammation, limit cancer cells, and lengthen our healthy years, but it can also damage the gut microbiome, decrease bone density, weaken endurance, and lower fertility.

For many years, functional medicine practitioners have observed dramatic improvements in our autoimmune patients based on modifying their diet. These findings validate that approach, but further study with human patients will be needed in order to replicate this study's findings in mice. Of note, a 2019 study looking at the effects of methionine restriction as an anti-cancer intervention did in-

clude humans and many of the observed effects on the immune system were similar to that of this more recent autoimmunity study.

Methionine's effect on our body is complicated and like most of our biochemistry, methionine must be present in the proper balance. Methionine is a powerful amino acid and methionine restriction in the diet can have powerful effects on the body—both good and bad.

Armen Nikogosian, M.D., practices functional and integrative medicine at Southwest Functional Medicine in Henderson, Nev. He is board-certified in internal medicine and a member of the Institute for Functional Medicine and the Medical Academy of Pediatric Special Needs. His practice focuses on the treatment of complex medical conditions with a special emphasis on autism spectrum disorder in children, as well as chronic gut issues and autoimmune conditions in adults.

# What Playfulness Can Do for Your Relationship

Play can bring us a sense of security, offer a way to communicate, and even help us resolve conflicts.



Being silly with your partner may have some serious benefits

Sometimes teasing our partner about their faults and oddities can be a way of quietly pointing them out, without the sting of criticism.

KIRA M. NEWMAN

I live with a hip-wiggler. When we're in an elevator, Fred shakes to the muzak. If we're pushing a cart through the grocery store and B. B. King's "The Thrill Is Gone" comes through the speakers, Fred starts shimmying—and watching for my reaction. My role in this bit is to survey the scene in mock disapproval, one eyebrow raised, trying not to giggle. My partner is playful and I try to join in, in my introverted way. And that's good because research suggests that couples who are playful together have closer and more satisfying relationships.

Unfortunately, we humans tend to become less playful as we get older. After all, play requires a bit of freedom and space; by definition, it's not a productive activity. The schedules and stresses of life can impinge on our relationship and suck the playfulness out of it. There may come a day when Fred bops less to the beat.

That's a bigger loss than we might realize. Scientists are investigating all the different psychological functions that play serves in romantic relationships, and they're finding that it gives us more than just the occasional laugh. Play can bring us a sense of security, offer a way to communicate, and even help us resolve conflicts. If we're serious about cultivating a close and lasting relationship, we might just have to find our own ways to dance through life.

**Why Bother Being Playful?**

A 2014 study by the University of Halle's René Proyer asked real people to reflect on how play served their relationship. They came up with a variety of answers.

First of all, people said, playfulness simply feels good; it makes us laugh. It also supports the relationship itself, in a variety of ways, they added. People talked about using playfulness to seduce their partner and make sex enjoyable, and to communicate things more effectively. For example, sometimes teasing our partner about their

faults and oddities can be a way of quietly pointing them out, without the sting of criticism.

The very fact that play is unserious can make it a safe way to raise issues that are, in fact, quite serious. You can bring something up playfully—maybe a domestic request or an emotion you're feeling—and gauge the response. Or it can work the opposite way: Serious relationship issues might crop up in your jokes and sarcasm, a signal that something needs to be dealt with. (Take, for example, the partner in one study who realized the repressed hostility embedded in her new nickname for her better half: "Moldy Oldy").

A playful remark or gesture can also loosen up a tense situation, reminding your significant other that despite whatever stresses you're under, you're still in a safe and loving relationship. It takes a great deal of social intelligence to know when a gentle joke in the middle of a fight might make your partner crack a smile—but the research suggests that's a skill well worth developing.

**What Does Romantic Play Look Like?**

Of course, there are many playful paths we can take toward intimacy—and there's something we can learn from the way researchers have enumerated, categorized, and cataloged all the different ways partners play.

One of the most common forms of play seems to be the secret language that develops between couples, from nicknames to private jokes. In my relationship, for example, Fred invented a word that's an amalgamation of a Korean expression and our cat's nickname—which makes absolutely zero sense—to communicate exasperation. I have to remember not to utter this word in the presence of others, lest it provokes strange looks.

Roleplay is also common. In the comfort of the romantic bubble, one might feel safe enough to pretend to be a puppy, do their best Elvis impression, or imitate the neighbor's oddly high-pitched laugh.

Some play, of course, requires no words at all—my partner's dancing being one example. We can playfully pilfer a cookie from our beloved, turning a normally selfish act into an affectionate exchange. Teasing is another behavior that walks the line between positive and negative, which is why play is a delicate negotiation: Our partner has to perceive our playful intent and join in the game, lest they be annoyed by our frivolity or put off by our kindly jabs.

Some play is more structured, like the rules and games that couples invent. When I'm debating Fred over a Google-able point of fact, we often bet three kisses on the answer before looking it up—and the loser has to immediately pay their debt.

In these ways, play seems to spontaneously arise. But then those one-off comments or behaviors turn into habits, morphing and evolving over time but always expressing an underlying affection and understanding.

So, it probably comes as no surprise that playful couples are often happy couples. In studies that survey people about their behaviors and feelings, those who are more playful in their relationships tend to experience more positive emotions, be more satisfied with their union, and feel closer to each other. They report that they communicate better, resolve conflicts better, and see their relationships in a more positive light.

As a participant in one study said: "Feel[ing] free to be silly together... reaffirms a closeness and sensibility to one another that would be hard to express in any other way—it makes me aware of how relaxed I feel with him and he with me."

**What Kind of Play Will Work for You?**

However, achieving those warm, fuzzy benefits of play might depend on what kinds of play we engage in.

In a 2019 study, Proyer and his colleagues surveyed over 200 heterosexual couples about their styles of play and how satisfied they were with their relationships. Some play is considered "other-directed"—the

kind that truly draws others in to silliness and good cheer. Other play is "intellectual," where we enjoy word play and creatively solving problems. And play can also be "whimsical," an amusement with life and a slightly oddball attitude. One of those styles stood out in good relationships: other-directed play. People who tended to clown around in this manner were happier with their relationships overall. In particular, they were more likely to admire their partner, experience feelings of tenderness and togetherness, feel pleased with their sex life, be invested in the relationship, and believe it would last. Only some of these patterns held up for the intellectually playful, and still fewer were found in whimsically playful mates.

When we reflect on our own relationships, those playful moments are things to cherish. In the routine of the everyday, two people playfully construct a secret language and culture, and it is solely their own. Play involves showing our partner parts of ourselves that others rarely see, the childlike, silly side that might not be socially acceptable at work or in other settings.

"Playing is a [survey] of the unknown borders of two psyches, whose contours can become reassuringly familiar only through the experience of mutual vulnerability and nonjudgmental responsiveness," writes marital therapist R. William Betcher. "It is through playing that we learn how to approach someone's more intimate self."

For this reason, there's no one-size-fits-all way to play with your partner. Every couple's play will look a little different, and that's the point. If there were any prescription, it would be something like this: Let your silly self come out, appreciate the goofiness of your loved one, and do what makes you both smile.

Kira M. Newman is the managing editor at the Greater Good Science Center. This article was originally published on the Greater Good online magazine.

## Why Principles Matter

Open your mind to the importance of principle. It just may be what the world remembers you for.

LAWRENCE W. REED

Paraphrasing the English journalist and philosopher G. K. Chesterton, New Testament scholar N.T. Wright wrote:

"The purpose of an open mind... is like the purpose of an open mouth: that it might be shut again on something solid. Yes, we must be free to ask questions. But when we hear a good answer we must be prepared to recognize it as such, and not be so keen on keeping all the questions open that we shy away from an answer because we so like having an open mind. That is the way to intellectual, as well as spiritual, starvation."

