

THE EPOCH TIMES MIND & BODY

If your will is weak, consider the source of your motivation.

EXERCISE AS THERAPY

FOR PEOPLE
FACING
MULTIPLE
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Exploring Solar Terms: 'Autumn Equinox'

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 the season.

Solar Term: 'Autumn Equinox'

2020 Dates: Sept. 22–Oct. 7

"Autumn Equinox" is the 16th solar term of the year and the day when the sun crosses the celestial equator, heading southward, creating one of only two days in the year (the other being the Spring Equinox) when day and night are the same length.

In the Western astronomical calendar, the equinox marks the end of summer and the beginning of autumn in the Northern Hemisphere, while marking the end of winter and the start of spring in the Southern Hemisphere. Whilst in the Chinese calendar, the Autumn Equinox is halfway through autumn.

The Spring and Autumn Annals, also known as Chunqiu, is an ancient Chinese chronicle that has been one of the core Chinese classics since ancient times. The Annals covers a 241-year period from 722 BC to 481 BC. It is the earliest surviving Chinese historical text to be arranged in annals form. It was traditionally regarded as having been compiled by Confucius and was included as one of the Five Classics of Chinese literature.

For ancient Chinese, the beginning of Autumn (which fell on Aug. 7, 2020, in the traditional Chinese calendar) was the time when the gods of autumn were ready to descend to earth, so the Chinese people worshiped to heaven and went to the west to welcome them. Those gods would finally arrive on earth on the Autumn Equinox, and the ancient Chinese would welcome them with a ceremony held in the center of the capital city.

This was one of two major such ceremonies that emperors in ancient China held each year in the worship of the divine. The one in spring was to pray for a prosperous year to come and mild weather; the one in autumn was to thank Heaven and the gods for a good harvest. If the harvest was poor that year, the fall ceremony was used as an opportunity for the Chinese to offer repentance.

From the day of Autumn Equinox, the balance between yin and yang energy shifts dramatically, with the warm yang energy fading out rapidly. Normally lightning and thunder should have ceased by this time, as

the natural quality of thunder is pure yang. If the thunder still exists after Autumn Equinox, it was believed this indicated an imbalance of yang and yin energy for the year, and the crops would suffer that season.

Keep your back and belly covered, and avoid cold air, especially when the skin is damp from sweat.

Living in Harmony With 'Autumn Equinox'

There are several things you can do to live in harmony with the natural cycle at the time of Autumn Equinox.

When eating, avoid deep-fried and grilled food, as well as food that is cold or overly spicy.

Drink lukewarm or room temperature water and avoid ice water or cold beverages.

Keep your back and belly covered, and avoid cold air, especially when the skin is damp from sweat. This includes cold air from the air conditioner.

This is a good time for the gentle exercise, such as a walk in the early morning.

Any food that tastes sour, such as vinegar, kombucha, or yogurt, is particularly beneficial for these two weeks. It balances the heat in the liver and lungs, and tones our skin to reduce skin irritation.

Seasonal Foods to Eat

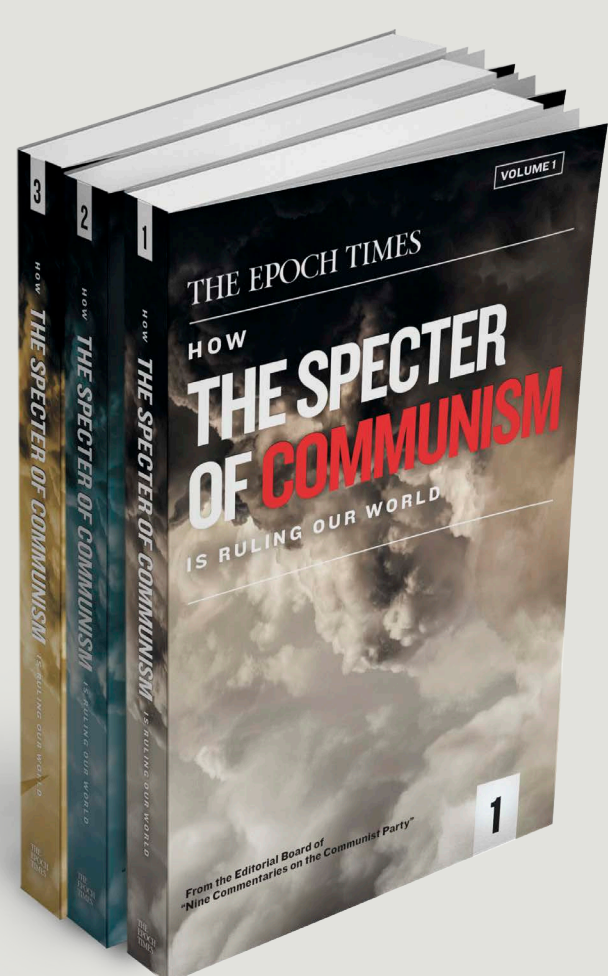
The following are good foods to eat during this solar term: pears, walnuts, sugar cane, honey, maple syrup, or food naturally sweet in taste; sesame, apples, grapes, mandarins, grapefruit, oranges, tangerines, lemons, buckthorn berries, raspberries, cranberries; and almond milk and coconut milk.

This is a good time for gentle exercise, such as a walk in the early morning.

Epoch Times contributor Moreen Liao is a descendant of four generations of traditional Chinese medicine doctors. She is also a certified aromatherapist, former dean of the New Directions Institute of Natural Therapies in Sydney, and the founder of Ausganica, a certified organic cosmetic brand. Visit LiaoMoreen.com

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COVID Exodus Fills Vacation Towns With New Medical Pressures

Rural areas with scenic views are experiencing a real estate boom that's dramatically increasing health care service loads

MARKIAN HAWRYLUK, MICHELLE ANDREWS & KATHERYN HOUGHTON

The staff at Stony Brook Southampton Hospital are accustomed to the number of patients tripling or even quadrupling each summer when wealthy Manhattanites flee the city for the Hamptons. But this year, the COVID pandemic has upended everything.

The 125-bed hospital on the southern coast of Long Island has seen a huge upswing in demand for obstetrics and delivery services. The pandemic has families who once planned to deliver babies in New York or other big cities migrating to the Hamptons for the near term.

From the shores of Long Island to the resorts of the Rocky Mountains, traditional vacation destinations have seen a major influx of affluent people relocating to wait out the pandemic. But now as summer vacation season has ended, many families realize that working from home and attending school online can be done anywhere they can tether to the internet, and those with the means are increasingly waiting it out in the postest destinations.

Many of the medical facilities in these getaway spots are used to seeing summer visitors for bug bites or tetanus shots, hiring an army of temporary doctors to get through the summer swells. Now they face the possibility of needing to treat more serious medical conditions into the fall months—and for the foreseeable future.

Such increase in demand could strain or even overwhelm the more remote towns' hospitals and health care providers, threatening the availability of timely care for both the newcomers and the locals. The Southampton hospital has just seven intensive care unit beds, with the capacity to expand to as many as 30, but it wouldn't take much for the hospital to be swamped by patients.

