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Rapid Changes to Health System Spurred by COVID Might Be Here to Stay

Shifts toward Telehealth, fee-for-service, and hospital closures are among trends being accelerated by the pandemic

JULIE ROVNER

he COVID-19 pandemic has forced sudden major changes to the nation's health care system that are unlikely to

"Health care is never going back to the way it was before," said Gail Wilensky, a health economist who ran the Medicare and Medicaid programs for President George H.W. Bush in the early 1990s.

Wilensky is far from the only longtime observer of the American health care system to marvel at the speed of some long-sought changes. But experts warn that the breakthroughs may not all make the health system work better, or make it less expensive.

That said, here are three trends that seem likely to continue.

Telehealth for All

Telehealth isn't new; medical professionals have used it to reach patients in rural

or remote settings since the late 1980s. But even while technology has made video visits easier, it has failed to reach critical mass, largely because of political fights. Licensing has been one main obstacle: determining how a doctor in one state can legally treat a patient in a state where the doctor isn't licensed.

The other obstacle, not surprisingly, is payment. Should a video visit be reimbursed at the same rate as an in-person visit? Will making it easier for doctors and other medical professionals to use telehealth encourage unnecessary care, thus driving up the nation's \$3.6 trillion health tab even more? Or could it replace care once provided free by phone?

The pandemic has pushed those sticking points aside. Almost overnight, by necessity, every health care provider who can is delivering telemedicine. A new survey from Gallup found the number of patients reporting "virtual" medical visits more than doubled, from 12 percent to 27 Hospitals on the Decline? percent, from late March to mid-May. The pandemic also might lead to less That is due, at least in part, to Medicare having made it easier for doctors to bill

It's easy to see why many patients like video visits. There's no parking to find and pay for, and it takes far less time out of a workday than going to an office.

Doctors and other practitioners seem more ambivalent. On one hand, it can be harder to examine a patient over video, and some services just can't be done via a digital connection. On the other hand, they can see more patients in the same amount of time and may need fewer support staff and possibly smaller offices if more visits are conducted virtually.

Of course, telemedicine doesn't work for everyone. Many areas and patients don't have reliable or robust broadband connections that make video visits work. And some patients, particularly the oldest seniors, lack the technological skills needed to connect.

Primary Care Doctors in Peril

Another trend that has suddenly accelerated is worry over the nation's dwindling supply of primary care doctors. The exodus of practitioners performing primary care has been a concern over the past several years, as baby boomer doctors retire and others have grown weary of more and more bureaucracy from government and private payers. Having faced a difficult financial crisis during the pandemic, more family physicians may move into retirement

or seek other professional options. At the same time, fewer current medical students are choosing specialties in primary care. I've been trying to raise the alarm about the kind of perilous future of primary care," said Farzad Mostashari, formerly a top Health and Human Services Department official in the Obama administration. Mostashari runs Aledade, a company that helps primary care doctors make the transition from fee-for-service medicine to new payment models.

The American Academy of Family Physicians reports that 70 percent of primary care physicians are reporting *published on Kaiser Health News.*

declines in patient volume of 50 percent or more since March, and 40 percent have laid off or furloughed staff. The AAFP has joined other primary care and insurance groups in asking HHS for an infusion of cash.

"This is absolutely essential to effectively treat patients today and to maintain their ongoing operations until we overcome this public health emergency," the groups wrote.

One easy way to help keep primary care doctors afloat would be to pay them not according to what they do, but in a lump sum to keep patients healthy. This move from fee-for-service to what's known as capitation or value-based care has unfolded gradually and was championed in the Affordable Care Act.

Some experts argue it needs to happen more quickly, and they predict that the coronavirus pandemic could finally mark the beginning of the end for doctors who still charge for each service individually. Mostashari, who spends his time helping doctors make the transition, said in times like these, it would make more sense for primary care doctors to have "a steady monthly revenue stream, and [the doctor] can decide the best way to deliver that care. Unlimited texts, phone calls, video calls. The goal is to give you satisfactory outcomes and a great patient experience."

Still, many physicians, particularly those in solo or small practices, worry about the potential financial risk. That risk includes the possibility of getting paid less if they don't meet certain benchmarks that the doctors may not be able to directly control.

But with many practices now ground to a halt, or just starting to reopen, those physicians who get paid per patient rather than per service are in a much better position to stay afloat. That model may be gaining traction as doctors ponder the next pandemic or another wave

emphasis on hospital-based care. While hospitals in many parts of the country have obviously been full of very sick CO-VID patients, they have closed down other non-emergency services to preserve supplies and resources to fight the pandemic. People with other ailments have stayed away in droves, even when services were available, for fear of catching something worse than what they

Many experts predict that care won't just snap back when the current emergency wanes. Dr. Mark Smith, former president of the California Health Care Foundation, said that among consumers, a switch has been flipped. "Overnight, it seems we've gone from hightouch to no-touch."

That change is not great for hospitals that have spent millions trying to attract patients to their labor-and-delivery units, orthopedic centers, and other parts of the facility that once generated lots of income.

Even more concerning is that hospitals' ability to weather the current financial shock varies widely. Those most in danger of closing are in rural and underserved areas, where patients could wind up with even less access to care that is scarce already.

All of which underscores the point that not all these changes will necessarily be good for the health system or society. Financial pressures could end up driving more consolidation, which could push up prices as large groups of hospitals and doctors gain more bargaining clout.

But the changes are definitely happening at a pace few have ever seen. Wilensky said, "When you're forced to find different ways of doing things and you find out they are easier and more efficient, it's going to be hard to go back

Julie Rovner is KHN's chief Washington correspondent. She has covered health care for more than 30 years and offers insight and analysis of policies and politics in her regular HealthBent columns. This article was originally

When a Doctor No Longer Accepts Medicare, Patients Left Holding the Bag

The hassle of paperwork and getting paid has some doctors opting out of insurance plans for concierge medicine

CARMEN HEREDIA RODRIGUEZ

Pneumonia. Heart problems. High cholesterol. Betsy Carrier, 71, and her husband, Don Resnikoff, 79, relied on their primary care doctor in Montgomery County, Maryland, for help managing their ailments.

But after seven years, the couple was surprised when the doctor informed them she was opting out of Medicare, the couple's insurer.

"It's a serious loss," Resnikoff said of their doctor.

Patients can lose doctors for a variety of reasons, including a physician's retirement or when either patient or doctor moves away. But economic forces are also at play. Many primary care doctors have long argued that Medicare, the federal health insurance program for seniors and people with disabilities, doesn't reimburse them adequately and requires too much paperwork to get paid.

These frustrations have prompted some physicians to experiment with converting their practices to more lucrative payment models, such as concierge medicine, in which patients pay a fee upfront to retain the doctor. Patients who cannot afford that arrangement may have to search for a new physician.

The exact number of physicians with concierge practices is unknown, health care experts said. One physician consulting company, Concierge Choice Physicians, estimates that roughly 10,000 doctors practice some form of membership medicine, although it may not strictly apply to Medicare patients.

Shawn Martin, senior vice president of the American Academy of Family Physicians, estimated that fewer than 3 percent of their 134,000 members use this model, but the number is slowly growing.

The move to concierge medicine may be more prevalent in wealthier areas. Travis Singleton, executive vice presi-

dent for the medical staffing company Merritt Hawkins, said doctors switching to other payment systems or those charging Medicare patients a higher price for care are likely "in more affluent, well-to-do areas where, frankly, they can get fees."

It is far easier for physicians than hospitals to opt out of taking Medicare patients. Most hospitals have to accept them since they rely on Medicare payments to fund inpatient stays, doctor training, and other functions.

The majority of physicians do still accept Medicare, and most people insured by the federal program for seniors and people with disabilities have no problem finding another health care provider. But that transition can be tough, particularly for older adults with multiple medical conditions.

"When transition of care happens, from one provider to another, that trust is often lost and it takes time to build that trust again," said Dr. Fatima Sheikh, a geriatrician, and the chief medical officer of FutureCare, which operates 15 rehabilitation and skilled nursing centers in Maryland.

Shuffling doctors also heightens the risk of mishaps.

A study of at least 2,200 older adults published in 2016 found that nearly 4 in 10 were taking at least five medications at the same time. Fifteen percent of them were at risk of drug-to-drug interaction.

Primary care providers mitigate this risk by coordinating among doctors on behalf of the patient, said Dr. Kellie Flood, a geriatrician at the University of Alabama-Birmingham.

"You really need the primary care physicians to serve as the quarterback of the health care team," said Flood. "If that's suddenly lost, there's really not a written document that can sum all that up and just be sent" to the new doctor.

Finding a physician who accepts Medicare depends partly on workforce demographics. From 2010 to 2017, doctors providing primary care services to Medicare beneficiaries increased by 13 percent, according to the Medicare Payment Advisory Commission (Med-PAC), a nonpartisan group that advises



Concern about doctors leaving the Medicare system is part of larger workforce issues.



Every day, an estimated 10,000 Americans turn 65 and become eligible for the government program.

Carmen Heredia

Rodriguez is a reporter

for Kaiser Health News,

which first published

this article. KHN's

coverage of these

However, the swell of seniors who qualify for Medicare has outpaced the number of doctors available to treat them. Every day, an estimated 10,000 Americans turn 65 and become eligible for the government program, the Census Bureau reported.

The impact: In 2010, MedPAC reported there were 3.8 primary care doctors for every 1,000 Medicare enrollees. In 2017, it was 3.5.

Authors of a MedPAC report out last June suggested that the number of available primary care providers could be an overestimate. Their calculation assumed all internal medicine doctors provided these services, when in reality, many specialize in certain medical conditions or accept only a limited number of

Medicare patients into their practices. But MedPAC concluded seniors are not at a disadvantage finding a doctor.

"We found that beneficiaries have access to clinician services that are largely comparable with (or in some cases better than) access for privately insured individuals, although a small number of beneficiaries report problems finding a new primary care doctor," the MedPAC researchers wrote.

The COVID-19 outbreak has complicated the ability for many Americans to access care, regardless of their insurer. However, many older patients now have an opportunity to connect with their doctors virtually after the Centers for Medicare & Medicaid Services (CMS) broadened access to telemedicine services under Medicare.

Experts said the long-term effects of the virus on doctors and Medicare remain unknown. But Martin said the shortage of cash that many doctors are experiencing because of the epidemic

primary care doctors are paid. "The COVID crisis really brought to life the challenges of fee for service," said Martin. Despite these challenges, the number of doctors choosing to opt out of Medicare has been on the decline, ac-

ALL IMAGES BY SHUTTERSTOCK

Some family physicians are converting their practices

cording to data from CMS. Singleton, of Merritt Hawkins, said concern about doctors leaving the Medicare system is part of larger workforce issues. Those include the need to recruit more medical students to concentrate

on primary care. One estimate predicts that the nation will face a shortage of 23,600 primary care physicians by 2025. The majority of residents in internal medicine—those who care for adults—are choosing a sub specialty such as cardiac care or gastroenterology, MedPAC reported.