So much for the Cult of the Open Mind, which in its purest essence is nothing more than the admission that one has lived a life without learning a thing or arriving at a conclusion.

In one form or another, I hear people suggest that an "open mind" is somehow superior to possessing an opinion or embracing a principle. The only times that's true, in my view, are when an opinion or a principle is knee-jerk, poorly considered, illogical, untrue, or unfounded.

Does the sun come up in the east or in the west? It's not a sign of wisdom to claim your mind is open on the matter and then wait around to see what happens each morning.

**Opinions Versus Principles**

Opinions and principles are connected, or at least they ought to be. Principles are foundational, and opinions are based at least in part upon them. So think of principles as first, opinions second. Principles are rule sets, guidelines, and fundamental truths. They include axioms, morals, ideals, laws of nature and human behavior, and even the bedrock physical principles of the universe. You have an opinion on something because somewhere along the way you've adopted, consciously or subconsciously, a principle or two. Another word for principle is conviction.

This doesn't mean that one's principles must necessarily never change. When truth or new evidence (not simply the prevailing winds) suggest it strongly enough, we should change them. In that sense, I suppose, our minds should always be "open," but that's no reason to sit on the fence in the meantime. To date, our senses and the information they gather inform us convincingly that vegetables are good for our health. We act—and consume—accordingly. No one in his right mind would say that he's so open to the contrary view that vegetables might someday be found to be bad for us that he's not going to take a chance and eat some now. So we embrace the principle that vegetables are good so far as we presently know. We eat them and then form opinions as to which ones are more pleasing to our palates.

The above examples come from the physical sciences, where evidence and proof seem to be, at least for the moment, objective and indisputable. It's in the social sciences that things get fuzzier and more subjective. But even there, a thinking person seeks principles to lead him logically to opinions as well as conclusions.

Though some might view principles negatively as a sign of rigidity, ideology, or closed-mindedness, that's often just a way of dismissing another person's principles while holding fast to our own. Most people instinctively admire someone who seems to believe in something.

The comedian Groucho Marx once facetiously declared, "Those are my principles. If you don't like them (pause), I have others!" We may chuckle at that, but we don't admire it. It's just a funny way of saying, "I really don't have any principles," or "I'll have whatever principles you want me to have, and I'll dump them the moment somebody else wants me to have different ones."

I don't know who first said it, but whoever it was should get a medal for observing that "If you don't believe in something, you'll fall for anything."

**The Graveyard of Principles**

Many people are cynical about politics because it's the graveyard of principles. Rick Becker, a friend, and member of the North Dakota House of Representatives is one of the rare politicians who says what he means, means what he says, and votes that way. On my podcast, I recently asked him what it is about politics that sabotages men and women of principle.

I expected Rick to cite a litany of temptations the political process dangles in front of good but unsuspecting people. Instead, he offered a more penetrating insight: "Politics brings out what's already in you." In other words, in the pressure cooker of politics, the principles you thought somebody possessed

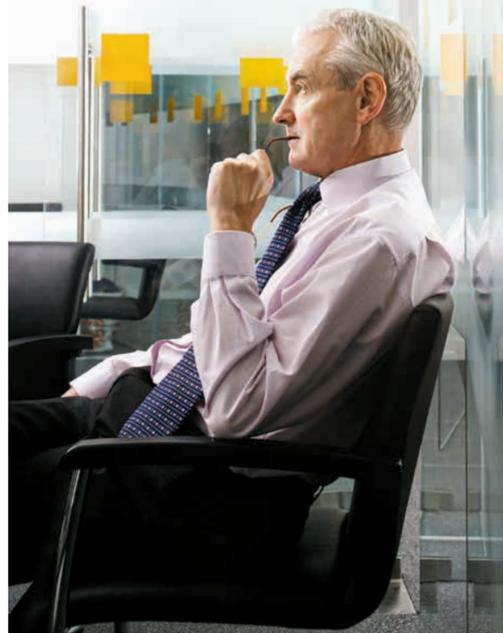
**Principles are rule sets, guidelines, and fundamental truths.**



Sticking with our principles takes sacrifice—and that is what makes them worth keeping. That sacrifice affirms the value we put on our own self regard.

Lawrence W. Reed is President Emeritus, Humphreys Family Senior Fellow, and Ron Manners ambassador for Global Liberty at the Foundation for Economic Education. He is also the author of "Real Heroes: Incredible True Stories of Courage, Character, and Conviction" and the editor of "Excuse Me, Professor: Challenging the Myths of Progressivism." This article is republished from FEE.org

A thinking person seeks principles to lead him logically to opinions as well as conclusions.



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## BECOMING MINIMALIST

# Someone Has More Than You—Get Used To It

If you can stop comparing your life to people you envy, you might just appreciate what you have

JOSHUA BECKER

I write these words for everyone in the world except for one person. This post is for the 7.52 billion people who are not the richest person in the world. In other words, Jeff Bezos, if you are reading, this is not for you.

To everyone else, I have some news:

Someone in the world has more than you. Get used to it.

I once read a fascinating statistic about millionaires who lost their wealth. A survey was conducted of people who once had a net worth of \$2 million, but now are worth less than \$1 million. When asked how they lost half their fortune, 40 percent responded, “We started hanging out with people worth \$10 million, and we lost our money trying to match their spending.”

The study, which I read years and years ago, has always stuck with me. It reveals an important truth:

There is always going to be someone in the world with more than you and trying to keep up with them is a losing battle. There will always be someone else ahead of you in the game, whether it be a co-worker, a neighbor, someone at your church or a family at your kid’s school.

And we all know there is someone on television right now who has more than you. That is always going to be the case (except for you Jeff).

It seems to me there are only a couple of responses we can have to this reality: We can get jealous and bitter about it or accept it and find happiness with what we have.

The clear choice for a joyful and happy life is the second option, but too often, we choose the first.

As a result, we spend much of our time comparing our things to other



There is always going to be someone in the world with more than you and trying to keep up with them is a losing battle.

people. We compare the size of our house, the year of our automobile, our last vacation destination, the age of our retirement, and so on.

Unfortunately, there is no joy to be found in these comparisons. Ever. Because there is always going to be someone with more.

There is no contentment to be found in comparing our stuff with other people. You may think that once you own a fancy house or nice car like so-and-so, you’ll be happy.

But that’s simply not the case because there is always going to be someone else with a bigger house

**There is no contentment to be found in comparing our stuff with other people.**

in a nice neighborhood.

For the sake of argument I am going to make an assumption: If you are reading these words, your needs are met. You have clothes, food, and shelter.

You may not have the most expensive clothes, or eat at the fanciest restaurant, or live in the biggest house—but your needs are being met.

In fact, I may take this moment to declare another truth. Not only is there someone in this world with more than you, there is someone in this world with less than you.

There is someone in this world with

less than you who is perfectly content and happy because they have chosen to be happy right where they are, rather than comparing their lives to someone with more.

So even though there is someone with more than you, you have many reasons to be grateful. And you have everything you need to find happiness—if you can stop comparing.

*Joshua Becker is an author, public speaker and the founder and editor of “Becoming Minimalist” where he inspires others to live more by owning less. Visit [BecomingMinimalist.com](http://BecomingMinimalist.com)*

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# Forgiving the Unforgivable

COURTESY OF ANITA SANCHEZ



Forgiving the unforgivable always triggers resistance, because it conjures painful memories that people can’t let go of.