"For health care, the bottom line is: As our population grows, we have to have the infrastructure to support it," said Tamara Pogue, CEO of Peak Health Alliance, a nonprofit community health insurance-purchasing cooperative in Colorado ski country. And many communities do not.

Home Sales Soar

Sunny shores and mountain vistas are prompting people to relocate to second homes if they have them, or to purchase new homes in those areas if they don't. Renters who used to come for a month are now staying for two or three, and summer renters are becoming buyers. Multimillion-dollar residences in the ski resort town of Aspen, Colorado, for example, that once sat on the market for nearly a year, now move in weeks.

"Some of the most experienced and seasoned real estate brokers have never seen activity like what we have experienced in July and August," said Tim Estin, a broker in Aspen, whose firm draws clients from COVID hot spots such as Dallas, Houston, New York, Miami, Los Angeles, and Chicago.

Many destinations tried to discourage second-home owners from coming, particularly early in the pandemic after Colorado ski resorts became an epicenter of COVID cases. Gunnison County, Colorado, home to the Crested Butte ski resort, banned out-of-towners, prompting the Texas attorney general to take up the matter on behalf of Texans with homes in the area. In Lake Tahoe, along the California-Nevada border, second-home owners were told to go back to the Bay Area. And in New York vacation destinations, online messages targeted big-city transplants with classic New York aplomb.

The ski resort town of Vail, Colorado, on the other hand, welcomed them with open arms with its Welcome Home Neighbor campaign in May.

"We have long held the belief that in a resort community with so many second homes, that lights on are good, lights off are bad," said Chris Romer, president and CEO of the Vail Valley Partnership, the region's chamber of commerce.

Romer said the 56-bed Vail Health Hospital supported the campaign, particularly after visits to the town plummeted 90 percent in April once the ski lifts stopped running.



Gunnison County, Colo., where these Crested Butte ski resort homes are located, tried to ban out-of-towners from coming to their vacation homes.

The year has been such an outlier for hospitals that it's difficult for them to predict and plan for what will happen next.

(Below) COVID caused many New York families with second homes in the Hamptons—including those with babies due—to migrate to the vacation community.

(Bottom) Unlike Gunnison County, Vail, Colo., another ski resort town, welcomed visiting residents, and the Vail Health Hospital supported the move.



"We never would have launched the program if the hospital didn't sign off on it," Romer said.

Demand for Health Care

The influx of patients to these rural areas is helping hospitals and clinics rebound from the drop in typical patient visits during the pandemic, but there's concern that additional growth could overwhelm local resources. So far, though, enough people seem reluctant to seek care during the pandemic, unless it's an emergency or COVID-related, that it hasn't reached a tipping point. Others might be seeking care with their providers in the big city through telehealth or the occasional run back to their primary residence. But the mix of patients is different.

In Leadville, Colorado, a town nestled in the mountains at an altitude of 10,151 feet, summertime usually means an influx of mountain bikers and runners.

"Leadville has these crazy 100-mile races, where we have very elite athletes from all over the planet, and they have specific medical needs," said Lisa Zwerdinger, chief medical officer at the local St. Vincent Hospital. "But what we're seeing now are these second-home owners, people who are coming from other places to spend extended periods of time in Leadville and who come with a whole host of other medical issues."

Most of the races this summer were canceled. That meant fewer extreme athletes and more Texans; fewer broken bones and turned ankles, and more chronic conditions exacerbated by the high altitude. Nonetheless, August was the busiest month ever at Zwerdinger's family medicine practice.

Hospitals in vacation towns typically prepare for surges during holidays, said Jason Cleckler, CEO of Middle Park Health, with locations serving Colorado's Winter Park and Granby Ranch ski resorts in Grand County.

During Christmas week, the population of neighboring Summit County, which houses resorts such as Breckenridge and Keystone, swells from 31,000 to 250,000. But Cleckler said the COVID-19 surge in resort communities is drawn out, so hospitals may have to respond with more permanent increases in capacity.

In Big Sky, Montana, whose part-time residents include Bill Gates and Justin Timberlake, Big Sky Medical Center doubled its capacity to eight beds in anticipation of a surge in patients due to COVID-19. The center's two primary care doctors are completely booked. With so many new people in town, the hospital has accelerated plans to bring in a third full-time doctor.

As COVID-19 works its way into all corners of America, though, patients may find that not all regions have the same capacity to deal with the disease, or even other complex medical problems.

Visitors to the sole clinic in nearby West Yellowstone, a gateway to the namesake national park, expect to be able to get COVID-19 tests even if they have no symptoms or known connection to a case, said Community Health Partners spokesperson Buck Taylor.

"There seems to be a frustration that a rural Montana clinic doesn't have the resources they expect at home," Taylor said. "That's nothing new. People come to Montana all the time a say, 'But where can I get any good Thai food?'"

Planning for What's Next

The year has been such an outlier for hospitals that it's difficult for them to predict and plan for what will happen next. On Long Island, many locals typically leave the Hamptons for Florida during the winter. But it's unclear whether those snowbirds will stay or go this year, given the high levels of COVID-19 in Florida now, said Robert Chaloner, CEO of Stony Brook Southampton Hospital. That could also change the demand for medical care.

One indication that some visitors may be staying put? The jump in new students. The Big Sky school district expects a 20 percent increase in enrollment this fall. Leadville schools have at least 40 new students. Vail Mountain School's waiting list is its longest ever.

Many have speculated that the pandemic lockdown might fundamentally change the way companies operate, allowing more people to work from distant locations for the foreseeable future.

"Every indicator that I see is pointing to the fact that this is a shift," said Romer in Vail. "It has the potential to be permanent."

Taylor Rose, Big Sky Medical Center's director of operations and clinical services, said that if that happens, the hospital will have to rebalance its services.

"I'd probably give it a year or two before I make any major changes," Rose said. "People are going to start deciding: 'This really isn't for me. I'm not going to stay here and deal with 6 feet of snow in the winter.'"

Markian Hawryluk is the Denver based senior Colorado correspondent for Kaiser Health News (KHN). Kathryn Houghton is a Montana correspondent for KHN. Michelle Andrews is a freelance journalist. KHN 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.

MADE TO MOVE

Exercise as Therapy

for People Facing Multiple Chronic Conditions

Exercise shows surprising potential to treat the people with multimorbidity—and without the side effects of drugs

ALESSIO BRICCA AND SOREN T. SKOU

Hundreds of millions of people of all ages worldwide live with two or more chronic conditions—commonly defined as multimorbidity. Those living with it are found to have poorer physical and mental health, higher risk of being admitted to hospital, and a higher risk of dying prematurely compared to people with only one chronic condition.

People with multimorbidity want treatments that will improve their physical, mental, emotional, and social health.

Given that the number of people living with multimorbidity is expected to rise in the future, finding better treatments is considered a major health priority. But despite multimorbidity being a leading cause of disability, research on treatments that target several conditions at once is still in its infancy. Few studies have investigated treatment options—and unfortunately, the results of these studies most often offer negligible improvements.