In 2017, MedPAC reported, the median compensation for all doctors was \$300,000 a year. Among primary care doctors, it was \$242,000.

Creative business models can make up that difference. Under the concierge model, the doctor charges patients an annual fee—akin to a gym membership—to access their practice. The provider still bills the insurer—including Medicare—for all patient care.

Another model—called direct primary care—charges the patient an annual fee for access and care; doctors don't bill health insurance plans.

Proponents say that the model enables them to take more time with their patients without dealing with the bureaucracy of getting paid by health insurers. "I think what is most attractive to direct primary care is that they just

practice medicine," Martin said. The size of a physician practice can also determine whether it accepts Medi-

care. Large practices can better offset the lower Medicare payment rates by leveraging their influence with private insurers to raise those reimbursements, said Paul Ginsburg, director of the USC-Brookings Schaeffer Initiative for Health Policy. But small, independent clinics may not have the same clout.

"If you're a large primary care practice, private insurers are really going to want to have you in their network," he said. "And they're willing to pay more than they might pay an individual solo practitioner who they're not as concerned [with] because it's only one physician."

Luckily, after more than a dozen calls to physicians, Carrier and Resnikoff said they found another primary care doctor. They said she accepts Medicare and impressed them during their meet-andgreet with her knowledge of their medical history. She also met their criteria for age and expertise.

"At this point in our lives, I'd be eager to find somebody who's young enough that they might be in practice for the next 10 years," Carrier said.



topics is supported by The John A. Hartford Foundation, Gordon and Betty Moore One estimate by the Government Accountability Foundation, and The Office predicts that the nation will face a short-SCAN Foundation. age of 23,600 primary care physicians by 2025.

MIND & BODY | 5 4 | **MIND & BODY** Week 26, 2020. THE EPOCH TIMES THE EPOCH TIMES Week 26, 2020

LIGHTFIELD STUDIOS/SHUTTERSTOCI Drinking moderate The Case for amounts of coffee has been linked to lower risk of cardiovascular disease, Type 2 diabetes, and Parkinson's Caffeine Caffeine can enhance memory and focus, but some people suffer side effects **NANCY BERKOFF** Caffeine is one of the most widely consumed stimulants in the world. So much is written about caffeine: Is it beneficial for health, bad for health, or does caffeine intake make no difference at all? Let's investigate how caffeine acts in the body, what different schools of thought have to say about caffeine's possible health attributes, and some ideas about including caffeine in a healthy diet. Caffeine is a central nervous system stimulant; it is tasteless and has no nutrients of its own. Caffeine belongs to a group

Caffeine may increase the force at which the heart beats, as well as relaxing the body's airways, which can lead to

increased

consumption.

oxygen

Foods flavored with chocolate, coffee or tea, such as hot cocoa, chocolate pudding, coffee-flavored yogurt, green tea ice cream, and many types of soda can be sources of caffeine. Some over-the-counter medications are buffered with caffeine. If you would like to check on the amount of caffeine in your foods and beverages, you can search on the USDA database nal.usda. gov/sites/www.nal.usda.gov/files/caffeine. pdf or the Centers for Science in the Public Interest caffeine chart cspinet.org/eatinghealthy/ingredients-of-concern/caffeine-

If you enjoy coffee as your caffeine of choice, drinking moderate amounts of brewed from black or green tea leaves coffee has been linked to lower risk of contains polyphenols (about half the cardiovascular disease, Type 2 diabetes, amount of polyphenols found in coffee) and Parkinson's disease. Coffee contains caffeine and polyphenols, which can act as decrease the incidences of some types antioxidants. Although researchers have yet to determine the exact mechanisms of polyphenols, these compounds may assist in decreasing the severity of heart and respiratory diseases. If you add dairy or enriched plant milks to your coffee, you may increase your calcium and vitamin

Preparation methods affect the quantity of caffeine in brewed coffee. Different methods have different levels of extraction, explains Bob Arnot, M.D., an internal medicine doctor and author of "The Coffee Lover's Bible." Per Arnot, brewing methods with higher levels of extraction and higher water temperatures yield more caffeine and polyphenols. Immersion brewing techniques, such as a French press or siphon systems, where the coffee particles are completely enveloped by water, yield higher caffeine amounts than pour-over techniques, such as Mr. Coffee or coffee-pod style. Using more coffee and less water per cup of coffee provides more caffeine.

All tea naturally contains caffeine; tea as well as natural substances that may of cancer. To brew the perfect black tea, bring the amount of water you need to a rolling boil. While the water is boiling, measure the amount of tea you're going to use into a clean glass or China container. You'll need different amounts of tea for different tea types, so read the package directions. Plastic and metal tend to pick up extra flavors.

Pour a small amount of boiling water over your tea and let it steep for a minute. Add

the remainder of the boiling water and allow to steep to the desired strength. The longer tea is steeped, the more caffeine is extracted but if you leave it for too long, it will develop an acid taste. As an alternative to drinking tea, brewed tea can be used as a marinade, sauce or salad dressing ingredient, cooking liquid, or tenderizer.

There are many types of chocolate preparations, and the caffeine amount varies depending on the type and amount of chocolate used. A small cup of hot chocolate, made with a packet of standard hot chocolate mix contains about 5 mg of caffeine; a larger coffee shop-style hot chocolate might contain more than 70 mg of caffeine. Milk chocolate can contain 3-6 mg of caffeine per ounce and dark chocolate can contain 5-20 mg an ounce. Good quality chocolate can contain theobromine, a substance that regulates serotonin levels. Serotonin is the body's natural mood elevator, helping to provide a feeling of calmness and happiness.

According to scientists at the FDA, caffeine can be part of a healthy diet for most people, but too much caffeine may be a health danger. Depending on health status, including body weight, medications are taken, and individual sensitivity, "too much" can vary from person to person. As a guideline, per the FDA, up to 400 mg of caffeine, a day is considered safe for adults who are able to tolerate caffeine. If you think your caffeine intake is related to restlessness, anxiety, nausea, insomnia, a fast heart rate, or headaches, you'll want to assess your daily intake. Pregnant and breastfeeding women are advised to limit their caffeine intake, as directed by their health care professionals. Caffeine is not recommended for children or teenagers.

As a reference, a small cup of hot cocoa may contain 5-20 mg of caffeine, a 12 ounce can of caffeinated soda may contain 30-40 mg of caffeine, an 8-ounce cup of green or black tea 30-50 mg, and an 8-ounce cup of coffee 80–100 mg. Caffeine in energy drinks can range from 40–250 mg per 8 fluid ounces.

It is not possible to completely decaffeinate coffee and tea. Decaf coffees and teas have less caffeine than their regular counterparts, but they still contain some caffeine. For example, decaf coffee typically has 2–15 mg in an 8-ounce cup. If you react strongly to caffeine in a negative way, you may want to avoid these beverages altogether.

People all over the world have enjoyed caffeine-containing beverages and foods for many years. Caffeine isn't an essential nutrient but may provide some health benefits. Consider the amount of caffeine in the beverages and foods you select and enjoy!

Dr. Nancy Berkoff is an international nutritionist, food technologist, and culinary professional. She divides her time between health care and culinary consulting, food writing, and healthy living.

CHINESE WISDOM FOR SEASONAL LIVING

of naturally-occurring chemicals called

"methylxanthines." Methylxanthines can

block the central nervous system's "braking" and messaging ability; this allows the

central nervous system to work at "maxi-

Some people feel that caffeine helps

with their exercise routines. As a result of

its blocking ability, caffeine may decrease

feelings of fatigue and increase mental

alertness. Caffeine may increase the force

at which the heart beats, as well as relax-

ing the body's airways, which can lead to

increased oxygen consumption. We can

see how this might encourage us during

Recent Johns Hopkins University re-

search indicates that caffeine may enhance

long-term memory. Participants who were

given 200-mg caffeine tablets after study-

ing a series of images were better at distin-

"We've always known that caffeine has

cognitive-enhancing effects, but its par-

ticular effects on strengthening memories

and making them resistant to forgetting

has never been examined in detail in hu-

mans," said senior author Michael Yassa,

an assistant professor of psychological and

brain sciences at Johns Hopkins University.

It's not advised, or pleasurable, to take

caffeine as a supplement. Caffeine can be

found naturally in tea, coffee, or chocolate.

uisning tnese same images iron

ones when tested the next day.

mum" speed.

Winter Illness Can Be Pushed Out During This Time

MOREEN LIAO

A solar term is a period of about two weeks and is based on the sun's position in the zodiac. Solar terms form the traditional Chinese calendar system. The calendar follows the ancient Chinese belief that living in accordance with nature will enable one to live a harmonious life. This article series explores each of the year's 24 solar terms, offering guidance on how to best navigate

In the Northern Hemisphere, the summer solstice falls on June 21 in 2020. According to traditional Chinese solar terms, the summer solstice marks the turning point in the balance of yin and yang.

The summer solstice solar term is when the days slowly grow shorter and the nights longer. Although the heat from the summer sun is still building up and the earth is getting warmer, the season has begun to shift, and yin energy is now building.

China, Japan, and Korea, exemplifies this emerging yin phenomenon. This poisonous medicinal plant grows in wet and shady environments, and it only starts to grow after summer solstice—a time when most plants are already peaking.

Japan, holds an annual flower festival for the crow-dipper to mark the change in the balance of yin and yang.

Another manifestation of increasing yin during this time concerns the common deer. In traditional Chinese medicine (TCM), deer are classified as yang in nature because their horns grow forward.

As the yin energy becomes stronger from summer solstice onward, deer begin to shed their horns. Elk and moose, on the other hand, are considered yin, as their horns grow slanted and toward the back. Elk shed their horns when the yang energy is growing stronger, in the winter.

In Chinese history, the summer solstice was considered a public holiday. Everyone got time off for one to three days. During the Liao Dynasty, women would give each other colorful fans and aromatic pouches filled with fragrant herbs. They used the fans to repel the heat, and the herbal pouches to repel insects and cover up bad odors.

A plant called the crow-dipper, native to **Living in Harmony with 'Summer**

TCM doctors say that when the yang energy reaches the extreme, it is a good time to treat winter diseases. Since winter diseases tend to appear when one's yang energy dips to its lowest point, one can draw on the Kennin-ji, the oldest Zen temple in Kyoto, abundant yang energy of summer to try

The heat of summer makes it the perfect time to get acupuncture treatments to resent in winter

> to reverse the disease in advance of the coming winter.