Beyond resentment, the power and freedom of forgiveness

CONAN MILNER

**E**veryone makes mistakes, but some deeds are so hideous that forgiveness seems impossible. How do you forgive greed, violence, and cruelty without compromising your values and self-worth?

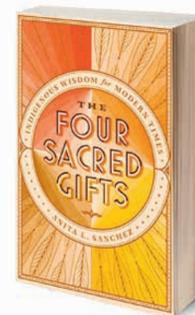
The worse the offense, the more justified our hatred for our tormentors seems. But no matter how much pain and loss they cause us, we only add to our suffering by holding hatred for them. According to writer Anita Sanchez, unless we learn to forgive the unforgivable, we risk being paralyzed by our resentment. In her new book “The Four Sacred Gifts: Indige-

nous Wisdom for Modern Times,” Sanchez examines what it means to forgive the unforgivable. The inspiration for the book came from a ceremony in 1995 involving more than two dozen elders from indigenous communities around the world. The elders called on four virtues to bring humanity together: healing, hope, unity, and forgiving the unforgivable.

Healing, hope, and unity are ideas everyone can grasp. But Sanchez says forgiving the unforgivable always triggers resistance, because it conjures painful memories that people can’t let go of.

“Most people’s first reaction is, ‘I don’t want to do that,’” Sanchez told The Epoch Times. “Whatever they’re holding on to comes up for them.”

Continued on Page 11



The book was inspired by elders who advised cultivating four virtues to bring humanity back together: healing, hope, unity, and forgiveness.

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If we or our partners are anxious about the stability of our relationship, we could try to focus more on our partner's positive qualities and offer them gratitude.

## One Way Your Partner Can Calm Your Attachment Anxiety

A new study suggests that a grateful partner can help heal the wounds of an insecure attachment style

JILL SUTTIE

People with attachment anxiety may yearn to be closer to their partners but never seem to get close enough. This condition can leave them feeling unloved.

Attachment anxiety is the belief that you are not worthy of love and that your partner is likely to reject or abandon you. Adults who didn't experience the care and safety of a loving parental relationship—whether due to neglect, abuse, emotional coldness, or inconsistent attention to their basic needs as a child—tend to be emotionally overreactive and in need of constant reassurance from others. This can interfere with their mental health and lead to more conflicts in their relationships.

What can help someone feel less afraid of abandonment? A new study suggests that having a grateful partner may be key. Researchers analyzed data from a long-term study in Germany that surveyed romantic couples yearly over seven years. To measure attachment anxiety, couples were asked to rate how much they agreed with statements like "Sometimes I'm not sure if my partner enjoys being with me as much as I enjoy being with him/her," or "I'm often afraid my partner thinks I'm silly or stupid if I make a mistake."

They also rated how satisfied they were with their relationship overall and reported how grateful their partner was by answering questions like "How often does your partner express recognition for what you've done?" and "How often does your partner show that he/she appreciates you?" The researchers then ran a series of analyses on the data, trying to see how these factors changed over time.

Their findings showed that when people high in attachment anxiety felt greater gratitude from their partners, their anxiety was significantly lower a year later, while the reverse was not true—lower anxiety did not seem to predict more gratitude later on. To Yoobin Park, the study's lead author, this suggests that gratitude plays a role in reducing the stress that attachment anxiety causes in a relationship.

"When people high in attachment anxiety receive a partner's recognition and appreciation, they feel more worthy and competent," says Park. "They can infer that their act of kindness has successfully met their partner's needs and that their partner values them and their relationship."

While other relationship factors could help reduce attachment anxiety, too, Park and her colleagues found that the changes weren't simply due to people feeling more satisfied with their relationships. Whether relationship satisfaction went up or down, being the recipient of gratitude still soothed a person's relationship insecurities.

**Attachment anxiety is the belief that you are not worthy of love and that your partner is likely to reject or abandon you.**

"Perceiving gratitude has some unique effects," she says.

While many studies have found that gratitude helps relationships thrive, this may be the first to find that experiencing gratitude from a partner can help heal deep psychological wounds. Couples therapists may want to take note, says Park, particularly given how difficult it can be to change deep-seated insecurities. Outside of psychotherapy, experiencing a more secure, loving relationship in one's adult life—including expressions of gratitude, as this study suggests—may be a particularly viable way to help calm the anxiety.

If we or our partners are anxious about the stability of our relationship, we could try to focus more on our partner's positive qualities and offer them gratitude. As long as it's sincere—meaning, we are not just faking gratitude, which doesn't have the same benefits—it's bound to help us feel closer.

"I'd recommend we all think about what it is about our partners that we appreciate the most," says Park. "Then, make sure our partner is aware of how grateful we are."

A little appreciation may just be the best gift we could ever give a loved one on.

*Jill Suttie, Psy.D., is Greater Good's book review editor and a frequent contributor to the magazine. This article was originally published by the Greater Good online magazine.*

## Forgiving the Unforgivable

Beyond resentment, the power and freedom of forgiveness

Continued from Page 9

It's an impulse Sanchez knows intimately. In her teens, she remembers the emotional armor she wore to protect herself from getting hurt again after experiencing trauma. It worked, but inside she paid dearly for it. "It began constraining my heart. It started to suffocate me," she said. "It gave the illusion that I was safe, but in reality, it was killing me."

Sanchez's armor grew from experience. From the time she was 4 years old, her father sexually abused her. The incest continued until Sanchez was 13. It abruptly ended when her father was murdered at a bar.

In a case of mistaken identity, a white man saw her father's dark-brown skin, mistook him for a black man he had fought with earlier that day, and shot him twice. Throughout her teens, Sanchez mourned the loss of her father with the rest of her family, but kept his abuse a secret. She felt isolated and angry—at her father, at her mother for not protecting her, at her father's killer, and at herself, because she believed she may have somehow contributed to her father's death.

"When he was murdered, it was horrific. But in a 13-year-old girl's mind, I thought, 'Oh my gosh. I wished him to leave and even him dead sometimes, and then he was gone,'" she said.

**Illusion of Separation**

Sanchez spent years working through the incest and murder, but something was still missing. She says the four virtues the indigenous elders talked about made things clear.

"I could see that I was still holding on to the pain and the hurt," she said.

Forgiving the unforgivable is a familiar topic among many indigenous communities, because their history is often haunted by memories of genocide, forced sterilization programs, and other strategies of eradication and abuse.

Sanchez says that what keeps indigenous people and their traditions going is a strong sense of togetherness—with the earth and each other. Back when people relied on the natural world and their community for survival, they understood that a sense of connection was vital to well-being. Some cultures managed to keep this idea alive.

"The original knowledge is our connection to the earth," Sanchez said.

The laws of nature haven't changed, but the cultural shift away from these laws has been huge. According to Sanchez, the fundamental conflict of the modern world is a false assumption that we live separate, disconnected lives.

"If our mindset is still that we are separate, and we think of the earth and other people just as a resource to be used and thrown away without any concern but our comfort, that causes suffering," she said.

There is also a great temptation to distance ourselves from the rest of the world if we've been victimized. When we're hurt, separation ensures that we won't get hurt again. Unfortunately, this leaves us with nothing and no one to turn to.

Over time, our bitterness and grievances can become part of our identity. Sanchez says the first step toward letting go of this illusion of separateness is to focus inward. Going inside allows us a moment to differentiate between our pain and our true selves.

"If we can quiet ourselves enough, that wisdom is going to come through," she said.

The next step is reaching toward something larger. Look to whomever you can trust—family, friends, a therapist, or even nature—to realize that you're not alone.

"I'm really grateful to nature," Sanchez said. "Even when I was a little girl, it was the trees and the sunshine. I'd feel the sunshine and think, 'I've got another day.'"