People with multimorbidity want treatments that will improve their physical, mental, emotional, and social health. Our research found that exercise may be an effective treatment

for those living with multimorbidity, and offer many of the improvements patients want.

Currently, multimorbidity is managed by treating each chronic condition separately using available medicines. However, this might not reduce symptoms sufficiently and can have many adverse health effects. Many people consult several health care providers and end up taking multiple drugs (often at least one for each condition) which carries a risk of adverse events. This approach can be inconvenient and unsatisfactory for patients.

Exercise as Medicine

Research has shown exercise is an effective treatment for 26 chronic conditions, including osteoarthritis, depression, and Type 2 diabetes. Research also shows exercise could potentially prevent 35 chronic conditions from developing.

Thanks to its overall effects on health—such as lowering blood pressure, and improving joint health and cognitive function—exercise therapy can benefit a range of chronic conditions. It also has a lower risk of negative side effects compared to pharmacological treatments. At the same time, exercise requires physical effort, and like pharmacological treatments, the effects will diminish if you stop exercising.

Our recent review aimed to investigate how well exercise therapy could benefit people with multiple chronic conditions.

We assessed the effect of exercise therapy on the physical and mental health of people with at least two of the following chronic conditions: osteoarthritis of the knee or hip, hypertension, Type 2 diabetes, depression, heart failure, ischemic heart disease, and chronic obstructive pulmonary dis-



ROBERT KNESECKE/SHUTTERSTOCK

Research has shown exercise is an effective treatment for 26 chronic conditions, including osteoarthritis, depression, and Type 2 diabetes.

ease. We found 23 studies that looked at adults aged 50 to 80 years old.

The exercise therapy interventions used in the studies were at least partially supervised by a physiotherapist or an exercise physiologist. Most lasted 12 weeks on average and exercise was performed 2 to 3 times a week, starting from low intensity and progressing to moderate to high intensity. The exercise therapies included were aquatic exercise, strength training, aerobic training, and tai chi.

Our review showed exercise therapy improved quality of life and reduced anxiety and depression symptoms. The benefits were higher in younger patients and patients who had higher depression symptoms before starting exercise therapy. This highlights that people with severe depression—often considered ineligible for exercise due to their depression severity—may benefit highly from exercise therapy.

Patients who participated in exercise therapy were also able to walk longer. Those taking part walked on average 43 meters more than those not taking part in the exercise interventions, over six minutes. This improvement appears to be important for the patient and it reduced their disability.

Exercise therapy also didn't increase the risk of non-serious side effects, such as the knee, arm, or back pain, or falls and fatigue. What's more, it reduced the risk of hospitalization, pneumonia, and extreme fatigue.

As such, exercise could be a safe and effective therapy instead of increasing drug prescription in people with multiple chronic conditions. The benefits were similar across all the combinations of chronic conditions included in our study. However, these findings need to be confirmed in future trials to have a more definitive answer.

Together with patients and health care professionals, we are developing and testing an exercise therapy and self-management program in the MOBILIZE project. This trial will help us understand whether personalized exercise therapy and self-management are effective in managing and treating multimorbidity.

In the meantime, people with multimorbidity can improve mental and physical health by exercising 2 to 3 times a week. Aerobic workouts, strength training, or a combination of the two can promote similar health benefits, regardless of the conditions a person lives with. However, it's important that the exercise therapy sessions are supervised and that the intensity of the session progresses based on patient capabilities.

Alessio Bricca is a postdoctoral researcher at the University of Southern Denmark, and Soren T. Skou is a professor at the University of Southern Denmark. This article was first published by The Conversation.

Why You Don't Want 'Normal' Blood Lead Levels

Leaded gasoline inflicted generations with likely cognitive issues that are now being—partially—resolved

MICHAEL GREGER

By the 1950s, lead—a dangerous neurotoxin that was once buried deep in the ground, far away from humans—had polluted the entire planet.

That fact was noted by David Rosner, co-director of the Center for the History and Ethics of Public Health at Columbia University. We have leaded gasoline to thank for this. It's hard to imagine “a better strategy for maximizing population exposure to a poison than to have it emitted by a ubiquitous mobile source and to line the surfaces of dwellings,” wrote David C. Bellinger, a Harvard Medical School neurology professor, for *The New England Journal of Medicine*.

Some 5 million metric tons of lead was put in the environment by cars burning leaded gasoline. A single busy street could receive more than a metric ton a year, and the lead just built up, decade after decade. Finally, thanks to regulations starting in the 1970s, we stopped spewing so much into the air. As lead use dropped, so did the levels of lead in our blood, resulting in a 98 percent reduction in the percentage of young children with elevated blood lead levels.

Of course, the term “elevated” is relative.

The blood lead concentration for defining lead toxicity has continually been reduced. Prior to 1970, lead poisoning was defined by a blood lead concentration of 60 mg/dL or higher. Then it was dropped to 40 mg/dL, 30 mg/dL, 25 mg/dL, and 10 mg/dL.

The change came because we learned that smaller and smaller levels of lead exposure were still shown to carry cognitive and behavioral risks for children.

Currently, an elevated blood lead level is considered to be more than 5 mg/dL. So, under 5 mg/dL, your lead level is considered to be non-elevated or normal. But what does having a “normal” lead level mean?

“Virtually all residents of industrialized countries have bone lead stores that are several orders of magnitude greater than those of our preindustrial ancestors,” notes a 1997 study published in *Environmental Health Perspectives*. If you go to a museum and test the lead levels of ancient skeletons buried a millennium ago, they are 1,000 times lower compared to people

today. This, say the study authors “indicates the probable existence within most Americans of dysfunctions caused by poisoning from chronic, excessive overexposures to industrial Pb lead.”

The bottom line? “No level of lead exposure appears to be ‘safe’ and even the current ‘low’ levels of exposure in children are associated with neurodevelopmental deficits,” including reduced IQ, Bellinger wrote in *Current Opinion in Pediatrics*. It could have been a lot worse if we hadn't started restricting leaded gas. Thanks to falling blood lead levels starting in the 1970s, preschoolers born in the 1990s were 2 to 5 IQ points higher than kids like me born before 1976.

So, when we see our kids and grandkids being such wizzes at technology that it's hard to keep up, a small part of that may be that they aren't suffering as much lead-induced brain damage as we did. And, what that means for the country is potentially hundreds of billions of dollars of improved productivity because our children are less brain-damaged.