In TCM, the roots of winter diseases are often treated by identifying the proper acupuncture points, or by using the correct herbs to push the disease out of the body. This is especially helpful for those with a weak respiratory system, weak digestive system, or joint problems.

If one tends to cough or feel pain during cold days, that shows this person may have a weaker or infected respiratory system. It is highly recommended to use the hair blow dryer in low heat and a low-speed mode towards the center of one's chest. Keep a safe distance so you don't get burned. As the acupuncture point is Tan Chong, in the middle of Visit Ausganica.com

our lungs, and it can strengthen our respiratory system as well as boost our immunity.

Traditionally, it is considered a good idea to visit a reputable TCM doctor during this time, especially if you experienced health problems during the recent winter. Many Chinese people go for a checkup at this time of year.

For those who were healthy and happy last winter but are still having trouble adjusting to the summer heat, you can practice "earthing" or "grounding."

This involves walking with bare feet in nature or gently pressing the ground with the palms of the hands. For maximum benefit, wear only natural fabrics.

Seasonal Foods

At this time, beneficial foods include almonds, asparagus, bitter foods, broad beans, goose and goose eggs, duck and duck eggs, hawthorn berries, oolong tea, parsley, peas, pumpkins, red beans, seaweed, tomatoes, watercress, and watermelon.

Epoch Times contributor Moreen Liao is a descendant of four generations of traditional Chinese medicine doctors. She is also a certified aromatherapist and the founder of Ausganica, a manufacturer of salon-quality, certified organic cosmetics.

FOOD AS MEDICINE

You Can't Eat Sunscreen, but These Foods Could Have Same Effect

JAYA JAYA MYRA

Now that the weather is warming up and you're likely spending more time outside in the sun, it's

time to think about how best to protect your skin. You need a certain amount of sun every day to maintain adequate vitamin D, 10-15 minutes for someone with very pale skin, someone with very dark skin can need up to an hour.

Too much sun comes with risk, especially for pale-skinned people. There are nearly 5 million cases of skin cancer diagnosed each year, mostly due to the harmful effects of UV radiation. Luckily, there's a variety of options you can choose from, including topical sunscreen, sun-protection clothing, and even the food you eat.

Most people opt for topical sunscreen as their primary mode of defense against the sun, although it's important to know the potency and effectiveness of sunscreen is different depending on what part of the world you're in. The United States lags behind in quality sunscreen products due to FDA limitations on ingredients in sunscreen. When considering what sunscreen to use, there are also concerns around using products that contain chemicals like oxybenzone, because those chemicals themselves may lead to cancer, which is what you're trying to prevent by wearing

sunscreen in the first place, right? Oxybenzone is also toxic to marine life and very damag-

Topical Sunscreen Is Just the Beginning

sunburn in the first place.

ing to coral reefs.

In addition to sunscreen, there are two more good options you have: Try clothing that blocks UV rays, and start eating foods that will help prevent sun damage, while avoiding the foods that can contribute to it. Yes, there are actually foods that help protect your skin, and some can even have direct SPF properties after consistent consumption (usually around 12 weeks of daily consumption) that can keep you not only from sun damage but from getting a

Keep in mind that foods won't immediately provide SPF properties, but they can immediately help determine how your body deals with sunlight and UV rays it comes into contact with.

My favorite summertime food that also helps fight sun damage is watermelon. Lycopene is its key ingredient to protect your skin: It absorbs both UVA and UVB radiation and can make the skin more photo-protective over time, just like topical sunscreen would. Tomatoes are well-known for their lycopene content, but watermelon has far more lycopene per serving, and its high water content makes it perfect for staying hydrated in the heat of summer. If you want the highest lycopene containing food, go for guava fruit, although it may be harder to find.

Next on the list of awesome foods to add to your routine is blueberries, especially wild blueberries, and other berries that are high in antioxidants. Antioxidants fight free radical damage caused by UV radiation and help to protect your skin. An added bonus of blueberries is their vitamin C content, which helps the skin stay hydrated and less wrinkled. Carrots and leafy greens also provide vital protection from sun damage due to their high beta-carotene content, which over time, like watermelon, makes the skin more photoprotective.

Tea lovers can also rejoice. Not only does tea contain theanine which helps lower stress and promote relaxation, but the flavanol EGCG found n green and black tea has powerful antioxidant properties, like blueberries, that help protect you from sun damage. Green tea may even be potent in protecting directly against UVA damage and

protects against collagen loss, which is key to skin integrity and health. Did you know your skin contains a

natural type of SPF to help keep you healthy? Urocanic acid, found in the outer layer of the skin, absorbs UV radiation and helps protect against sun damage, notably damage to the DNA caused by sun exposure. Urocanic

acid is produced from foods containing histamine, including cauliflower, nuts, seed, fish, and poultry, so adding these to your routine could increase the amount of urocanic acid in the skin.

Foods Can Also Make Skin More

Just like there is a range of foods that can

make the skin photoprotective and help prevent sun damage, there are foods known to make the skin more photosensitive and susceptible to sun damage. It would be best to avoid these before taking an afternoon stroll or a trip to the beach this summer. This list of foods includes limes, celery, dill, parsley, fennel, and figs, which are definitely all on my list of foods to enjoy this summer, and probably yours, too. You can also add white wine to that list.

The key is to consume these foods when you're not spending time in the sun; preferably at night. So instead of having a margarita or white wine while you're lounging in the sun, opt for red wine, iced tea, or watermelon spritzer. If you love fresh fennel and figs, have them at dinner instead of lunch. Your skin, and overall health, will thank you.

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

ANNA KUCHEROVA (BLUEBERRIES); SHAROMKA (CHILD)/SHUTTERSTOCK



Week 26, 2020 THE EPOCH TIMES





Compounds and nutriets discovered in foods like garlic, licorice, and various fruits are critical to effective immunity.

FOOD AS MEDICINE

Top 5 Natural Antiviral Agents

Research shows these 5 substances can help the immune system face viral invaders

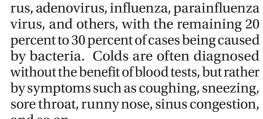


mode over potential COVID-19 infection and global drug manufacturers work to fast-track a potentially risky vaccine, 1. Vitamin C all immunity and help protect against viral

Best of all, these all-natural health boosters are easy to source, economical, and have minimal risk of adverse effects. In short, they are a logical first line of defense against infectious health threats. Best of all, you don't need a doctor's prescription to

hile much of the world is in lock-down begin reaping the benefits of these super-

nature has provided us with an array of Perhaps the most common advice given when a person starts to feel a cold or flu coming on is, "take lots of Vitamin C." More than a myth or superstition, vitamin C is clinically proven to both prevent and treat the common cold. An upper respiratory tract infection (URTI), sometimes referred to as a cold, can be caused by a variety of viruses, including rhinovirus, coronavi-



There are hundreds of scientific abstracts illustrating the benefits of vitamin C supplementation. In this meta-analysis conducted by the Department of Public Health at the University of Helsinki, Finland, researchers found a statistically highly significant reduction in common cold incidence in groups supplemented with vitamin C as compared with placebo.

An extra

therapeutic

dose of vita-

min C taken

at the onset

of a cold

shortened

the length of

the cold by a

whopping 56

percent and

significantly

relieved

symptoms,

including

fever,

chest pain,

and chills.

A more recent meta-analysis of nine randomized, controlled trials published in BioMed Research International in July 2018, found that an extra therapeutic dose of vitamin C taken at the onset of a cold shortened the length of the cold by a whopping 56 percent and significantly relieved symptoms, including chest pain, fever, and chills. These benefits were observed in individuals already taking routine vitamin C supplements.

For overall immunity-boosting, a combination of vitamin C plus zinc at doses of 1,000 milligrams (mg) vitamin C plus 10 mg zinc has been shown to be effective in patients with the common cold.

Zinc is indispensable for a healthy immune system. Since immune system functioning declines with age, some adults may benefit from a supplement, and it may also become more important during times of extreme stress and seasonal illness.

A study published in May 2008 in the journal, Experimental Gerontology, demonstrated that short term oral supplementation with zinc safely and efficiently induces the stress response in healthy white blood cells from elderly donors. Researchers believe that the stress response may be a candidate pathway connecting zinc deficiency with aging and immunosenescence, the natural degeneration of the immune system over time and that proper dietary zinc intake may protect neurons from stress.

Zinc supplementation has also been shown in clinical trials to improve symptoms of depression, a timely benefit considering the increasing fear and stress brought on by current events, and increasing social isolation. Zinc lozenges are a popular way to boost intake of this vital nutrient and have been shown to be very effective at wiping out common cold viruses 3.1 times faster than in those not taking zinc.

Upper respiratory tract infections are a frequent diagnosis when someone seeks medical treatment for acute symptoms of the common cold. Echinacea, an herbal supplement commonly taken at the onset of cold symptoms, has considerable scientific evidence to support its widespread use for this purpose, both as a treatment for, and preventative

In May 2016, a team of researchers from Iran University of Medical Sciences performed a metaanalysis of more than 100 journal articles meshing the terms "echinacea" and "URTI," identifying 66 relevant articles for deeper review. After the in-depth analysis, the research team concluded that there is a considerable amount of evidence showing the effectiveness of echinacea products in the prevention and treatment of respiratory tract infections.

Another meta-analysis published in May 2015 in the journal Advances in Therapy concluded that "echinacea potently lowers the risk of recurrent respiratory infections and complications thereof," noting that echinacea's immune-modulatory, antiviral and anti-inflammatory effects might contribute to these observed clinical benefits.

A meta-analysis from 2006 came to similar conclusions, stating that "the likelihood of experiencing a clinical cold was 55 percent higher with placebo than with echinacea," prompting the conclusion that echinacea is effective in the prevention of symptoms of the rhinovirus-induced common cold.

4. Licorice (Glycyrrhizin) Licorice has a deep and an-

cient tradition of use as herbal medicine by numerous cultures around the world. Licorice supplements may be labeled under its botanical name, Glycyrrhiza glabra, or the name of the active compound that gives licorice its characteristic sweetness, glycyrrhizin.

Anecdotally, licorice has been credited with conferring benefits such as reducing inflammation, especially in the stomach, reducing symptoms of coughs and bronchitis, lowering cholesterol and triglyceride levels, and even protecting against microbial or viral infections. Preliminary studies of licorice's antiviral effect suggest this herb is a potent defense against global pandemics.