**Forgive and Remember**

The opposite of forgiveness—revenge—deepens our sense of separation. And considering the level of tension and hostility that exists in the world today, we couldn't

be any further apart.

But even if we restrain ourselves from retaliating, holding hatred still keeps us from connecting with the world around us. The anger is directed at our enemy, but we're only hurting ourselves.

Forgiving is a process, and for major violations, it can be painfully slow. But avoiding common obstacles makes the journey a little smoother.

Sanchez says the old adage "forgive and forget" is where many people get stuck.

"Forgiveness doesn't mean forgetting," she said. "It means that you love yourself enough to take the energy that you use to punish yourself and use it to create what you want in the world."

Psychologist David Stoop agrees. In his book "Forgiving the Unforgivable," Stoop says that while the Bible talks of both forgiving and forgetting, humans are only expected to forgive. Forgetting is the domain of God.

"We need to forgive and remember, because you know the person has a problem and you need to protect yourself. God can forgive and forget, because there is nothing he needs to learn from the process," he writes.

Ideally, our abusers wake up and mend their ways. But our happiness can't hinge on whether they change. This is why, instead of forgetting, Stoop says the real aim of forgiveness is relinquishing resentment.

"The mark of forgiveness is that we no longer feel ill will toward the other person. We may not trust them anymore. We may not like them. But we don't wish them harm," he writes.

**Casting the Net of Blame**

In the drama of trauma, it can be hard to



Anita Sanchez with a Sapara healer in the Amazon rainforest.

tell how far to cast the blame. When we've been violated, our sense of trust can break beyond our relationship with the individual perpetrator and spread to an entire race, nationality, or gender.

Sanchez learned this lesson soon after her father was murdered, when the wife of his killer came to the Sanchez home with her young son. The woman apologized, saying that her husband had killed their father because he thought he was black, and began spouting racial slurs about black people.

**“If our mindset is still that we are separate, and we think of the earth and other people just as a resource to be used and thrown away without any concern but our comfort, that causes suffering.”**

Anita Sanchez, author

"My mom just screamed, 'Stop! You don't even know what you're saying. You don't even know what you're teaching your son,'" Sanchez recalled. Her mother then told the woman to leave immediately, but also that she would pray for her.

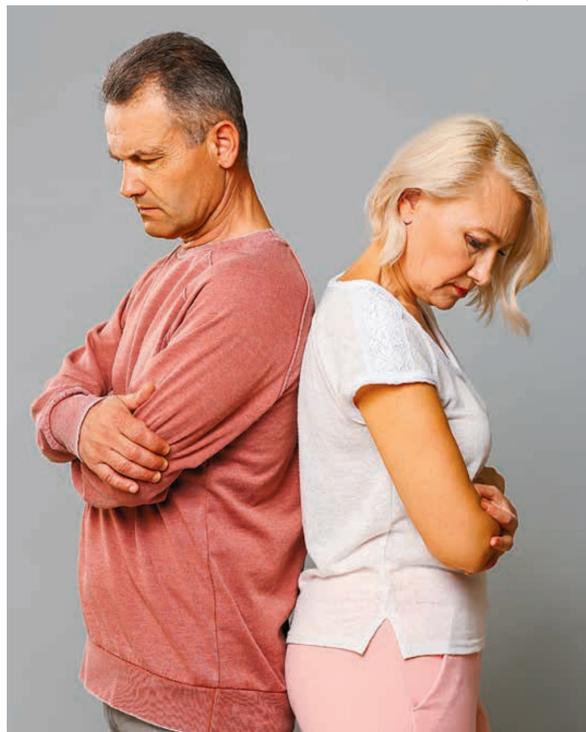
Soon after, the Sanchez family were shocked to find that the local paper featured a picture of her father's bleeding body sprawled on the floor. Her mother was disgusted at the lack of respect.

Sanchez remembers her mother gathering all six children (then aged 9 to 19), and showing them the picture. "This is the racism. These are the things we need to stop. But don't forget that not every white person killed your father," Sanchez recalled her saying. "You kids need to understand that a white man killed your father, not the white race."

Sanchez is thankful her mom made that distinction, because it provided a moment of clarity within an experience already so traumatic and confusing. Without that explanation, her heart could have closed even more.

"What we need to do is change systems, not add more violence and hatred. That's where I think forgiveness is really important," she said.

◀ Over time, our bitterness and grievances can become part of our identity.



PIKSEL/SHOT/SHUTTERSTOCK

## Maximize Memory by Staying Focused

Learning to exercise executive function can help us stay sharp

DEVON ANDRE

You may have "senior moments." Everyone does. You know, those times when your mind wanders when you're performing a routine task. No big deal, right?

Most of the time. These moments of cloudiness are typically related to a slight degradation in "executive function." Executive function is the captain of your brain's ship: It helps you plan, make decisions, and pay attention when needed.

But like most things, it peaked in your early-to-mid-twenties and has been on a slow and subtle decline over the past number of decades. You may notice more memory lapses these days than in the past.

If you notice a sudden drop off and are having trouble with concentration, making good

decisions, having a hard time doing chores, or regularly misplacing things, it could signal something worth talking to a doctor about.

In many cases, however, finding ways to help keep you focused is enough. Maintaining focus and catching yourself losing concentration can promote better executive functioning and may result in strong memory going forward.

Some tactics that may help with concentration include:

**Tracking when your mind trails:** If you're reading a book or watching a movie and notice your mind trailing off, make note of it. Figure out why it may have veered off course, and see if it is consistent with times of the day or certain activities. Tracking these lapses in focus can help you maintain

attention when doing them, or schedule things where less focus is required if it is time-related.

**Try mindfulness meditation:** Mindfulness meditation can train you to bring your mind back to the task at hand when you lose focus. It is also associated with lower levels of stress and anxiety, which can also play a role in concentration.

**Eliminate potential distractions:** Turning off your phone, closing the blinds, and shutting off devices with lights or sounds can all help keep focus. Limiting things that steal your attention when trying to focus can improve concentration and absorption.

**Engage:** Engaging both with

humans and activities that tap into executive functions can also help maintain concentration. Challenging, but not overwhelming, activities can help keep executive function intact. Taking a language or dance class may help, as can doing puzzles, or learning a new hobby.

Keeping your executive function high so that senior moments are few and far between can help you feel good, maintain independence, and allow you to concentrate and focus on what you need to enjoy life.

*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. Andre is a journalist for BelMarraHealth, which first published this article.*



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MINDSET MATTERS

# How to Rethink Your Idea of Success

There's only one thing that always benefits us when we have it: a calm, rational and consistent mind.



Ancient stoic philosophers would advise you to focus on the journey, not the destination

JOHN SELLARS

What are you hoping for in months ahead? Do you want to progress in your career or perhaps buy a house? Maybe you're looking to start a new relationship or finally achieve that pay raise?

While there's nothing inherently wrong with pursuing any of these things, by attaching your sense of self-worth to these kinds of external successes, the road ahead can be fraught with danger. So with the help of the philosophy of the ancient Stoics, it's time to rethink what's worth chasing. By fixating on external successes, most of us end up thinking that if we don't achieve these goals, we've failed. We often think, "if only I were more determined or worked harder, then I'd fulfill all my ambitions because if I don't, I've only got myself to blame." So what's the trick to avoiding this trap? The answer could very well lie in the ancient Stoics, who put forward several ideas that suggest a different

way of thinking.

Stoicism is a philosophy that was founded in Athens in the early third century BC. Stoics believe that virtue (such as wisdom) is happiness, judgment should be based on behavior, rather than words, and that we don't control and cannot rely on external events, only ourselves and our responses.