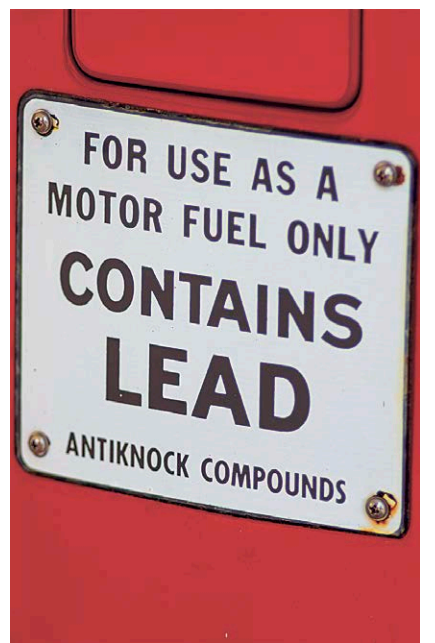
If that seems like a lot for just a few IQ points, what you have to realize is that even a small drop in average IQ could result in a 50 percent increase in the number of the “mentally disabled”—millions more in need of special education and services.

That's why removing lead from gasoline has been described as one of the great public health achievements of the 20th century. But it almost didn't happen. Indeed, “tremendous pressure by the lead industry itself was brought to bear to quiet, even intimidate, researchers and clinicians who reported on or identified lead as a hazard,” Rosner writes.

“Scientists and health officials faced enormous opposition but never lost sight of the mandate to protect public health.”

A 2009 article in *Environmental Health Perspectives* tells of two “young, idealistic employees” at the newly formed Environmental Protection Agency, who played key roles in the fight. They recounted how “naïve [they were] to the ways of Washington”:

“Our youth was also used against us. Our inexperience was cited as a reason for rejecting the lead regulatory proposals. ... Finally, in retrospect, our youth and inexperience also helped us to succeed in



STEVEN HEIM/SHUTTERSTOCK

Temendous pressure by the lead industry itself was brought to bear to quiet, even intimidate, researchers and clinicians who reported on or identified lead as a hazard.

David Rosner, codirector of the Center for the History and Ethics of Public Health at Columbia University

taking on a billion-dollar industry. We were too young to know that regulating lead in gasoline was impossible.”

Michael Greger, M.D. FACLM, is a physician, New York Times best-selling author, and internationally recognized professional speaker on a number of important public health issues. He 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

FOOD MATTERS

The Rise of Ultra-Processed Foods

‘Big Food’ is lobbying policymakers, making political donations, and funding favorable research to sell products that harm us

PHILLIP BAKER, MARK LAWRENCE, & PRISCILA MACHADO

Humans (and our ancestors) have been processing food for at least 1.8 million years. Roasting, drying, grinding, and other techniques made food more nutritious, durable, and tasty. This helped our ancestors to colonize diverse habitats, and develop settlements and civilizations.

Many traditional foods used in cooking today are processed in some way, such as grains, cheeses, dried fish, and fermented vegetables. The processing itself is not the problem.

If you tend to eat more ultra-processed foods, it means you probably eat fewer fresh and less processed foods.

Only much more recently has a different type of food processing emerged: one that is more extensive, and uses new chemical and physical techniques. This is called ultra-processing, and the resulting products ultra-processed foods.

To make these foods, cheap ingredients such as starches, vegetable oils, and sugars are combined with cosmetic additives such as colors, flavors, and emulsifiers. Think sugary drinks, confectionery, mass-produced bread, snack foods, sweetened dairy products, and frozen desserts.

Unfortunately, these foods are terrible for our health. And we're eating more of them than ever before, partially because of aggressive marketing and lobbying by “Big Food.”

Ultra-Processed Foods Are Harming Our Health

So concludes our recent literature review. We found that more ultra-processed foods in the diet associates with higher risks of obesity, heart disease, and stroke, Type 2 diabetes, cancer, frailty, depression, and death.

These harms can be caused by the foods' poor nutritional profile, as many are high in added sugars, salt, and trans-fats. Also, if you tend to eat more ultra-processed foods, it means you probably eat fewer fresh and less-processed foods.

Industrial processing itself can also be harmful. For example, certain food additives can disrupt our gut bacteria and trigger inflammation, while plasticizers in packaging

can interfere with our hormonal system.

Certain features of ultra-processed foods also promote over-consumption. Product flavors, aromas, and mouthfeel are designed to make these foods ultra-tasty, and perhaps even addictive.

Ultra-processed foods also harm the environment. For example, food packaging generates much of the plastic waste that enters marine ecosystems.

And yet, despite all these problems, we're eating more and more of these foods.

In our latest study, published in August, we found ultra-processed food sales are booming nearly everywhere in the world.

Sales are highest in rich countries such as Australia, the United States, and Canada. They are rising rapidly in middle-income countries such as China, South Africa, and Brazil, which are highly populated. The scale of dietary change and harm to health is therefore likely immense.

‘Big Food’ Is Driving Consumption

We also asked: What explains the global rise in ultra-processed food sales? Growing incomes, more people living in cities, and working families seeking convenience are a few factors that contribute.

However, it's also clear “Big Food” corporations are driving ultra-processed food consumption globally—think Coca-Cola, Nestlé, and McDonald's. Sales growth is lower in countries where such corporations have a limited presence.

Globalization has allowed these corpo-

rations to make huge investments in their overseas operations. The Coca-Cola system, for example, now includes 900 bottling plants worldwide, distributing 2 billion servings every day.

As Big Food globalizes, their advertising and promotion become widespread. New digital technologies, such as gaming, are used to target children. By collecting large amounts of personal data online, companies can even target their advertising at us as individuals.

Supermarkets are now spreading throughout the developing world, provisioning ultra-processed foods at scale, and at low prices. Where supermarkets don't exist, other distribution strategies are used. For example, Nestlé uses its “door-to-door” salesforce to reach thousands of poor households in Brazil's urban slums.

Rising consumption also reflects Big Food's political power to undermine public health policies. This includes lobbying policymakers, making political donations, funding favorable research, and partnerships with community organizations.

Here's How Things Can Change

The evidence that ultra-processed foods are harming our health and the planet is clear. We must now consider using a variety of strategies to decrease consumption. This includes adopting new laws and regulations, for example, by using taxation, marketing restrictions, and removing these