A June 2003 study published in the peerreviewed medical journal The Lancet explored glycyrrhizin and its effects on the replication of SARS-associated coronavirus. This ground-breaking study, performed

during the global outbreak of SARS coronavirus and the subsequent search for antiviral compounds to treat the disease, tested the antiviral potential of glycyrrhizin against

> four common antiviral drugs, on two clinical isolates of coronavirus (FFM-1 and FFM-2) from patients with SARS. Of all the compounds tested, glycyrrhizin was the most active in inhibiting replication of the virus, prompting researchers to suggest that glycyrrhizin should be assessed as a potential treat-

ment for SARS. Studies on both SARS and MERS-type coronavirus have demonstrated that licorice extract breaks down the integrity of the viral envelope while also boosting the host's immune activity, giving rise to optimism over its potential use to treat the various coronavirus disease strains.

Glycyrrhizin is a concentrated extract day. Special emphasis will be placed from licorice, and is GRAS, or "Generally Recognized as Safe," in the U.S. Both licorice and glycyrrhizin supplements can be readily obtained in powder, pill or liquid form. However, individuals with high blood pressure, metabolic alkalosis, or low mineral levels should be advised that glycyrrhizin has been shown to aggravate these effects in some individuals.

Consuming licorice in herbal form rather than highly concentrated glycyrrhizin supplements can help to mitigate these

5. Garlic

Besides warding off vampires, garlic has been identified by natural health practitioners as one of the top five food-medicines. With the increasing prevalence of drug-resistant bacteria and the failure of drug-based treatments to stop the spread

of common virus strains, building your inherent resilience to pathogens could be life insurance against some of the more serious—and potentially lethal —viral in-

> fections. Garlic has several hundred therapeutic properties, confirmed by a growing body of sci-

entific research, which you can view directly on GreenMedInfo.com. Some of these beneficial actions include inhibiting pathogens such as the parainfluenza virus, Haemophilus influenza, several strains of streptococcus, and pneumococcal infections.

While it's not necessarily helpful to hang garlic on your door or wear it around your neck, adding garlic liberally to your cooking or taking a high-quality supplement can provide a big health boost and help you stay safe from unwelcome viral visitors.

The likelihood of experiencing a clinical cold was 55 percent higher with placebo than with echinacea.

Guard Against Nutrient Deficiencies for Optimal Virus Defense

There is an abundance of peer-reviewed science supporting immune-enhancing nutritional supplementation as a safe and effective defense strategy against viruses. Boning up on these nutritional pillars of good health will ensure that you have fortified yourself against viral infection from the inside out.

To learn more about natural ways to combat opportunistic infections like coronavirus, consult the world's most widely referenced, evidence-based natural medical resource at GreenMedInfo.com.

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MINDSET MATTERS

Rushing to Be OK Before You Are OK

Spinning pain into positivity before its time can lead to feeling badly about feeling bad

NANCY COLIER

¬ rom the time we're young, ✓ we're taught to find the silver lining in every cloud, to search for the lesson in every challenge. Adversity is our teacher, darkness brings light, difficulty is an opportunity. Yes, that's all useful, but sometimes, we rush the positive narrative before we've allowed ourselves to feel the actual feelings ... the hard ones. The lessons we construct end up replacing the actual learning and we end up with a pseudowell-being that isn't real or resilient. Not being OK, for real, is also OK, and even necessary.

I recently broke my foot two days before going on a longawaited beach vacation. The break was a non-weight-bearing injury. I didn't know what that meant when the ER doctor first used the term, but I soon came to understand that it meant what it sounds like; you cannot put your mental construct, an OK that's not

foot down on the ground for any reason, not without risking surgery or excruciating pain. And in my case, not for six weeks. While it's not something you think about until you need to, not being able to set your foot down for any reason is a big deal; it makes life very challenging. Essentially, with a badly broken foot, you have to just sit down and At this moment in history, our

world is not OK; we are not OK. Oddly, however, when things are not OK, we are told that we should be OK, should be able to get OK with not OK. The should police tell us that adversity is an opportunity for growth, and within all difficulty lies great teaching. Suffering is our guru, a gift. And yes, that may all be true. But I wonder, does our positive, spiritual narrative around life's challenges rush us into a pseudo-well-being, a flimsy

I felt enormous pressure, most of it coming from inside myself, to find acceptance and peace about this situation.

entirely real, not earned? Is there a time and place for actually not being OK ... before we get to being OK with not being OK?

So here I was, in this adorable boardwalk beach town, a town with endless opportunities for walking and running, for exploring neighborhoods by foot, spectacular hiking, bike riding, and swimming. A town meant to be fully and physically enjoyed and no possibility of doing any of it. I watched as my family (with my encouragement) traipsed off to explore the sweet town and neighboring towns, stroll the boardwalks, take sunrise jogs, participate in power yoga classes (on the beach), swim in the gentle waves, laugh their way through gigantic suburban grocery store aisles, and, basically, have a whole lot of fun.

In the grand scheme, having to sit down and sit still is not the end of the world, not the biggest deal, and certainly not even a blip

on the screen when it comes to what's happening in the world. But, for someone like me, it is a big deal—a monumental deal in fact. Moving is a fundamental ingredient in my well-being, like breathing and eating.

Strange though it may sound, I don't think a day has passed in the last 35 years when I didn't feel immense gratitude for being able to head out on my daily walk or run. When I was pregnant and on bed rest, I knew that I would do anything and everything in my power to never not be able to move again. I have relied on being able to move and move quickly in order to feel emotionally and physically well; it's my fix, my go-to feel-good drug that's served me for a lifetime. So, here I was, sitting in my seat at the beach, still as a sloth, unable to give myself what I needed

I felt really bad about not being able to walk or run or move much

at all. But I noticed that I felt almost as bad about feeling bad. Many people I talked to about the situation told me some version of the silver lining to every cloud adage, with a little "oh, what a pain" thrown in for good measure. My more spirituallyinclined friends were excited by the situation and the teachings that awaited me in this oppor-

I felt disappointment in myself for thinking that this moment was anything other than perfect, and should be any other way, and sternly told myself to accept the present moment without resistance, since that's all there was. My family reminded me to practice the power of now, along with the power of surrender, neither one of which, apparently, I was practicing.

As my body atrophied on the sofa, my mind was soaking in shoulds, the ways I should be better-experiencing this unfortunate opportunity. I chided myself with Nietzsche's words, "He who has a why to live for can bear almost any how," thinking about all those who had suffered before me with a purpose. I went full-throttle on the selfthrottling. I still felt awful about not being able to move and the

timing of this injury with my long-awaited active vacation, but I felt just as terrible if not worse about the fact that I was feeling so terrible.

But then it occurred to me that I was pushing myself to learn and feel something new and expansive in this mess before I had actually learned it or felt it. I was demanding that I be a person who walked through this with great optimism and a spiritual perspective. I realized that this idea of a hidden teaching, the "why" that made the "how" OK, and all the rest of the shoulds might just be a narrative that I was constructing. I was skipping an important step in the process, a step that needed to happen so that I could actually learn and grow.

I felt enormous pressure, most of it coming from inside myself, to find acceptance and peace about this situation. But I wasn't there, not yet anyway, if I ever would be. Rather than compel myself to use this as a teaching, I had to actually let myself feel bad, feel sad, feel upset, feel angry, feel irritated, feel disappointed about this situation, this unfortunate event—to live it as I actually experienced it. I had to let the teaching teach me rather than construct a tion, visit NancyColier.com

teaching that would work for Getting OK with not OK is

not about feeling good or even comfortable with what doesn't feel good or comfortable. It's not about manufacturing a positive lesson in a negative situation before that lesson has actually revealed itself. It is, however, about having the

courage to allow yourself to not be OK, without judgment and the urgency to change it. There's no reason to berate

or shame yourself for feeling bad; bad things happen and we sometimes just feel bad. Feeling bad is part of the process and it leads to feeling good again. When you stop judging yourself for not being OK, you are indeed being OK with not being OK.

Nancy Colier is a psychotherapist, interfaith minister, public speaker, workshop leader, and author of "The Power of Off: The Mindful Way to Stay Sane in a Virtual World." For more informa-



8 | MIND & BODY MIND & BODY 9 THE EPOCH TIMES Week 26, 2020 Week 26, 2020. THE EPOCH TIMES

TRUTH and TRADITION: In Our Own Words

WE ARE HOLDING THE LINE

In America, publishing news is easy. But publishing the truth ... that's very difficult.



You might've seen some of the videos we've produced over the last year. But you likely

don't know the difficulty of creating this type of honest news content to be published on the big tech platforms.

Because The Epoch Times has the courage and fortitude to both investigate and report stories that most media don't as well as to call into question the "established" narratives when the facts don't seem to line up, we have



been attacked, demonetized, and de-platformed by the giant tech conglomerates, the legacy media

outlets, and even certain service providers.

That's not to even mention how over the last 20 years, there were dozens (maybe even hundreds, but we of times when the Chinese Communist Party's consulates around the world have used threats to force businesses and ad agencies to

pull their advertising from our publication.

I believe that open public discourse is vitally essential to our nation. It is paramount to a free republic.

Working here over the last eight years, at a truly independent news organization, has opened my eyes to the many forces attempting to restrict your access to truthful information. And contrary to what it seems like on the surface, these forces are not censoring our mouths. They are actually censoring your ears and your eyes.

They are engaged in an act of theft: robbing you of the truth.



For instance, when we examined claims about the CCP virus's origins that didn't line up with the established narrative or when we looked beneath the surface of FISA abuse that

> took place during the 2016 election and reported inconsistencies with the mainstream narrative, we were further attacked, censored. and de-platformed—directly limiting your access to a treasure trove of our investigative findings. So what we are doing here at The Epoch Times is not simply reporting stories or conducting

> > investigations.

We are holding the line.

We are taking the attacks so that you may be informed of the truth, and so our future generations may know what truth is.

We seek to be a stalwart bastion of objective reality which can stop the descent of



our society into a place where our grandkids and great grandkids have internalized everencroaching politically correct thought confines to the point where even forming an independent idea is a crime.

To me, that might've seemed like hyperbole 10 years ago, but having seen this encroachment first-hand, I believe it is a grim possibility that we might just "naturally" slide into if we don't take a strong stand against it right now.

I hope you are enjoying this paper. I hope you share it with your friends, your family, and your entire community so that we can restore decency in this country's public discourse.

And I hope when that happens, you'll be there with us to see it.

In Truth and Tradition,

Roman Balmakov The Epoch Times





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Roman Balmakov Video Producer



TRUTH and TRADITION



In the digital age, old-school courtesy still key to success, peace of mind, and a better world

Etiquette can

seem antiquated,

but everyone

likes to be treated

with kindness

and courtesy.

CONAN MILNER



uthor Danny Wallace just wanted a hot dog. He went to a diner, paid, and waited for an hour, but the food

When he politely asked what was taking so long, he was kicked out for being a nuisance.