So as you set out to create the life you desire, here are the three key Stoic ideas that could help you to think differently.

## 1. Much of What Happens Is Out of Your Control

Although we can certainly contribute to outcomes, such as doing our best in a job interview, we can never completely control the result. Our performance in the interview may be excellent, but the outcome will be as much determined by how the other candidates do and how the interviewer feels on the day.

If you tie your sense of success and self-worth to something out of your control, then you are turning your happiness into a hostage to fortune. That's not a good position to be in, but something can be done about it.

## 2. Focus on the Activity, Not the Outcome

The Stoics drew an analogy with archery. As absurd as it might sound, the goal of archery isn't about hitting the target, but simply to shoot well.

If you tie your sense of success and self-worth to something out of your control, then you are turning your happiness into a hostage to fortune.

Hitting the target is out of your control. For example, a gust of wind might blow the arrow off course. So instead, you should focus on mastering the technique of archery. That won't guarantee you'll always hit the target—there will still be gusts of wind—but it will increase the likelihood of hitting it more often.

Most importantly, the goal of shooting arrows as best we can is completely within our control, and no annoying side winds can stop us from achieving that. Thinking along these lines helps us to bring our happiness back within our control.

## 3. True Value Resides Inside, Not Outside

The Stoics would argue that getting that new job, promotion, or pay rise is not genuinely good. Why? Because even if you get it, you might still be unhappy or unfulfilled. It might even make things worse due to more responsibility, more stress, and greater expectations. Or it might be quickly forgotten as you focus your attention on climbing up the next rung of the ladder.

The Stoics insisted that, for something to be good, it must always benefit us. And they suggested that there's only one thing that always benefits us when we have it: a calm, rational and consistent mind. This is where real value lies.

So for 2020, try to forget the external ambitions that you can't control and instead focus on cultivating the right frame of mind, such as the desire to do whatever you're doing as well as you can, simply for the satisfaction of doing it well, without any thought for further reward.

That's an ambition completely within your control. Nothing can stop you, and you can be the master of your own success this coming year.

John Sellars is a lecturer in philosophy at Royal Holloway, University of London. This article was first published on *The Conversation*.

# Changing Clocks Is Bad for Your Health, but Which Time to Choose?

Scientists and retailers disagree over whether to make standard time or daylight saving year round

ROXIE HAMMILL

Changing over to daylight saving time—a major annoyance for many people—may be on its way out as lawmakers cite public health as a prime reason to ditch the twice-yearly clock-resetting ritual.

The time change, especially in the spring, has been blamed for increases in heart attacks and traffic accidents as people adjust to a temporary sleep deficit. But as legislatures across the country consider bills to end the clock shift, a big question looms ahead of this year's March 8 change: Which is better, summer hours or standard time?

There are strong opinions on either side, it turns out, with scientists and politicians at odds.

Retailers, chambers of commerce and recreational industries have historically wanted the sunny evenings that allow more time to shop and play.

Researchers on human biological rhythms come down squarely on the side of the standard, wintertime hours referred to as "God's time" by angry farmers who objected to daylight saving time when it was first widely adopted during World War I.

What's not in question is that the clock switching is unpopular. Some 71 percent of people want to stop springing forward and falling back, according to a 2019 Associated Press-NORC Center for Public Affairs Research poll.

Politicians have reacted accordingly. More than 200 state bills have been filed since 2015 to either keep summer hours or go to permanent standard time, according to the National Conference of State Legislatures.

The measures getting the most traction right now are for permanent daylight saving time, which makes more sun available for after-work activities. In 2018, Florida passed a bill and California voters backed a ballot measure to do so. Maine, Delaware, Tennessee, Oregon, and Washington joined in 2019, passing permanent daylight saving bills. President Donald Trump even joined the conversation last March, tweeting: "Making Daylight Saving Time permanent is O.K. with me!"

But none of those efforts can become a reality without the blessing of Congress. States have always been able to opt-out of summer hours and adopt standard time permanently, as Arizona and Hawaii have done. But making daylight saving time year-round is another story.

Still, Scott Yates, whose #Lock the Clock website has become a resource for lawmakers pushing for change, believes this year will

be another big year. Yates is particularly encouraged by the attitude he saw from state legislators in August when he presented on the issue at the legislators' annual national summit in Nashville, Tennessee.

"I wasn't the court jester and it wasn't entertainment," he said. "It was like, 'What are the practical ways we can get this thing passed?'"

“Believe it or not, having light in the morning actually not only makes you feel more alert but helps you go to bed at the right time at night.”

Dr. Beth Malow, director of the sleep division of Vanderbilt University School of Medicine.

## Seeking to End 'Spring Ahead, Fall Back' Cycle

Yates, 54, a tech startup CEO based in Denver, has been promoting an end to clock switching for six years. He doesn't pick a side. It's the switching itself that he wants to end. At first, it was just about the grogginess and annoyance of being off schedule, he said. But then he began to see scientific studies that showed the changes were doing actual harm.

A German study of autopsies from 2006 to 2015, for instance, showed a significant uptick just after the spring switch in deaths caused by cardiac disease, traffic accidents, and suicides. Researchers have also noted a significant increased risk for heart attacks and strokes.

Three measures pending in Congress would allow states to make daylight saving time permanent. But, in the meantime, state lawmakers who want the extra evening sunlight are preparing resolutions and bills, some of which would be triggered by congressional approval and the adoption of daylight time in surrounding states.

The Illinois Senate passed such a bill, and Kansas is considering one after a bill to end daylight saving time died there last year. Utah passed a resolution in support of the congressional bill last year, and state Rep. Ray Ward, a Republican family physician from Bountiful, is steering a recently passed state Senate permanent

daylight bill through the House.

"The human clock was not built to jump back and forth. That's why we get jet lag," said Ward, who was a co-presenter with Yates at the NCSL summit. "It is very easy to show that if you knock people off an hour of sleep there's a bump temporarily in bad things that will happen."

Efforts have been particularly strong in California, where 60 percent of voters passed a ballot issue for permanent daylight time in 2018. A bill is pending in the state Assembly.

## Science Backs Sticking With Standard Time

All of this alarms scientists who study human biological rhythms.

Researchers in the U.S. and the European Union have taken strong positions about permanent summer hours. The Society for Research on Biological Rhythms posts its opposition prominently at the top of its website.

Messing with the body's relationship to the sun can negatively affect not only sleep but also cardiac function, weight, and cancer risk, the society's members wrote. According to one often-quoted study on different health outcomes within the same time zones, each 20 minutes of later sunrise corresponded to an increase in certain cancers by 4 percent to 12 percent.

"Believe it or not, having light in the morning actually not only makes you feel more alert but helps you go to bed at the right time at night," said Dr. Beth Malow, director of the sleep division of Vanderbilt University School of Medicine. Malow has seen a lot of anecdotal evidence to back that up at the sleep clinic. Parents report their children with autism have a particularly hard time adjusting to the time change, she said.

Jay Pea, a freelance software engineer in San Francisco, was unhappy enough about California's proposed permanent daylight time that he started the Save Standard Time website to promote the health arguments for keeping it permanent. He said he doesn't think the scientific community is being heard.

"Essentially it's like science denial," he said. "It's bizarre to me that politicians are not hearing the experts on this."

Pea, 41 and an amateur astronomer, understands the human need to have the sun directly overhead at



The time change, especially in the spring, has been blamed for increases in heart attacks and traffic accidents as people adjust to a temporary sleep deficit.

noon. "It's a wonderful connection to natural reality that unfortunately is lost on many people," he said. Daylight saving time "distances us from the natural world."