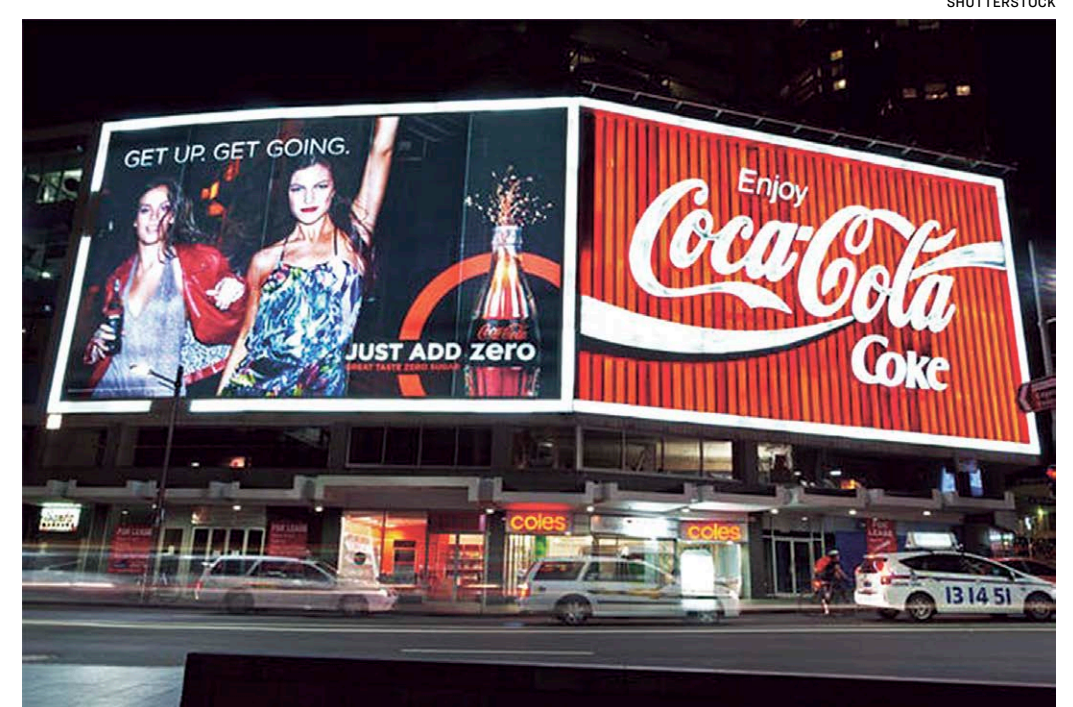
products from schools.

We cannot rely on industry-preferred responses such as product reformulation alone. After all, reformulated ultra-processed foods are usually still ultra-processed.

Further, simply telling individuals to “be more responsible” is unlikely to work when Big Food spends billions every year marketing unhealthy products to undermine that responsibility.

Certain food additives can disrupt our gut bacteria and trigger inflammation, while plasticizers in packaging can interfere with our hormonal system.

Should dietary guidelines now strongly advise people to avoid ultra-processed foods? Brazil and other Latin American countries are already doing this. And for us as individuals the advice is simple—avoid ultra-processed foods altogether.



SHUTTERSTOCK

Phillip Baker is a research fellow at the institute for physical activity and nutrition at Deakin University in Australia, Mark Lawrence is a professor of public health nutrition at the Institute for Physical Activity and Nutrition at Deakin University, and Priscila Machado is a research fellow at the School of Exercise & Nutrition Science in the Faculty of Health at Deakin University. This article was first published by The Conversation.

Aggressive marketing campaigns by big food companies are contributing to the growing consumption of ultra-processed foods.

Willpower Is Not Enough

We need clarity and strong sense of purpose to see us through

CONAN MILNER

Willpower is the ability to tolerate an uncomfortable situation in pursuit of a goal.

Many turn to this ability to crush a bad habit or adopt a better routine. The idea is that if we resist our unseemly urges long enough, our deviance will disappear.

We start the new year with high hopes and resolutions that are usually defeated by February.

It's a popular strategy, but usually not a successful one. Think about all those failed New Year's resolutions. They start with high hopes and good intentions, yet most end in defeat by February.

People often blame their flaws, and their failure to fix them, on a lack of willpower. Research confirms it. The prevailing wisdom is that willpower behaves like a muscle—strong at first, but it wears out with repeated exposure to temptation. This phenomenon is known as ego depletion. It explains why, despite early enthusiasm, we eventually cave to our old ways.

But recent research is challenging the ego depletion idea and suggesting we may actually be weakening our will with it. One study from Stanford University found that people who believed that willpower was a limited resource gave up much easier than those who didn't hold such a belief.

It's clear that we need discipline and commitment to reach our goals. Studies show that children who are better at delaying their gratification become more successful later in life. But is this a skill we can learn? And how long do we have to hold out before we see the change we hope for?

Environmental Impact

According to organizational psychologist Benjamin Hardy, the problem isn't with simply our will, but our environment—all the factors our will is forced to fight against. In his book "Willpower Doesn't Work: Discover the Hidden Keys to Success," Hardy examines how our surroundings shape our habits, and the power we hold to shape our environment.

"If you change your input, you can change your output, so stop putting all the pressure on yourself and start paying attention to everything around you," Hardy said. Of course, it is easy and dangerous to overemphasize this perspective. People aren't simply a product of their environment. People from the same community facing the same hardships can have vastly different life outcomes because of the impact of their beliefs. We will get to that later. But for now, it's critical to understand that we can make changes to our circumstances that will support our choices.

We see ourselves as independent



We see ourselves as independent beings, but our environment can also lift us up or leave us struggling.

Willpower alone cannot eliminate real and sometimes insurmountable challenges.

beings, but our environment also molds us at every moment. The media you consume, the time and place you live in, the education you receive, and everyone you associate with are all constantly influencing your decisions.

Ignore the effect of this context and maintaining willpower becomes a study in futility for many people. Trying to overcome an obstacle in the midst of the same forces that created the obstacle is like trying to roll a boulder uphill: No matter how hard you push, you will inevitably return to the status quo.

However, if we can recognize the factors that hold us back, we may be able to create conditions that push us toward something better.

Addiction therapists understand this concept. While addicts were once told to simply tough it out, experience has shown that recovery is much more likely when they shift their focus to environmental changes: avoiding the people and places that trigger use, seeking a support network that helps to hold them accountable when their will grows weak and admitting to others that they have a problem.

But just as environmental change can help heal an addic-

tion, it can also cause them. Think of all the forces in our world today that chip away at our will. Would we have an obesity epidemic if junk food wasn't so cheap and plentiful? Would we sit so much if we didn't have televisions, computers, and smartphones to keep us occupied? Would we have an opioid epidemic if pharmaceutical companies didn't pump the drugs into communities and encourage doctors to prescribe them?

Altering Our Environment

We must take responsibility for our actions, but just how free is our will? Once you consider the impact of outside influences, it's tempting to cut yourself off from the world entirely.

However, a more practical approach is to be more mindful of your choices.

You can't change everything in your environment, but you have the power to alter more than you might realize. Get rid of things you don't need. Keep your phone out of reach. Turn off the TV. The list is endless, but the concept is simple. "Eliminate distractions," Hardy said. "They are weeds cluttering the garden of your mind."

Getting rid of distractions re-

quires diligence, so why should we waste our precious willpower on such tiny concerns? Because little efforts can pay off big. If we can eliminate all the manageable factors working against us, we have a better chance against the obstacles that may be beyond our control.

People have always struggled with distraction, but the dynamic is more insidious than ever. When life becomes hard, we have an endless variety of distractions at our disposal. These brief sensory pleasures are a major obsession in modern culture, and they demonstrate addictive chemical signatures similar to substance abuse.

People were once conditioned to sacrifice immediate pleasure in exchange for a better future, but we've long since lost our sense of impulse control. According to Karen R. Koenig, an author and psychotherapist specializing in eating disorders, this ability has been deteriorating for generations.

"Many parents don't have the abilities to defer satisfaction, so they can't teach it to their children," she said. Koenig calls for learning other lost life skills that can help boost our motivation and close the void

we now fill with momentary pleasures. Instead of relying on willpower to push away the bad, Koenig says we must actively embrace the good. Learn to manage your emotions, build and maintain relationships, and balance work with play.