The incident haunted Wallace for days afterward. He turned to a review website to vent his frustration, and punish the restaurant that had treated him so unfairly. When his tale of bad service turned into an 85,000-word diatribe, he decided to explore the influence of rudeness on a deeper level.

For his book, "F You Very Much: Understanding the Culture of Rudeness—and What We Can Do About It," Wallace looked to studies that explore the psychological and sociological impact of rude behavior.

Some researchers describe rudeness as a kind of contagious neurotoxin. Anyone who has been the target of rudeness knows how devastating it can be. It can prey on your mind, and even twist your thinking. Suddenly, everyone seems out to get you.

"It's why we sometimes assume people are being sarcastic or mean in emails, when, in fact, they aren't," Wallace said. "But it's not your fault. You've just been infected."

The reason that rudeness stings so badly is that it falls below the standards of basic decency—thinking of others, waiting our turn, and saying "please" and "thank you." When someone breaks these sacred rules with us, we're both offended and confused. Why did they do that? And why

It can be either cruel and deliberate, or just plain inconsiderate. Rudeness is a display of disrespect, and it brings

"It plays to our baser instincts," Wallace said. "We immediately want revenge of some kind." Even if we're able to control our im-

pulse to retaliate, science has shown that rudeness still harms our ability to concentrate and make decisions. It doesn't just ruin your day—the ripple effect can have serious consequences. One study found that a moment of rudeness temporarily reduces a surgeon's ability by 50 percent.

If rudeness impairs our thinking, Dr. Joyce Mikal-Flynn, an associate professor at California State University-Sacramento, believes good manners may improve it. That's why Continued on Page 11

she encourages decorum in all her courses, but especially her neurosci-

"In brain science, manners influence our happy neurotransmitters and allow for great personal connections," Mikal-Flynn said. "From a biochemical basis, manners make a difference. It gives people a sense of security and pleasure."

On the first day of class, as Mikal-Flynn lays out her syllabus, she talks to her students about punctuality and speaking to each other with respect. She takes inspiration from the Ritz Carlton motto—"We are ladies and gentlemen serving ladies and gentlemen"—and says students respond

immediately to the higher standard. "I want to set a positive tone because it really does make a better learning environment," she said.

But if we respond so well to good manners, why has rudeness become so prevalent? Wallace points to the highly polarized views that have emerged in our culture, where common ground is hard to find, and politeness is often perceived as a sign of weakness. Modern pop culture just adds fuel to the fire.

7Tao is a powerful

Industrial Attack and

There is a clear trend to growth in countries the west considers unethical.

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TRUTH and TRADITION

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Studies have shown that depression, anxiety, and post-traumatic stress disorder are all linked to a higher risk of developing dementia in older age.

Negative Thinking Linked With More Rapid Cognitive Decline, Study Indicates

Certain patterns of thought can feed chronic stress, elevated blood pressure, and higher levels of the hormone cortisol

NATALIE L MARCHANT

ementia affects an estimated 54 million people worldwide. There is no cure, but reports indicate that approximately a third of dementia cases may be preventable, which is why many researchers have begun to focus on identifying risk factors. This would allow for better personalized interventions that may be able to reduce the risk of developing the disease, delay onset, or even prevent dementia for some people

Current research shows that genetics, high blood pressure, and smoking are all risk factors for developing dementia. But many people don't realize that there is also a relationship between mental ill-health and higher dementia risk too. Studies have shown that depression, anxiety, and post-traumatic stress it unlikely to be able to detect a reladisorder are all linked to a higher risk of developing dementia in older age. Our recent study builds on this research by examining whether a style of thinking that is common to these mental health conditions is associated with indicators of Alzheimer's disease, the most common type of dementia.

Repetitive negative thinking is seen as a behavioral marker of chronic stress by causing elevated blood pressure and higher levels of the stress hormone cortisol.

People experiencing mental ill health frequently engage in a style of thinking called "repetitive negative thinking." This style of thinking involves the tendency to have negative thoughts about the future (worry) or about the past (rumination), and these thoughts can feel uncontrollable.

In 2015, I developed a hypothesis called "cognitive debt" which proposed that repetitive negative thinking could be the "active ingredient" common in all these mental health conditions that may help explain the increased dementia risk we observe. Our recently published study tested this hypothesis for the first time. We found that repetitive negative thinking was indeed associated with indicators of Alzheimer's disease.

Our study looked at 292 older adults aged 55+ from the PREVENT-AD project in Canada. Their cognitive function was assessed, measuring memory, attention, spatial cognition, and language. Of these participants, 113 also had their brain scanned, which allowed researchers to measure deposits of tau and amyloid. These two proteins are biological

markers of Alzheimer's disease when they build up in the brain. A further 68 people from the IMAP+ project in France underwent PET brain scans to measure amyloid.

We found that people who exhibited higher repetitive negative thinking patterns experienced more cognitive decline over a four-year period. They also had specific declines in memory (which is an early sign of Alzheimer's disease) and had more amyloid and tau deposits in their brain.

We also examined symptoms of depression and anxiety. We found that both were associated with cognitive decline, but not with deposits of either amyloid or tau. It may be that these symptoms are more indicative of decline that happens with aging or dementia that is not due to Alzheimer's disease. Equally, participants in this study had very low levels of depression and anxiety which would make tionship. These findings do suggest that one reason why depression and anxiety are associated with Alzheimer's disease risk—which is in line with my "Cognitive Debt" hypothesis.

However, it is important to point out that although the hypothesis proposes repetitive negative thinking increases risk for dementia (specifically Alzheimer's), the opposite may also be true. People who experience a decline in their condition may become more concerned or worried about their health—leading to repetitive negative thinking. Or, amyloid or tau could have accumulated in the brain, disrupted its circuitry, making it more difficult to disengage from negative thoughts. At this point, we are unable to know which came first.

But how could our thoughts be associated with a disease of the brain? On a biological level, negative thinking is associated with increased stress. In fact, repetitive negative thinking is seen as a behavioral marker of chronic stress by causing elevated blood pressure and higher levels of the stress hormone cortisol. There's increasing evidence that chronic stress is both harmful to your body and your brain. But more research is needed to understand this link.

Given that repetitive negative thinking is responsive to treatments such as cognitive-behavioral therapy or mindfulness, future research will look at whether reducing these thinking patterns also reduces dementia risk. In the meantime, there is evidence to suggest that many lifestyle habits—such as maintaining a healthy diet, exercising, and staying socially active—are all linked with a lower risk of dementia. Although we don't know whether reducing repetitive negative thinking could delay dementia in the future, taking steps to look after your mental health is still important for your well-being in

Natalie L Marchant is a senior research fellow at University College London in the UK. This article was first published on The Conversation.

Why Good Manners Matter

In the digital age, old-school courtesy still key to success, peace of mind, and a better world

In brain science,

our happy

and allow for

great personal

Dr. Joyce Mikal-Flynn,

an associate professor at

California State University-

connections.

Sacramento

manners influence

neurotransmitters

Continued from Page 9

THE EPOCH TIMES Week 26, 2020

"[With] the rise of social media and reality television—both arenas in which punchy, snarky put-downs and telling it like it is thrive—you have a perfect greenhouse in which to let rudeness grow," Wallace said.

The Power of Respect

It may seem like a small thing, but good manners may be fundamental to success. Paige Arnof-Fenn, CEO of marketing firm Mavens and Moguls, says she has won much of her business just for being polite. One client actually told her he hired primarily for manners because everything else can be learned on the job.

With the rise of social media and reality television—both arenas in which punchy, snarky put-downs and telling it like it is thrive you have a perfect greenhouse in which to let rudeness grow.

Danny Wallace, author

Arnof-Fenn credits her good manners to growing up in the southern United States—a region where oldfashioned pleasantries have managed to survive. But she insists you don't have to be a Southern lady or gentleman to rise above the current standard.

"It is amazing how low the bar actually is today," Arnof-Fenn said in an email. "Just getting back to someone by the end of the week, when that is what you committed to, can be considered good manners."

This scarcity of civility is what inspired Maryanne Parker to found Manor of Manners—a San Diegobased company that specializes in international etiquette and protocol training for children and adults. Parker previously worked in corporate finance. She traveled the world but found the same thing wherever she went: Otherwise talented business people lacking in basic diplomacy were sabotaging their own success.

Parker describes manners and etiquette as a sophisticated language. There are rules, of course, but they're easy to pick up and accessible to anyone. Best of all, they serve a noble purpose: To make those around you feel at ease.

"Etiquette is influence. It makes people want to associate with you," Parker said.

Codes of social conduct have been enforced throughout antiquity, but Parker traces the roots of modern manners and etiquette to Louis XIV. The great French "Sun King" of the 17th and early 18th century, Louis was able to keep his court in line simply by making them adhere to a strict canon of dress and decorum. Nobles were so busy practicing the king's complex system of social rules that there was never time to plot a revolution.

As kings gave way to elected officials, much of the formality was abandoned, and the culture took on an increasingly casual character. But in the process of losing the stuffy rituals of the past, we've also lost the heart of good manners—showing respect.

"People don't realize that knowing how to behave and how to communicate is very beneficial," Parker said. "The way we treat each other is very crucial, otherwise, we'll be living in a chaotic world."

And when it comes to etiquette, it's not so much about which fork to use or how to properly pass the pepper. More formal occasions may require a few more rules, but respect is the true goal no matter the event. Simply focus

on the basics, Parker says: Smile, be punctual and sincere, and dress appropriately. Ask politely for guidance if you're not sure what to do. When you're introduced to someone new, stand up and shake hands.

"Those elements add up," Parker said.

Raising the Standard

The opportunity to practice these social niceties is lost when so much of our interaction now takes place online. And it may be another reason why rudeness is especially vicious there. Although we often hear it's anonymity that emboldens internet users to broadcast nasty comments, it may have more to do with facing a screen. Research has shown it's much more difficult to be rude to someone if you look into

One of the ways that Mikal-Flynn ensures good manners in her classroom is by having everyone put away their gadgets. Students may grumble at first, but they end up being much more engaged in the discussion. To make it stick, Mikal-Flynn applies the standard to herself.

"If my phone goes off in the classroom, that's rude, and everybody in the class will get five points," she said.

It's hard to show respect to others around you if you're constantly staring at your phone. But it's also easy to justify—if everyone else is doing it, we might as well, too. We copy the behavior of our role models, whether they're good or bad.

However, if we all insist on a higher standard of behavior, rudeness can't survive. Likewise, we have a duty to call out rudeness when we see it, as long as we do so politely, says Wallace. Otherwise, the contagion will

"Calling it out reminds people they are dealing with society at large and for it to work properly we have to have empathy and think of others," he said. "There is a choice: If we want to keep our civilization, we can choose to be civil."