At the very least, lawmakers ought to consider history, he said. Daylight saving time was originally a plan to save energy during the two world wars but wasn't popular enough to be uniformly embraced after the conflicts were over. In 1974, the federal government decided to make it temporarily year-round as a way to deal with the energy crisis (although energy savings were later found to be underwhelming).

Its popularity fell off a cliff after the first winter, when people discovered the sun didn't rise until 8 a.m. or later and parents worried for the safety of kids waiting in the dark for school buses.

Pea finds it frustrating that the momentum now is for permanent summer hours—a fact he attributes to the emotional attachment with summer. "It's a shame that every generation we have to revisit this issue," he said. The AP-NORC poll found 40 percent of its respondents support permanent standard time, with 31 percent opting for permanent daylight saving time.

Ward said people have gotten comfortable with daylight saving time since its duration has been lengthened to eight months by extensions in 1986 and 2007. (Before 1986, daylight saving time lasted six months.)

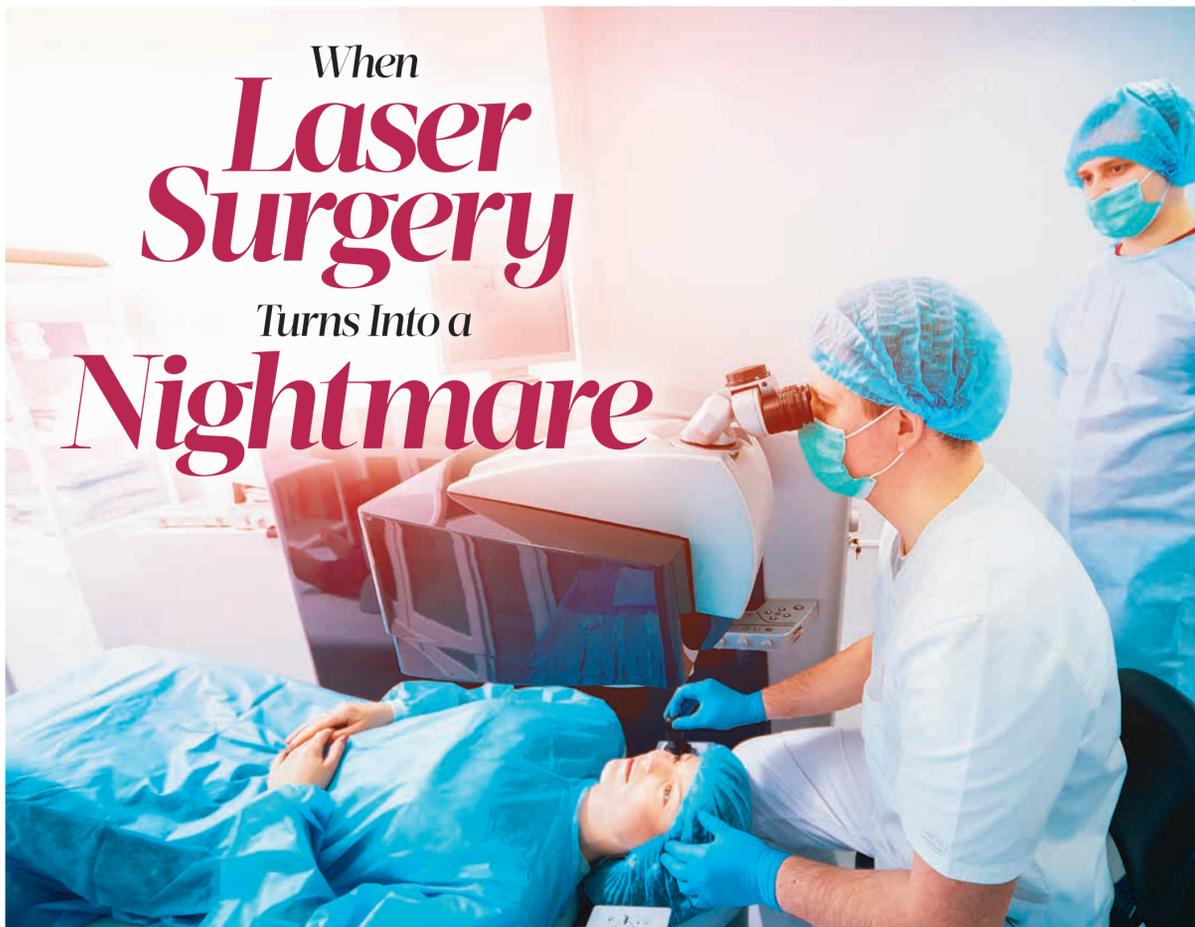
"So now really most of the year we are on the summer schedule, and people are used to that and they like it," he said. "That makes them more aggrieved when we change back to the winter schedule."

In any case, changing the clocks is a rare issue in that it isn't partisan, Ward said. "If the government can't respond to people when they want something and it's not even a partisan issue, that's just a sad commentary," he said. "Can't we please fix something that doesn't make sense anymore?"

Roxie Hammill is a freelance journalist. This article is re-published from Kaiser Health News.



The measures getting the most traction right now are for permanent daylight saving time, which makes more sun available for after-work activities.



# When Laser Surgery Turns Into a Nightmare

LASIK is successful for 95 percent of patients, but for those rare few, the toll can be enormous

LANGIS MICHAUD

It has been just over a year since Jessica Starr, a popular weatherperson on Detroit TV, took her own life. Her husband said she did so because of complications related to her recent laser refractive surgery.

Such complications are not as rare as people think. The New York Times warned in 2018 of the potential effects on some patients. More recently in Canada, a class-action lawsuit was filed across the

country against Québec-based company Lasik MD. It is accused of failing to properly warn its clients of the risks associated with vision correction surgery.

Does this mean that the dream of getting rid of glasses while still improving vision should be forgotten?

### Improved Technology

Refractive laser surgery aims to change the profile of the cornea, the front and clear part of the eye, to correct common vision problems: nearsightedness, farsightedness, and astigmatism. The

idea is to eliminate the need for glasses.

Introduced in 1983 in Germany, the first North American procedure was performed in 1985. Since then, millions have been done. At that time, laser surgery was an advantageous alternative to a more imprecise technique, radial keratotomy (KR).

### It's best to avoid making decisions on a whim.

The first laser technologies led to better, more stable, and more predictable results, but they were also associated with a number of complications: intense pain during the procedure and in the days that

followed, off-center treatment leading to the perception of halos and glare, under- or over-correction requiring the need for retouching or a return to wearing glasses, permanent corneal fog or delayed healing of the corneal surface with increased potential for infection.

In order to improve this profile, and especially the patient's comfort, a technique called LASIK (laser in situ keratomileusis) was developed in the 1990s. This time, the laser is applied once a flap of tissue, generated by incising the cornea with a small planer equipped with a blade, is lifted. The flap is then replaced without the need for sutures.

### Complications Remain

All surgery carries risks. Serious incidents after LASIK occur in only 0.1 percent of cases. But various complications affect

between 10 and 30 percent of patients undergoing surgery, compared to 7.7 percent after cataract surgery.

While the majority of complications are minor and do not result in permanent consequences, a number of patients experience chronic, severe post-operative pain and/or visual problems, to the point where Morris Waxler, a former Food and Drug Administration expert, is calling for a recall and suspension of its use pending further safety investigations.

Regarding LASIK, Health Canada lists several potentially serious effects that must be taken into account.

### A Nightmare Case

Following laser surgery, the cornea is traumatized and must recover to restore normal function. In the case of LASIK, the cornea is cut at the level of the sensory nerves. These nerves protect the eye but also provide the feedback (biofeedback) necessary for the production of new tears.