"We succeed when we focus on what we've accomplished, not on what we haven't or what we have left to do," she said. "This mindset leads to success, no willpower needed."

Clarity and Purpose

Any culture with a moral code has a concept of self-control. Willpower is similar, but not the same. It's more like a mechanism than a quality of character.

Preeminent willpower researcher and psychologist Roy Baumeister traces the idea of willpower to the Victorian Age—a time when traditional values began to give way to the growing influence of science and industry.

In his book "Willpower: Rediscovering the Greatest Human Strength," Baumeister and co-author John Tierney explain that Victorians worried about the moral decay they witnessed in society, so they sought some



Some people seem to have infinite reserves of willpower. In truth, it is more likely that they have a clear sense of purpose driving their actions.

tangible force that could "protect even an atheist."

"They began using the term 'willpower' because of the folk notion that some kind of force was involved—some inner equivalent to the steam powering the Industrial Revolution," they write.

We all have a sense of willpower, but why do some people seem to have so much more of it than others? The difference may lie not in the amount of force, but in the quality that sustains it: a strong sense of purpose.

It's easy to imagine a goal, but according to consultant and leadership coach Lisa Sansom, we need to consider why we are making the goal if we can ever hope to see it through.



Finding our purpose takes intent and reflection.

"What is important about losing 20 pounds, or about having an organized bedroom, or about following a vegetarian diet, or whatever the goal is?" Sansom asked. "When we know our values and motivation, it can connect us in a deeper way to the goal."

If your will is weak, consider the source of your motivation. If your reason for quitting smoking is simply to get your spouse or doctor to stop nagging you, then it can be harder to muster the willpower necessary to meet the goal.

However, if you're personally motivated by the prospect of better health, Sansom says you are more likely to follow through in a consistent way.

Morning Routine

Hardy's recommendation for refining a sense of purpose is to adopt a morning routine.

For many of us, mornings can

be a miserable time, and forcing ourselves out of bed a half-hour earlier for a better routine takes considerable effort. But Hardy believes mornings are a precious opportunity. They give us some breathing room, before outside influences have a chance to interfere, and allow us to adopt a new mindset.

"Morning routines are important for success because, according to psychology science, how you start something is generally how you finish something," Hardy said. "If you start losing first thing in the morning by not doing what you said you would do, then you won't have confidence throughout the rest of your day."

If you start your day with the news or scrolling through your social media, you're giving this precious moment to an outside agenda. Hardy's morning routine is about tuning in to your inner agenda. It consists of two activities: meditation and journaling. Meditation gives us a clean slate, and journaling allows us to refine our goals and explore the motivation behind them. Together, they provide a sense of purpose that can empower our will for the rest of the day.

People who rely on the mechanism of willpower alone to meet their goals often fall prey to all-or-nothing thinking. If they stumble, they give up. Because their strategy is fragile, only perfection will do.

However, those guided by a clear purpose can see the big picture. For them, failures are just a bump in the road.

"You cope with failures by continually reconnecting with your deepest 'why,'" Hardy said. "You also just keep moving, because with small wins comes confidence."

MINDSET MATTERS

Why the Strongest Women Are the Most Exhausted

NANCY COLIER

Most of the issues I see in my psychotherapy practice are gender-neutral; they affect men and women, for the most part, equally. Lately, however, far more women are coming in with a particular issue, and the difference is noticeable. The problem, in a word, is exhaustion.

More and more women are walking into my office in a state of mental, physical, and emotional depletion. Many of the women I meet these days aren't just running their households, families, and children's lives, but also earning the lion's share of the money, serving as the primary breadwinners in the family. Women are on duty 24/7, never off duty, and overwhelmed with responsibility.

Sally runs her own company, which pays the bills for the family. She's also in charge of her three children's lives, their emotional health, and now their schooling. She also in charge of family vaca-

tions, food shopping, and countless other things.

Linda was over the moon because her husband had planned a weekend holiday. When I asked

People are social beings that prosper in cooperation with other people. We live our best lives interdependently.

where they were headed, she told me that she didn't care if it was to Home Depot or the local laundromat. The fact that he had planned and executed the weekend from start to finish, that she didn't have to suggest, research, and organize all of or at least some part of her "holiday," made it a real vacation regardless of destination. It was the first time in years she felt genuinely taken care of.

As modern women, we're taught to do it all, to be independent and

in charge. We're conditioned to want and achieve these badges of honor. But if the women I'm meeting in my office are representative in any way, it seems that doing it all doesn't come without its own consequences.

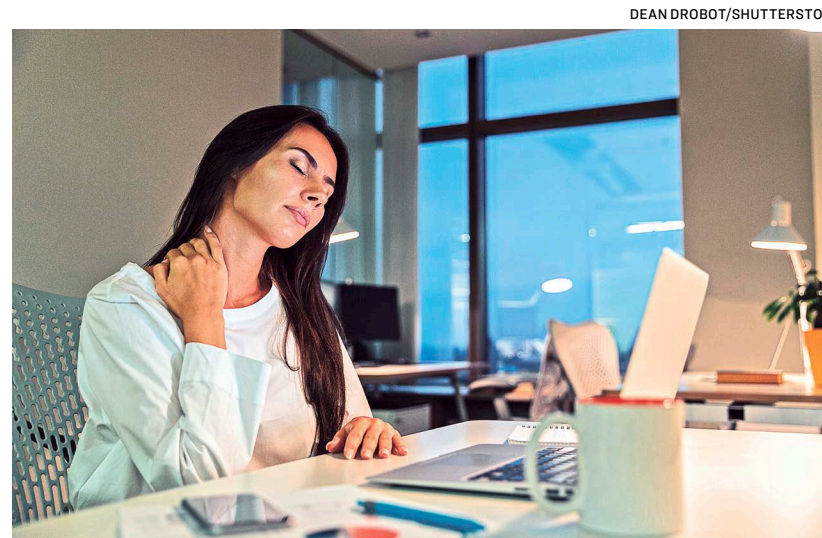
When I asked my friend Jane what she wanted for Christmas, she replied, "For my husband to take care of something from beginning to end, including realizing that whatever it is needs taking care of."

As a society, we not only expect women to be willing, able, and excited to "do it all," but we also show disdain and contempt for those women who have the courage to express their need (or wish) to be taken care of. We're conditioned to judge ourselves as weak and anti-feminist when we want to be driven and not always the driver.

In a recent couples session, Gillian, a consummate caretaker, was able to confess her own wish to be taken care of, "to sometimes just be a passenger." Her husband then contemptuously called her "a

little girl." He told her that while she claimed to want independence, an equal relationship, deep down she just wanted to be "helpless... pampered by a man, like every other woman." It was difficult to watch and hear. But the saddest part was that she didn't feel anger. Instead, she felt ashamed of her own needs. This highly successful, intelligent, and evolved woman questioned her own need (and right) to be taken care of. She wondered if he was right and if underneath it all, she was a fraud and that all she wanted was to be coddled and indulged.