Simply focus on the basics: Smile, be punctual and sincere, and dress appropriately



STEPHANIE STEPHENS

People connect more deeply through stories and that can translate into better medical care

ur lives are a story made up of smaller stories. We communicate in stories as well, allowing friends and family to understand our experiences, feelings, and actions in a meaningful way. Too often, however, our interactions with doctors can be reduced to data points; symptoms and statistics lacking context and human connection.

Dr. Christopher Travis, an intern in obstetrics-gynecology, has cared for patients with COVID-19 and performed surgery on women suspected of having the virus. But the patient who arrived for a routine prenatal visit in two masks and gloves had a problem that wasn't physiological.

"She told me, 'I'm terrified I'm going to get this virus that's spreading all over the world," and worried that it would hurt her baby, he said of the March encounter.

Travis, who practices at the Los Angeles County+University of Southern California Medical Center, told the woman he understood that she was scared and tried to assure her she was safe and could trust him.

Asking many questions and carefully listening to the answers, Travis was exercising the craft of narrative medicine, a discipline in which clinicians use the principles of art and literature to better understand and incorporate patients' stories into their practices.

"How do we do that really difficult work during the pandemic without it consuming us so we can come out 'whole' on the other end?" Travis said. Narrative medicine, which he studied at Columbia University, has helped him be aware of his own feelings, reflect more before reacting, and view challenging situations calmly, he said.

The first graduate program in narrative medicine was created at Columbia University in 2009 by Dr. Rita Charon, and the practice has gained wide influence since, as evidenced by the dozens of narrative medicine essays published in the Journal of the American Medical Association and its sister journals.

Learning to be storytellers also helps clinicians communicate better with nonprofessionals, said writer and geriatrician Dr. Louise Aronson, who directs the medical humanities program at the University of California-San Francisco. It may be useful to reassure patients—or to motivate them to follow public health recommendations.

"Tell them a story about having to intubate a previously healthy 22-year-old who's going to die and leave behind his first child and new wife, and then, you have their attention.

"At the same time, telling that story can help the health professional process their own trauma and get the support they need to keep going," she said.

Teaching Storytelling To Doctors

This fall, USC's Keck School of Medicine will offer the country's second master's program in narrative medicine, and the subject also will be part of the curriculum in the new Kaiser Permanente Bernard J. Tyson School of Medicine in Pasadena, which opens its doors July 27 with its first class of 48 students. (KHN, which produces California Healthline, isn't affiliated with Kaiser Permanente.)

Narrative medicine trains physicians to care about patients' singular, lived experiences—how illness is really affecting them, said Dr. Deepthiman Gowda, assistant dean for medical education at the new Kaiser Permanente school. The training may entail a close group reading of creative works such as poetry or literature, or watching dance or a film, or listening to music.

He said there's also "real, intrinsic value" for patients because a doctor isn't only being trained to care about the body and medications

"Literature in its nature is a dive into the experience of living—the triumphs, the joys, the suffering, the anxieties, the tragedies, the confusions, the guilt, the ecstasies of being human, of being alive," Gowda said. "This is the training our stu-



Research has found doctors interupt patients after listening for an average of 11 seconds, a symptom of a health care system focused on treating diseases rather than people.

If we train

physicians to listen well, for metaphor, subtext, and more, they can absorb and act on their patients' stories even if they have limited time.

Dr. Pamela Schaff, the director of the Keck School's new master's program in narrative medicine

There's 'real,

intrinsic value' for

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Dr. Andre Lijoi, a geriatrician at WellSpan York Hospital in Pennsylvania, recently led a virtual session for 20 front-line nurse practitioners who work in nursing homes. Two volunteers recited Mary Oliver's 1986 poem "Wild Geese," which reads, "Tell me about despair, yours, and I will tell you mine. Meanwhile, the world goes on."

Sharing the poet's words helped the nurses relieve their pent-up tensions, enabling them to express their feelings about life and work under COVID-19, Lijoi said.

One participant wrote, "As the world goes on around me I mourn seeing my aging parents, planning my daughter's wedding, and missing my great niece's baptism. I wonder, when will life be 'normal' again?"

Processing Fear to Provide Better Care Dr. Naomi Rosenberg, an emergency room physician at Temple University Hospital in Philadelphia, studied narrative medicine at Columbia and teaches it at Temple's Lewis Katz School of Medicine. The discipline helps her "metabolize" what she takes in while caring for COVID-19 patients, including the fear that comes with having to enter patients' rooms alone in protective gear,

The training helped her counsel a worried woman who couldn't visit her sister because the hospital, like others around the country, wasn't allowing relatives to visit COVID-19-infected patients.

"I'd read stories of Baldwin, Hemingway and Steinbeck about what it feels like to be afraid for someone you love, and recalling those helped me communicate with her with more clarity and compassion," Rosenberg said. (After a four-day crisis, the sister recovered.)

Close readings can also help students understand the various ways metaphor is used in the medical profession, for good or ill, said Dr. Pamela Schaff, who directs the Keck School's new master's program in narrative medicine.

Recently, Schaff led third-year medical students through a critical examination of a journal article that described medicine as a battlefield. The analysis helped student Andrew Tran understand that describing physicians as "warriors" could "promote unrealistic expectations and even depersonalization of us as human beings," he said.

Something similar happens in the militarized language used to describe cancer, he added: "We say, 'You've got to fight,' which implies that if you die, you're somehow a failure." In the real world, doctors are often fo-

cused narrowly, devoting most of their attention to a patient's chief complaint. They listen to patients on average for only 11 seconds before interrupting them, according to a 2018 study in the Journal of General Internal Medicine. Narrative medicine seeks to change that.

While listening more carefully may add one more item to a physician's lengthy "todo" list, it could also save time in the end,

"If we train physicians to listen well, for

metaphor, subtext, and more, they can absorb and act on their patients' stories even if they have limited time," she said. "Also, we physicians must harness our narrative competence to demand changes in the health care system. Health systems should not mandate 10-minute encounters."

Telling the Patient's Whole Story

In practice, narrative medicine has diverse applications. Modern electronic health records, with their templates and prefilled sections, can hamper a doctor's ability to create meaningful notes, Gowda said. But doctors can counter that by writing notes in language that makes the patient's struggles come alive, he said.

The school's curriculum will incorporate a different patient story each week to frame students' learning.

"Instead of, 'This week, you will learn about stomach cancer,' we say, 'This week, we want you to meet Mr. Cardenas," Gowda said. "We learn about who he is, his family, his situation, his symptoms, his concerns. We want students to connect medical knowledge with the complexity and sometimes messiness of people's stories and contexts."

In preparation for the school's opening, Gowda and a colleague have been running Friday lunchtime mindfulness and narrative medicine sessions for faculty and staff.

In the real world, doctors are often focused narrowly, devoting most of their attention to a patient's chief complaint.

The meetings might include a collective, silent examination of a piece of art, followed by a discussion and shared feelings, said Dr. Marla Law Abrolat, a Permanente Medicine pediatrician in San Bernardino, California, and a faculty director at the new

"Young people come to medicine with bright eyes and want to help, then a traditional medical education beats that out of them," Abrolat said. "We want them to remember patients' stories that will always be a part of who they are when they leave

This KHN article was first published by California Healthline, a service of the California Health Care Foundation.

Stephanie Stephens writes about health, health care, and science articles for magazines and websites, hospitals, associations, insurance companies, and TV networks. Kaiser Health News is a national health policy news service. It is an editorially independent program of the Henry J. Kaiser Family Foundation, which is not affiliated with Kaiser Permanente.

Experimental Outdoor Playground/Classroom Delivers Higher Grades

Children and teachers helped a PhD student design a unique learning environment that showed results

MATLUBA KHAN

nis pandemic has disrupted the education of at least 1.5 billion school students. That's more than 90 percent of the world's children. Although many schools in the west, along with private schools in the developing world, have continued some school activities online, more than 50 percent of learners worldwide do not have a household computer. The absence of faceto-face learning and opportunities for playing with friends will seriously affect the mental health of these children.

Countries are taking different approachschools, and some places are emphasizing the benefits of outdoor learning.

Research has shown that an outdoor environment can improve children's motivation and well-being, and can help improve the level of children's physical activity and learning outcomes. Learning in nature has also been shown to reduce stress and boost mental well-being.

Outdoor learning was traditionally practiced in countries across the African and Asian continents, but is now valued less and less. In many cases, it is only seen as an option when there is no functioning classroom. But now, more than ever, the benefits of outdoor learning must be capitalized on ture can offer opportunities to try out sciall over the world.

Bangladesh

I have researched outdoor learning envi ronments for more than 10 years. While most research in this area is concentrated in western countries, my own has focused on Bangladesh.

In Bangladesh, the net enrollment rate at primary schools is nearly 100 percent, but only 32 percent of the children reach higher secondary level (typically completed at ages 16–18). There are many reasons for this high dropout rate, including poverty

But one reason that is rarely considered is the quality of the learning environment. Evidence shows many students drop out because they do not feel attracted to school and did not like the traditional teaching and learning environment.

Teaching and learning outdoors has been core to the education system in the Indian subcontinent and was practiced widely before the education system was formalized. It is still being practiced in the town of Shantiniketan, India, established by the Nobel Laureate poet and philanthropist Rabindranath Tagore. But the idea is not mainstream and the political, physical, and social infrastructure to support its wider implementation is absent.

I looked into whether learning in an outdoor environment can improve children's academic attainment, motivation, and play in a Bangladeshi primary school as part of my doctorate. School grounds in Bangladesh are largely barren fields without any features. Clearly this needed to change if outdoor learning was to be encouraged. The school I worked with was a primary school

80 kilometers from the capital city Dhaka. I wanted the children's input for the redesign. I asked Grade 4 children (8- to 12-yearolds) what they would like to have in their playground for both learning and play. The children drew pictures and shared their thoughts. I brainstormed with teachers separately and asked what they would need in the outdoor learning environment in order to take curricular teaching and learning outdoors.

Then we all participated in a modelmaking workshop, led by the children. I supplied materials based on the drawings made by children and suggestions offered es as to when, where, and how to reopen by teachers. We presented the model to the local community, who came forward to help us with whatever resources thev could offer.

A New Classroom

The children wanted places to explore and experiment, to play and learn together, to challenge them physically and intellectually, to make things and be creative, to connect with nature, to be alone, and to reflect. Studies with children from different parts of the world have yielded similar results, showing these preferences are universal.

Teachers, meanwhile, told me that na-

The Grade 4 children performed significantly better in maths and science compared to a comparable school that had had no change in the environment.

Learning in nature has also been shown to reduce stress and **boost mental** well-being.