In the absence of this feedback, the eye dries out and its surface can deteriorate. In the majority of cases, the cut nerves will return to normal function within four to six months. But for a number of patients, this doesn't happen.

Karen (not her real name) is one such patient I recently met. As a young, dynamic executive, she had opted for surgery for practical (work, sports activities) and esthetic reasons. Attracted by promotions and a tempting price, she went to a laser center and was quickly examined by the staff. Even more quickly, she was given an appointment for surgery—the next day. Without thinking too much, she proceeded.

In the days and weeks that followed, her eyes began to hurt more and more—intense pain that felt like knives in her eyes, redness, and sensitivity to light requiring her to wear sunglasses even indoors. She had difficulty sleeping.

The staff at the center tried to reassure her, saying it would be temporary, that she is the only one to whom this happened, and that it would heal by itself. Weeks went by, without improvement. She asked to see the surgeon again.

The surgeon told her that her eye was healed and that nothing more could be done for her. His tone and attitude left Karen in great despair. She had feelings of rejection, of denial of what she was experiencing, of incomprehension. The situation affected her work. She began to consult other professionals, always being told that her eyes were perfect. No one seemed to understand.

### A Puzzling Condition

Karen actually suffers from neuropathy. It is a disorder of the peripheral nerves that causes symptoms but is not associated with any visible pathology. Fol-

lowing LASIK, the nerves in the cornea remain permanently damaged, like bare electrical wires, or they regenerate but make poor connections. In either case, the nerves send a constant signal of pain to the brain.

After a few weeks/months, the pain becomes internalized (like pain emanating from a phantom limb) and the brain is therefore involved in making the symptoms chronic. Because no one really understands this condition, patients are dismissed and depression sets in as the condition worsens.

The lack of understanding of this case stems from the fact that it is a new field in ocular medicine that is poorly documented in the scientific literature. Treatments are complex and time-consuming. It is, in fact, necessary to create new normal nerve connections while breaking the bad ones, using medication such as cortisone, drops of autologous serum, and dressing lenses made of amniotic membrane, etc.



People with dry eyes, or intolerance to contact lenses should consult an optometrist before getting LASIK.

The internalized stimulation must also be addressed, using oral medication prescribed by a specialized pain clinic. Antidepressants may also be helpful, but they usually have the effect of increasing dryness of the eyes, which is counterproductive. Psychotherapy is essential, with a professional trained in the treatment of chronic pain. Cannabis oil could help, in theory, but this approach is controversial.

Karen lost her job due to frequent absenteeism and loss of productivity. Her treatments are expensive and are eating into her savings. The financial stress

increases as the months go by and the light at the end of the tunnel is not always clear. The situation put great pressure on her marriage and her spouse has found it difficult to cope with the circumstances.

### What to Know Before Deciding to Have Surgery

To avoid an outcome like Karen's, certain precautions can be taken.

First of all, it's best to avoid making decisions on a whim. Get information from your own eye-care professional, the one who has known your eyes for a long time. Then, get at least two opinions—in different centers—before proceeding, and assess those interactions and the level of trust you feel.

Certain risk factors can reduce the effectiveness of the procedure. For example, many patients opt for surgery because they become intolerant to contact lenses, with uncomfortable and dry eyes at the end of the day. If this is the case, it is because the eye is already prone to dryness and surgery will only increase it. It is, therefore, necessary to consult your optometrist in order to treat this dryness before the operation and wait until the surface of the eye is ready for surgery.

Patients with chronic inflammatory diseases should avoid refractive surgery. These diseases include fibromyalgia, irritable bowel syndrome, Crohn's disease, lupus, and rheumatoid arthritis. Similarly, people with diabetes or severe and chronic migraines are considered poor candidates. Finally, people with obsessive-compulsive disorders should also abstain. For example, they may have the reflex to rub their eyes violently, which can dislodge the tissue flap.

Patients with severe myopia (>8D) as well as patients with large pupils (larger than five millimeters) are prone to the continuous perception of halos and glare after surgery.

### After the Operation

Once the operation has been performed, it's important to ensure adequate professional followup. Demand to see an optometrist or ophthalmologist at every opportunity. Assistance personnel, even properly trained, are not legally authorized to diagnose your condition (saying that everything is fine is a diagnosis in itself).

It's also important to never neglect regular eye health checkups. A severely near-sighted person, even after surgery, is still at risk of having a torn retina.

Laser surgery is performed successfully in more than 95 percent of cases. To avoid chronic problems, it is important to be well assessed and well informed.

You only have two eyes and they are irreplaceable. So take every precaution to ensure laser surgery is safe for you.

Laser surgery is performed successfully in more than 95 percent of cases.

While the majority of complications are minor and do not result in permanent consequences, a number of patients experience chronic, severe post-operative pain and or visual problems.

Langis Michaud is a professor at the school of optometry and also an expert in eye health and the use of specialized contact lenses, at the University of Montreal in Canada. This article was first published on *The Conversation*.

## Weighted Blankets and Other Items for Sleep and Health

Researchers have begun to affirm the calming effects of a new range of weighted products

DEBORAH MITCHELL

Would you like to get a better night's sleep? Has your child

been diagnosed with attention deficit hypersensitivity disorder (ADHD), sensory issues, or autism and you're looking for a natural way to help with symptoms? Are you looking for a drug-free way to deal with anxiety? Weighted blankets and other weighted items may be the answer to your problem.

### What Are Weighted Items?

The whole concept is simple. Weighted blankets, vests, lap pads, and stuffed animals are items that are made with the added weight evenly distributed throughout the entire product. If you have ever been given a weighted vest to wear when you were having an X-ray taken, you may be familiar with the concept.

Some say that using a weighted blanket or other item is like getting a hug without the arms.

Weighted products provide the protective feel and security of a hug and keep on giving as long as the person is connecting with the weighted object.

### How Do Weighted Items Work?

The idea behind weighted blankets and other items is that the weight provides comfort to the wearer by stimulating the body's natural calming, comfort, or sleep hormones, such as serotonin and melatonin. The science behind this is called deep touch pressure. When individuals wear a weighted vest, are under a weighted blanket or lap pad, or are holding a weighted stuffed animal, they can experience the benefits of the increased production of these hormones.

People who use these products say they feel protected, safe, and less anxious or worried. This feeling of safety or protection is the main reason why weighted products are used among people who suffer from ADHD, post-traumatic stress disorder, anxiety, and obsessive-

compulsive disorder.

While research has not been extensive, there are several studies showing the efficacy of this approach. A 2011 study looked at the effect of weighted vests on children with ADHD and found these improved the children's in-seat behavior and task completion. A 2014 study also found weighted vests could be effective in improving the behavior, attention, and impulses of children with ADHD. For example, the authors saw improvements in fidgeting, getting out of their seats, and speed of processing and responding to information. However, they did not see any significant improvement in impulse control or vocalizing. In a classroom situation, lap pads are typically more desirable because they are less conspicuous and easy to carry and handle.

Another study found dental patients experienced less anxiety when covered with weighted blankets. A 2006 study also affirmed weighted blankets had

The weight provides comfort to the wearer by stimulating the body's natural calming, comfort, or sleep hormones, such as serotonin and melatonin.

an anxiety-reducing effect.

Weighted objects can be especially helpful for restless or overly stimulated children when they are called upon to sit still, such as in class, in assembly, in a car or other form of transportation, or in a movie. Use of weighted vests, blankets, or lap pads can calm the nervous system and promote the release of serotonin in such situations.

Weighted blankets also can help reduce restlessness during the night. This, in turn, can translate into less insomnia and more restful sleep for the affected individual and the rest of the family.