We mistakenly imagine strength and independence to be incompatible with being taken care of, even contradictory. But in fact, the two form a handshake. We want and need to be taken care of and we want and need to be independent and strong. There's no but in this equation. In fact, we need to be taken care of in order to maintain the strength to be powerful and independent. When we're always the driver, of course, we sometimes



long to be a passenger. How could we not?

In some ways, "independence" is a myth. No person can be entirely independent. People are social beings that prosper in cooperation with other people. We live our best lives in functional interdependence.

It's important to recognize, too, that there are different kinds of being taken care of. If your friend gives you a present you don't really want or in the wrong size, you will probably feel cared for, maybe even loved. At the same time, you might also feel responsible for tak-

ing care of your friend, making sure she feels good about her present. So too, you might be thinking about having to return the present and what that will entail. You know that you are cared for, which is fundamentally nourishing and appreciated. At the same time, this experience might not hit the sweet spot where that part of you that longs to be completely off duty can just let go. The kind of caretaking your friend offers, therefore, might not soothe your need to relax at the deepest level. And that's all OK.

On the other hand, in describing the moment when her massage

Doing it all takes a toll. People are interdependent.

What takes care of your mind isn't the same thing as what takes care of your body or spirit.

therapist first places her hands on her shoulders, before the massage begins, one friend said this: "In that moment, something inside me profoundly relaxes. It's not just because my body is being cared for, but because I'm getting what I want. I mean ... what I actually want and don't have to pretend I want. I don't have to filter that moment through any lens or storyline to make it work. I don't have to take care of anyone else in the process. I can just receive. It's a moment where I'm invited into myself, a moment that's just for me."

When it comes to being taken care of, it's not a one-size-fits-all situation. We have different parts within us and they are fed by different experiences. You can know you're cared for and still long to be taken care of. What takes care of your mind isn't the same thing as what takes care of your body or spirit. This truth doesn't make you demanding or spoiled, it just makes you human.

The most important part of taking care of ourselves is acknowledging and honoring our own longing to be taken care of. And simultaneously, refusing to shame and blame ourselves for this primal longing. We must recognize, too, that our

need to be taken care of can coexist peacefully with our desire to be powerful and autonomous.

Ask yourself, "When, if ever, do I feel really taken care of? What allows me to be feel completely off duty? What's something that feels like it's truly for me?" It's important to pay attention, without judgment, to what really takes care of us. And, when we feel taken care of, we need to pause and acknowledge it. We can take a breath and just appreciate the experience, feel the sweet relief.

If there are ways that you can give yourself real caretaking, through your own attention and curiosity, or some other form: services, nature, people, humor, entertainment, chocolate, or whatever else, give it to yourself. The need to be taken care of is real and an inseparable part of being human. Treat this need, and yourself, with the respect you both deserve.

Nancy Colier is a psychotherapist, interfaith minister, public speaker, and author of the upcoming "Can't Stop Thinking" (2021) and "The Power of Off: The Mindful Way to Stay Sane in a Virtual World." For more information, visit NancyColier.com

The Many Wonders of Water

Beyond the physical benefits of staying hydrated, water has psychological impact that's hard to account for

NANCY BERKOFF

Water covers some 70 percent of the globe's surface. Isak Dinesen, the author of "Out of Africa," once said, "the cure for anything is salt water: sweat, tears, the sea."

Water, fresh or salted, can be nurturing for both the mind and body. Beyond the more familiar physical benefits of being well-hydrated—healthy skin, a stronger immune system, improved gut health, regular bowel movements, and increased energy—there are the mental benefits that include being able to think faster, concentrate better, and experience greater clarity and creativity.

The brain is composed 75 percent of water and some research suggests hydration can even improve memory.

An Immersive Treatment

Actually getting into the water or being near bodies of water can also be helpful for our body and our mind. Swimming can help to burn more calories than walking and water exercise has been used as a mental health wellness technique and to treat depression. Research has shown that being near, in, on, or under water may provide benefits such as lower stress and anxiety, increased sense of well-being and happiness, and lower heart and breathing rate. Some people may be able to have longer and more thorough workouts in the water, as the water helps to protect aching joints and provides buoyancy and coolness.

Being near, in, on or under water may provide benefits such as lower stress and anxiety, increased sense of well-being and happiness, and lower heart and breathing rate.

Aquatic therapy is being used as part of the treatment plan for post-traumatic stress disorder, addiction, and anxiety disorders. Some people say that being near water boosts creativity and can enhance the quality of communication. A recent study using census data in the



Aquatic therapy is being used as part of the treatment plan for PTSD, addiction, and anxiety disorders.

United Kingdom showed that people who live near the ocean report feeling less stress and feel they experience better health than those who don't live close to water.

The study accounted for other factors including age, sex, socioeconomic deprivation, and green space.

An Experience of Tranquility

We all know the feeling of being close to water. That's likely why travel brochures almost always feature scenes of beaches, rivers, lakes, or pools. Why being near water makes us feel better is still a mystery, says Mathew White, an environmental psychologist at the University of Exeter. White and fellow researchers have conducted extensive studies on the link between water and our mental state. White and marine biologist Wallace J. Nichols, have a theory about why water possesses calming qualities for humans and some animals.

Writing in his book "Blue Mind," Nichols says that water can bring people to a calmer, more meditative state, taking a break from the technology-filled, hectic rhythm of modern life. Researcher White agrees: People do experience a range of emotions by the ocean, with many citing the way water, weather and sound interact to produce an all-encompassing sense of mental tranquility.

People who take the time to 'float,' relaxing in pools of tranquil water, often register a change from more active brain waves to theta brainwaves.

People who take the time to "float," relaxing in pools of tranquil water, often register a change from more active brain waves to theta brainwaves. Beyond relaxation, these slower waves are credited with unleashing a flow of creative ideas. The meditative state induced by calmness associated with water can also engage the brain's default mode network, essentially causing you to day-dream in a way you wouldn't if you were more focused on a particular task.

Allowing your brain to wander, free of stimulation, is known to produce problem-solving abilities. Solving problems while in a relaxed state can be the gateway to "calm."

Waves of Sound

If we don't have the opportunity to be near bodies of water, research shows that the sounds of water can also have a calming effect. Studies concluded this is due to how our brains interpret noises and how we connect the sounds with images in our brains. Our brains process noises as either threatening or non-threatening. We interpret water as non-threatening, according to this hypothesis. Our brains also connect the sounds of water with calming images stored in our memories, from personal experiences or images we've seen in print or from the media.

The sound of water may help

us to sleep. Non-threatening noises, especially when relatively loud, can drown out those sounds that might otherwise raise red flags in the brain's threat-activated vigilance system.