Outdoor learning can make it easier to maintain social distancing while learning and can help children do better in math and science

ence. They wanted different types of vegetation and a garden in the schoolyard. They requested an area with different loose materials such as twigs, branches, seeds, and egg crates to help them demonstrate number theories and other mathematical problems. They also asked for some group learning settings for group activities and an outdoor classroom.

All of these preferences were then taken into account when Bangladeshi architect Fuad Abdul Quaium and I designed the school ground. We hired local masons and used low-cost materials and technology. The children designed a mural. The school ground was ready for use in January 2015. The teachers led children outdoors regularly for their maths and science lessons.

My research showed that the children's attainment in maths and science improved after teaching and learning outdoors. The Grade 4 children performed significantly better in maths and science compared to a comparable school that had had no change in the environment.

Hands-on learning outdoors made learning fun and engaging for everyone, but particularly benefited underachievers. We found that children who didn't interact much in the classroom setting were more proactive and participated more in their outdoor sessions.

An Outdoor Future

Outdoor classrooms can also provide the space to maintain social distancing while learning. But the school ground should be designed in a way to support teaching and learning, and teachers need training in the use of their school grounds and surroundings for teaching.

My research strengthens the already existing evidence on the benefits of outdoor learning. The study also generates new evidence for its use outside western countries, suggesting outdoor learning has the potential to improve the quality of education all over the world.

Matluba Khan is a lecturer in urban design at Cardiff University in the U.K. This article was first published on The Conversation.



Keeping Good Health in Your Elder Years

There are widely recognized mainstays to aging well that you can follow to stay younger in mind and body

MOHAN GARIKIPARITHI

ealthy aging is about getting older without disease or disability, maintaining cognitive and ___ physical function while actively engaging with the world.

Healthy aging, or anti-aging, is about doing what you can to keep your body and mind active and engaged. When you are focused on doing those things, you'll stay as young as you feel.

A positive outlook is one of the pillars of anti-aging. Happy people tend to be healthier and live longer than their negative peers. A positive outlook can be a catalyst for adopting healthier lifestyle traits. It can help you deal with stress and move

through difficult periods more fluidly. Foyoung. For added benefit, mix it up and cusing on acceptance, lifestyle factors you try new things. can control, and avoiding resentment are all ways to limit stress and its myriad health consequences.

Regular physical activity promotes healthy aging in several ways. It lowers the risk of heart disease, dementia, diabetes, arthritis, and obesity. Roughly six hours of brisk walking per week can help with mobility, cognition, and more.

Additionally, exercise is great for bone health, mood, and metabolism.

Staying connected with friends and others that make you feel good can also offer anti-aging effects. Chatting, attending events (once it is safe), and other forms of socialization can all help your brain stay

Staying connected with friends and others that make you feel good can also offer anti–aging effects.

Diet plays a massive role in aging, as well. Your physical and cognitive health is majorly impacted by what you eat. Eating plenty of fruits and vegetables, whole

grains, lean proteins, and healthy fats can reduce inflammation and disease risk.

Eating too many processed foods, refined grains, and sugary snacks can promote weight gain and disease, which can hold you back from building a healthy future you desire.

Mohan Garikiparithi holds a degree in medicine from Osmania University (University of Health Sciences). He practiced clinical medicine for over a decade. During a three-year communications 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.

Ditch the Salt Shaker, Cook With Herbs and Spice

Addictive forms of seasoning ruin our palate and hurt our health but delicious alternatives abound

ANDREA DONSKY

study published online in the New England Journal of Medicine found cutting back on salt as little as half a teaspoon a day could prevent 92,000 deaths and nearly 100,00 heart attacks in the United States every year. As a nation addicted to processed and prepared food, it is not surprising that salt consumption has risen by 50 percent since the 1970s. Coincidentally, the rates of obesity, heart attacks, high blood pressure, strokes, and kidney disease have also risen.

A certain amount of sodium is essential for good health. Sodium helps carry nutrients into the cells, distributes water throughout the body, maintains healthy blood pressure levels, and stimulates the adrenal glands. It also plays a role in nerve communication and muscle contraction, including the heart muscle. Hydrochloric acid, a fluid needed for proper digestion, also depends on the availability of sodium

for production. Our kidneys help regulate the amount of sodium in our bodies. When levels are low, the kidneys conserve sodium. When levels are high, excess sodium is excreted through the urine. If our kidneys can't get rid of enough of the excess, it begins to accumulate in our blood. And that a gamut of tastes from sweet, found in dried for maximum flavor. attracts and holds water. More sodium increases blood volume, which in turn makes our heart work harder to move the blood through our body.

The average American diet has

three main sources of sodium: processed and prepared foods; sodiumcontaining condiments; and natural sources of sodium found in vegetables, meat, and dairy products. The American Heart Association recommends that you choose and prepare foods with little or no added salt to reduce the risk of cardiovascular disease. We should aim to eat less than 1,500 mg of added salt a day, the equivalent to about 3/4 of a teaspoon. The average American consumes more than double that amount, some 3,463 mg of sodium a day.

Sodium isn't just found in the salt shaker. It is also present in the processed and fast foods you consume.

We should aim to eat less than 1,500 mg of added salt a day, the equivalent to about 3/4 of a teaspoon.

Salt is an acquired taste. Most foods in their natural state contain some amount of sodium. Unfortunately, we have forgotten how delicious natural whole foods taste because of our obsession with salt or condiments containing salt. Nature has provided us with fruits, to salty, found in vegetables like celery or kelp. A wonderful way to enhance flavor without adding salt is to use natural herbs and spices. Herbs and spices can transform a simple dish into a sensuous eating experience of lively

and refreshing flavors.

Below is a guide to some common herbs and spices and suggested uses to help you create flavorful meals without any added salt.

Sweet basil is bright and pungent in taste. Leaves are green in color, round

Use in pesto, salads, sauces, meats, fish, and soups. Pairs well with carrots, eggplant, potatoes, squash, spinach,

Also known as sweet bay or sweet laurel, aromatic bay leaves are often used

Use in soups, sauces, or pickling so-

Cardamom

Tastes like ginger, with a hint of pine.

hances the flavor of pumpkin, squash, potatoes, and pastries. Cardamom is often combined with cumin and coriander seeds.

Use in curry powder, but also en-

Cayenne

volume. which in turn

makes our heart work harder to move the

blood through our

body.

Hot, peppery flavor.

Used frequently in Cajun, Creole, Spanish, Mexican, Szechuan, Thai, and East Indian Recipes.

One of the oldest spices known, cinnamon is derived from the inner bark of evergreen trees native to Sri Lanka, southwest India, and Asia. Sweet and aromatic, cinnamon is available whole or as a ground-up powder.

It is a versatile spice that compl ments a wide variety of foods and other spices. Works well with poultry, in curries, and with fruit, particularly apples and pears. Add to casseroles or eggplant, squash, and carrot dishes.

Coriander leaf or seed (Cilantro)

Fresh coriander leaves, also known as cilantro, bears a strong resemblance to Italian flat-leaf parsley, but with a stronger, distinct scent. The seeds, when dried, have a fragrant flavor reminiscent of both citrus peel

Combines nicely with beets, onions, potatoes, and lentils. Add to salads, salsas, soups, stews, curries, and rice dishes.

Cumin is a powerful, peppery flavoring with slight citrus overtones. Integral spice in the cuisines of Mexico. India. and the Middle East.

Complements chicken, lamb, beans, lentils, vegetables, and rice dishes. Ex-

Dill's green leaves are wispy and fernlike and have a soft, sweet taste. Both the leaves and the seeds are used to

flavor food.

Combines well with fruits, vegetables, fish, egg, and poultry. Should be added to the end of cooking time, since heat can destroy its delicate flavor.

Mild licorice taste.

Great for salads, soups, fish, and vegetable dishes. It also complements rice, potatoes, tomato, egg, and apple

Fragrant, pungent, and hot. It can be used fresh, dried, or in powder form. Use in curries, stews, and stir-fries. Complements poultry.

Member of the mint family. Similar to oregano but less pungent. Used in sa-

Use in salads, fish, vegetables, meat, poultry, and egg dishes.

MARILYN BARBONE/SHUTTERSTOCK

With more than 25 varieties, tastes range from cool, sweet, and slightly menthol. Use fresh in salads, marinated vegetables, legumes, or tomato-based soups or stews. Also good in dips, dressings, yogurt, or lamb dishes.

The seed of an apricot-like fruit native to Indonesia, with cinnamon and pep-

Can be used in either sweet or savory dishes, including pasta sauces, cheese dishes, cake, or milk (or milk alternative) puddings.

Oregano

Also from the mint family, similar to marjoram but stronger with an earthy, aromatic flavor.

Used in many Mediterranean dishes. Excellent in tomato-based sauces and stews. Complements, chicken, fish, and meat dishes.

The most common types are curly or Italian flat-leaf. Mildly fresh aromatic flavor. Use in soups, salads, sauces, and casseroles. Use with any vegetable, potato, or grain dish.

Pine-like, distinct flavor used either fresh or dried.

Use in marinades, vegetables, chicken, and fish dishes. Complements roast meats, especially lamb and chicken.

Grayish, silver-green leaves in color with an earthy aromatic taste that is both sweet and bitter.

Use as a flavoring for stuffing, good with vegetables, cheese and meat dishes, especially pork, game, and liver.

Sweet aromatic herb with a slighter peppery flavor reminiscent of fennel, anise, and licorice.

Use in soups, salads fish, chicken, and egg dishes. Also good with raw or cooked tomato dishes. Complements peas, potatoes, broccoli, carrot, and

Tiny leaves with a minty, tea-like flavor. Used to make bouquet garni with parsley and bay. Add to stocks, marinades, soups, and casseroles. Good with fish, vegetables, and game dishes.

Andrea Donsky is an author, registered holistic nutritionist, editor-in-chief of NaturallySavvy.com, and co-founde of The Healthy Shopper Inc. and Naturally Savvy Media. This article was first published on NaturallySavvy.com—a recipient of Healthline's Best Healthy Living Blogs for 2019.

Tests of Herbal Supplements Find Contaminants A Couple of Natural Ways to Boost Vein Health

Quality issues plague many supplements, often due to errors in production

MICHAEL GREGER

The majority of dietary supplement facilities tested have been found to be noncompliant with good manufacturing practices

Sometimes, there is too little of whatever's supposed to be in the bottle, and other times, there's too much. In one case, hundreds of people suffered from acute selenium toxicity, because of an "employee error at one of the ingredient suppliers." Months later, many continued to suffer. Had the company been following good manufacturing practices, such as testing their ingredients, this may not have happened.