Another use for weighted items is to help children with autism make the adjustment when switching from one activity to another, such as coming back into the classroom after recess or adjusting to home life when they return home from school. Such changes can be traumatic for kids with autism. Research has shown that making use of a weighted product as part of the transition

period can help kids adjust to the next activity.

### How to Select a Weighted Item

There are several factors to consider when purchasing a weighted blanket or other weighted product.

**Weight:** The main concern is the weight. You want an item that is comfortable as well as effective. A general rule for weighted blankets is that it should weigh 10 percent of the person's weight. That is, a 50-pound child should do well with a 5-pound blanket, while a 150-pound adult should respond well with a 15-pound blanket.

**Material:** When choosing a weighted blanket, vest, or other product, select the material that best suits your needs and comfort. Everyone has favorite materials, and fortunately, there are a variety of fabrics and textures from which to choose. If you are selecting a weighted blanket, vest, lap pad, or toy for your child, allow the child to help with the selection.

The texture and color of the material and the appearance of the blanket, lap pad, or toy should be something that is calming and acceptable to the

child. A material that provides a positive sensory experience and an animal pattern or other interesting appearance will give you much better results.

**Vests:** Weighted vests apply even resistance and weight to the entire area of the body covered. These vests are typically used for children who have ADHD, autism, or sensory disorders because they can relax the child by providing a "hugging" sensation.

Weighted vests usually have several pockets so you can redistribute weight in the form of gel, silicone, steel, or sand as needed. Some weight pouches are made of hydrogel, which can be heated or cooled to provide additional therapeutic effects.

### Bottom Line

Weighted blankets and other items can provide a great deal of comfort for both children and adults who experience insomnia, anxiety, restlessness, OCD, PTSD, and other similar conditions. Talk with a knowledgeable health care provider before making your purchase of a weighted product if you have any questions about the best one for your needs.



Some say that using a weighted blanket or other item is like getting a hug without the arms.

Deborah Mitchell is a freelance health writer who is passionate about animals and the environment. She has authored, co-authored, and written more than 50 books and thousands of articles. This article was originally published on *NaturallySavvy*.

## FOOD AS MEDICINE

# Vitamin C May Speed Recovery After Heart Bypass Surgery

Recent study finds vitamin C can improve ventricular function and shorten a patient's ICU stay

**R**esearchers from Shiraz University of Medical Sciences in Iran evaluated the impact of high-dose vitamin C on markers of myocardial (heart muscle) injury in patients undergoing coronary artery bypass grafting (CABG).

This surgery improves blood flow to the heart and is performed on people suffering from severe coronary heart disease, where plaque builds up inside the coronary arteries. Myocardial injury is considered the leading cause of death in patients with cardiovascular disease.

## Vitamin C Supports Heart Function After Surgery

In their double-blind randomized trial, the group recruited 50 patients ages 50 to 80 years old who had CABG surgery. The intervention group received 5 grams (g) of intravenous vitamin C before anesthesia and 5 g of vitamin C in a solution. The control group received the same amount of placebo.

They then took arterial blood samples to determine the participants' levels of creatine kinase-muscle/brain (CK-MB), troponin I and lactate dehydrogenase (LDH) enzymes. They also recorded measures of ventricular (the two lower heart chambers) function, such as the subjects' left ventricular ejection fraction (LVEF).

Writing in the Brazilian Jour-

nal of Cardiovascular Surgery, the researchers found that high doses of vitamin C translated to improved ventricular function 72 hours after surgery as well as a reduced length of stay in the intensive care unit (ICU). The vitamin C group's cardiac enzyme level was also lower than in the control group.

The difference in the length of ICU stay in the two groups was deemed significant and consistent with the results of a previous study, where patients in the vitamin C group had a shorter ICU and overall hospital stays than the control group.

However, the focus study found no significant changes in cardiac biomarkers such as CKMB, troponin I, and LDH in each group over time. For future studies, the group recommended longer intervals—namely 48 and 72 hours after surgery—as well as larger sample sizes.

"The combination of vitamin C with other antioxidants or their comparison can more accurately reveal its influence on prevention of coronary heart disease and reduction of cardiac biomarkers," the authors wrote.

## Universal Remedy to Modern Ills

Vitamin C, the common name for ascorbic acid, is often hailed as a universal remedy. It works on the molecular level, and vitamin C protocols have conquered everything from depression, to gingivitis, to cancers.



Vitamin C protocols have conquered everything from depression, to gingivitis, to cancers.

**Vitamin C suppresses free radicals and acids constantly being produced through metabolic oxidation, exposure to toxins and radiation, stress, and inflammation.**

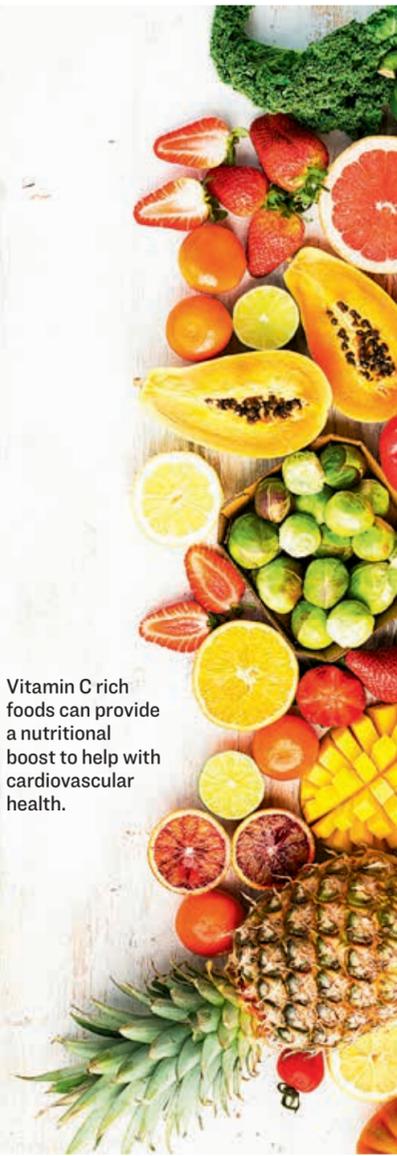
Vitamin C suppresses free radicals and acids constantly being produced through metabolic oxidation, exposure to toxins and radiation, stress, and inflammation. Vitamin C—besides being anti-inflammatory, antihistamine, and anti-metastatic, to name a few beneficial actions—resupplies fat and membrane-protective vitamin E with electrons and reduces iron, allowing better oxygen delivery.

Further, vitamin C was found to significantly slash levels of anxiety among Type 2 diabetes patients in another study.

Heart disease is a leading area of interest for nutritional interventions, as it remains the top cause of mortality in the developed world. The GreenMedInfo.com database offers a whole arsenal of studies on cardiovascular disease prevention that involve nutritional therapies such as vitamin C.

It's important to remember that while vitamin C alone can give you a significant health boost, it can perform best in rebuilding and regenerating tissues when used as part of a comprehensively healthy lifestyle. Part of this involves proper nutrition, including consuming fresh organic vegetables and fruits, grass-fed meats, and fermented foods, to name a few.

*The GMI Research Group is dedicated to investigating the most important health and environmental issues of the day. Special emphasis will be placed on environmental health. Our focused and deep research will explore the many ways in which the present condition of the human body directly reflects the true state of the ambient environment. This work is reproduced and distributed with the permission of GreenMedInfo LLC. Sign up for their newsletter at [www.GreenMedInfo.health](http://www.GreenMedInfo.health)*



Vitamin C rich foods can provide a nutritional boost to help with cardiovascular health.

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