In 2007, the FDA urged companies to adhere to such guidelines, although seven years later, the majority of dietary supplement facilities remain noncompliant with current good manufacturing practices guidelines

What are the consequences of this ineffective regulation of dietary supplements? Fifty-thousand Americans are harmed every year. Of course, prescription drugs don't just harm; they actually kill 100,000 Americans every year—and that's just in hospitals. Drugs prescribed by doctors outside of hospital settings may kill another 200,000 people every year, but that doesn't make it any less tragic for the thousands sickened by supplements.

Sometimes, the supplements may contain drugs. Not only does a substantial

percentage of dietary supplements have quality problems, but the FDA has also identified hundreds of dietary supplements adulterated with prescription medications or, even worse, designer drugs that haven't been tested—such as tweaked Viagra compounds. About half of the most serious drug recalls in the United States aren't for drugs, but for supplements, yet two-thirds of recalled supplements were still found on store shelves six months later. There is also inadvertent contami-

nation with potentially hazardous contaminants, such as heavy metals and pesticides, in 90 percent of herbal supplements tested. Mycotoxins, potentially carcinogenic fungal toxins like aflatoxin, were found in 96 percent of herbal supplements. Milk thistle supplements were the worst, with most having more than a dozen different mycotoxins It's thought that since the plant is harvested specifically when it's wet, it can get moldy easily. Many people take milk thistle to support their livers yet may end up getting exposed to immunotoxic, genotoxic, and hepatotoxic—meaning liver toxic—contaminants.

Prior to the 1994 passage of the Dietary Supplement Health and Education Act, supplements were regulated like food additives, so you had to show they were safe before they were brought to market—but not anymore. Most people are unaware that supplements no longer have to be approved by the government or that supplement ads don't have to be vetted.

"This misunderstanding may provide some patients with a false sense of security regarding the safety and efficacy of these products."

FDA has also identified hundreds of dietary supplements adulterated with prescription medications or, even worse, designer drugs that haven't been tested such as tweaked Viagra compounds.

This deregulation led to an explosion in dietary supplements from around 4,000, when the law went into effect, to more than 90,000 different supplements now on the market, each of which is all presumed innocent until proven guilty, presumed safe until a supplement hurts enough people.

The FDA begins investigating a product after it has shown problems, thus beginning a sometimes slow process toward restricting it from the market. Take ephedra, for example. Hundreds of poison control center complaints started back in 1999, increasing to thousands, including

reports of strokes, seizures, and deaths. Yet, the FDA didn't pull it off store shelves for seven years, because of the millions

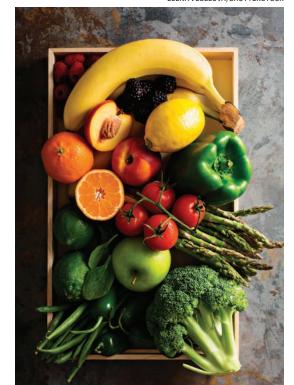
of dollars the industry spent on lobbying. What did the companies have to say for themselves? Metabolife swore that it had never received a single report of a single adverse effect from any customer. "According to the company, Metabolife had a 'claims-free history'" when, in fact, it had gotten 14,000 complaints from customers but covered them up.

Dietary supplement manufacturers and the industry trade organizations have been accused of responding to legitimate concerns with "bluster and denial." Yes, but are these criticisms of dietary supplements just a Big Pharma conspiracy to maintain its monopoly? No. Big Pharma loves dietary supplements because Big Pharma owns dietary supplement companies to dip into the tens of billions in annual sales.

Michael Greger, M.D. FACLM, is a physician, New York Times bestselling author, and internationally recognized professional speaker on a number of important public health issues. Dr. Greger has lectured at the Conference on World Affairs, the National Institutes of Health, and the International Bird Flu Summit, 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 was originally published on NutritionFacts.org

Vegetable nitrates and antioxidants offer low-risk, high reward avenues to improve circulation

Foods that have vasodilating capabilities work to increase nitric oxide production to boost blood flow.



Healthy nitrates and antioxidants are present in many of the fruits and vegetables. One more reason to eat more of these nutrient dense foods.

DEVON ANDRE

When blood vessels are loose, relaxed, and wide, good things happen. It means nutrient-rich oxygenated blood can circulate throughout your body. Good circulation means lower blood pressure, less risk for heart disease, and improved overall health. Your body wants to move

blood through as efficiently as possible. You even produce chemicals like nitric oxide to help dilate blood vessels and keep things moving. But you can only do so much on your own. That's where natural vasodilators come in.

You may have heard of vasodilators before, but as pharmaceutical medicine. There are a host of foods that act as vasodilators, and research suggests they could be as effective as blood pressure medications—if you're eating them regularly

Foods that have vasodilating capabilities work to increase nitric oxide production to boost blood flow. These foods are nearly all vegetables that are high in compounds called nitrates.

It's possible, however, that you've heard of nitrates before, and the news wasn't good. Sodium nitrates are preservatives

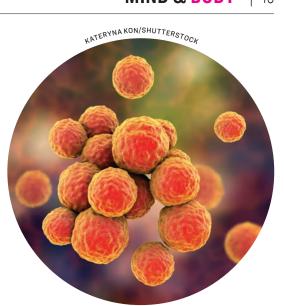
added to processed foods and are associated with health risks. They're generally added to bacon, cold cuts, hot dogs, and other processed meats.

The nitrates in vegetables are different. They are also packaged with plenty of other nutrition that can boost health. Good sources of dietary nitrates to improve vein health include: celery, cress, arugula, spinach, beetroot, lettuce, kale, chard, and more.

One thing to keep in mind is that nitric oxide is a rather sensitive molecule that can degrade very quickly. Antioxidants can help nitric oxide molecules withstand free radicals to keep them intact longer. Including foods like berries, apples, and bell peppers can help.

These are just a couple of ways you can use diet to improve blood pressure, circulation, and vein health. Natural vasodilators are an effective protective measure against high blood pressure and a way to lower the risk of heart

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



Natural Antibiotic Resists 'Superbugs'

Teixobactin could lead to new

generation of treatments for

stubborn bacteria

CHERYL CRITCHLEY

newly discovered natural antibiotic, teixobactin, could be effective in treating bacterial lung conditions such as tuberculosis and those commonly associated with COVID-19, according to a new study.

As bacteria evolve, they develop strategies that undermine antibiotics and morph into "superbugs" that can resist most available treatments and cause potentially lethal in-

The new finding could pave the way for a new generation of treatments for particularly stubborn superbugs.

A team of researchers under professor Kim Lewis of Northeastern University discovered teixobactin in Boston in 2015. His company is now developing it as a human therapeutic.

The new research in mSystems is the first to explain how teixobactin works in relation to the superbug Staphylococcus aureus—also known as MRSA. MRSA is among bacteria responsible for sev-

eral difficult-to-treat infections in humans, particularly post-viral secondary bacterial infections such as COVID-19 chest infections and influenza.

The researchers synthesized an aspect of teixobactin to produce a compound that showed excellent effectiveness against MRSA, which is resistant to the antibiotic methicillin.

The development could lead to new lung infection treatments and it would greatly facilitate the preclinical development of teixobactin.

There was no way to stop bacteria like MSRA from developing resistance to antibiotics as it was part of its evolution, said Maytham Hussein, a research fellow in anti-infectives at the University of Melbourne. This made combatting it extremely challenging.

"The rise of multidrug-resistant bacteria has become inevitable," Hussein said. "These bacteria cause many deadly infections, particularly in immunocompromised patients such as diabetic patients or those with cancers, or even elderly people with post-flu secondary bacterial infections."

The researchers are the first to find that teixobactin significantly suppressed mechanisms involved in resistance to vancomycin-based antibiotics that are recommended for complicated skin infections, bloodstream infections, endocarditis, bone and joint infections, and MRSA-caused meningitis.

The development could lead to new lung infection treatments and it would greatly facilitate the pre-clinical development of teixobactin, said Tony Velkov, a principal research fellow in pharmacology and therapeutics.

"Bacteria often develop resistance towards antibiotics within 48 hours after exposure," Velkov said. "The bacteria failed to develop resistance towards this compound over 48 hours."

"These novel results will open doors to develop novel antibacterial drugs for the treatment of multi-drug resistant Gram-positive infections—bacteria with a thick cell wall—which are caused by certain types of bacteria."

This article was originally published by the University of Melbourne in Australia. Republished via Futurity.org under Creative Commons License 4.0.

Week 26, 2020 THE EPOCH TIMES

In Our Own Words

A Truthful Media Is a Key Pillar for a Society





To me, that's simply what a newspaper is supposed to do: Provide an accurate account of events so that a reader can be properly informed.

Karen ChengSoftware Developer

Dear Epoch VIP,

Not too long ago, I was only a subscriber of The Epoch
Times—just like you—while working as a programmer
at ESPN.

It was April 2019 when the Mueller testimony was unfolding; the broadcast was playing in the background while I was at work. I remember being frustrated with how few questions were answered during the hearing, and out of curiosity, I checked out how different news organizations were covering this (rather uneventful) event.

The headlines shocked me, to say the least. If you hadn't watched the event yourself and only read these articles, you would have thought the president was about to be impeached for obstruction of justice! I started to question why journalists thought it was acceptable to spin a story a certain way: did they expect most Americans to not have watched the hearing and just take whatever they said as the ultimate truth?

I then pulled up articles from The Epoch Times to see how they covered the story, and when I read the headlines, I thought: "Wow, if I were to summarize to a friend who's apolitical what happened in the Mueller testimony, this is exactly how I would explain it." To me, that's simply what a newspaper is supposed to do: Provide an accurate account of events so that a reader can be properly informed. I believe that to be able to summarize events as if you're talking to a friend is a sign of respect to the reader, and is a bit of a lost art today.

Though my job at ESPN was comfortable and taught me the ins-and-outs of being a professional developer, it was at that moment when I knew that I had to join The Epoch Times. My parents, both Chinese immigrants, often tell me how lucky I am to have grown up in a free country that celebrates free thought and speech. And now I understand, more than ever, that a truthful media is a key pillar for such a society. Without the basic foundation of Truth, you lose the sacred bond of trust that should be maintained between the press and the reader.

I read somewhere that a "dream job" consists of three elements: your passions, your skills, and your values. Coming to work at The Epoch Times has felt like coming home, to a place where my values align with my work, to a place where I can use my skills to help further grow the company, and to a place where I feel the work itself resonates with my own sense of right and wrong.

As a reader, I hope you can also appreciate the factual reporting that our journalists strive to deliver every day. I'm constantly in awe of the work our editorial staff does, and it's been an absolute honor to work alongside people whom I had only previously admired from the sidelines.

Thank you again for being here with us!

In Truth and Tradition,

Karen Cheng The Epoch Times



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