"Having a masking form of noise can also help block other sounds you don't have control over, such as loud music or traffic. The slow, whooshing of water is the sound of non-threats, which is why it works to calm people," Orfeu Buxton, an associate professor of biobehavioral health at Pennsylvania State University, told Live Science. "It's as if it is saying, 'don't worry, don't worry, don't worry.' I think that water sound apps are wonderful for being able to dial those sounds in and they can help people sleep," Buxton said.

It is important to remember to include water's calming effects on mind and body wellness. If the beach or a body of water is not available, even the shower can be helpful. We may never know why water calms us, but it does.

As the oceanographer Jacques Cousteau once commented, "The water casts its spell, holds one in its net of wonder forever."

Dr. Nancy Berkoff is a registered dietitian, food technologist, and culinary professional. She divides her time between health care and culinary consulting, food writing, and healthy living.

Dying of Thirst

Curing the epidemic of dehydration that is leaving us prone to illness takes more than water



Hydration isn't necessarily about the quantity of liquid you consume, but about how well your tissues absorb it.

CONAN MILNER

It's always been clear that water is essential to life. But science is still discovering new levels to this very deep relationship.

By weight, an average adult human can be up to 60 percent water (children up to 75 percent). But if you consider our composition in terms of molecules, we're practically all water—nearly 99 percent. Water molecules are so tiny compared to the other types of molecules in our body that we can fit many more inside of us. And we need them all.

Every aspect of our physiology relies on water to function. It gives fluidity to blood, lubricates joints, and carries waste and nutrients in and out of each cell. Our lives are so water-dependent that we would perish in just a few days without it.

We understand our need for water more than ever, yet we still struggle to get enough. One estimate by researchers at New York

Hospital found as many as 75 percent of Americans may suffer from chronic, low-level dehydration.

We have indoor plumbing, a staggering variety of beverage options, and constant reminders to drink more. So what's the problem? According to integrative physician Dr. Dana Cohen and cultural anthropologist Gina Bria, one major reason is that modern life dries us out.

Dehydrated

In their book, "Quench: Beat Fatigue, Drop Weight, and Heal Your Body Through the New Science of Optimum Hydration," Cohen and Bria highlight multiple factors that contribute to our chronic water loss in the 21st century. We may have easy access to water, but moisture is being sucked from our bodies in ways our ancestors never experienced.

"Take a fresh look and see the environment that surrounds us," Bria said. "Our lack of sunlight and fresh air, the diminished capac-

ity of our foods, the level of social isolation, coupled with the anxiety and pressures we have in our culture. All of that requires more buoyancy to cope with. We need more efficient hydration than we used to."

One factor drying us out is all the time we spend inside. Some of our hydration comes from the moisture in the air we breathe or absorb through our skin, and indoor air is significantly drier and less oxygenated than outdoor air. Our moisture-hungry bodies were not designed to spend so much time in tightly sealed, climate-controlled capsules. Airplanes are the worst offenders, but riding for hours in a car with the windows rolled up can take a toll, too.

Cellphones are another dehydrating factor. There's heated debate about how much of an impact all the microwave radiation emanating from these devices has on our cells, but it is clear that our habits leave a mark on our biology.

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A Recipe for Healthy Feet

Your feet carry you through life and need a little love and attention

LYNN JAFFEE

I don't know about you, but during this COVID-19 pandemic, one of the few things that has kept me sane is walking. We live near a hike and walking path that follows a small creek, crosses over a number of marshes, and circles a small open park. I manage to get out and walk a couple of times a day. Full disclosure: I'm not that motivated; we have a dog who needs some serious walking.

So, while I'm hunkered down at home, I only need a couple of things to stay in shape—a good pair of walking shoes and healthy feet. I say healthy feet, because foot pain is no joke. It can change your life, and not for the better. A bunion, sprained ankle, or neuroma can affect your ability to walk, exercise, travel, and even work. Over the years, some of the most common foot issues I have treated include:

- Bunions, which are a painful and unattractive misalignment of the first joint of your big toe, or in rare instances, your smallest toe. A bunion makes your toe point inward toward the other toes instead of pointing straight forward.
- Plantar fasciitis, which is an inflammation on the tendon and fascia on the bottom of your foot. Plantar fasciitis is often associated with poor arch support, fallen arches, and stress on your feet due to overuse or weight gain.
- Neuroma, which occurs when the nerve between your metatarsal bones (the ones in the front of your foot, behind your toes) trap and compress the nerve, causing pain and frequently the sensation that you have a large pebble in your shoe.
- Achilles tendonitis, which is inflammation of the thick tendon that runs between the back of your heel and your calf. It can occur from overuse, injury, or shortening of the tendon from wearing high heels or developing poor flexibility.
- Sprained ankle, which can be one of the most painful injuries to your foot. When your ankle is rolled or twisted beyond its capacity, the ligaments that connect bone to bone become injured, causing swelling, pain, and future instability.

With any of these injuries, acupuncture can help relieve pain and decrease inflammation in the area. While it can't change a structural issue, as in the case of bunions, acupuncture can help speed up the healing process after an ankle sprain, foot surgery, or a sports injury. Besides acupuncture, your practitioner may also employ other healing methods, such as electroacupuncture, massage therapy, heat therapy, or microcurrent—a mild electrical current that stimulates healing in the area.

In addition to acupuncture, there are things that you can do for yourself to help prevent pain and keep your feet as healthy as possible, especially if you're prone to foot pain.

Ditch your high heels. If I had to limit my recommendations to only one, it would be this. Feet that have been crammed into narrow-toed high heels

are far more likely to develop bunions than those that have been wearing flats or sneakers. Furthermore, once your feet have been stuffed into high heels, your weight is pushed forward onto your toes, making you more prone to neuromas, shortening your Achilles tendon, and making you more unstable in general.

Get rid of flip flops. If I were asked about my second-most important recommendation, it would be this. While they're easy and comfortable in the warm weather, flip flops don't support the arches in your feet, and can be the cause of knee pain, plantar fasciitis, and straight up achy feet. If you can't part with wearing flip flops, it's good to know that some companies make healthier flip flops with good arch support.

Choose the right shoes for the job. If your exercise regimen includes running or walking, make sure you have the right shoes. The best way to do this is to buy them at a reputable athletic shoe store. There, someone can help you find shoes to accommodate whether your foot rolls inward or outward when you walk or run, and whether you need a straight or curved-last shoe, depending on the shape of your arch.

If you have a neuroma, buy shoes with a very wide toe box. You may have to buy a size larger or wider, but it will be worth it. Narrow shoes can cause or aggravate a neuroma.

Update your shoes regularly. As your shoes wear out, they offer less support and can increase your risk for developing pain or injury. In addition, when you get new shoes, go easy at first. Whether you're wearing new flats or running shoes, break them in over short periods of time before you put them on for the whole day or take that really long run.

Massage your feet. Use a little moisturizing lotion and go to work on those aches and pains. Massage to help stretch your feet and work out the tight, achy spots. You could also find a partner who's willing to massage your feet for you (or trade foot massages) or a compression massager (highly recommended, I have a Theragun mini and it has saved my life).

Stretch your Achilles tendon to loosen up your calf muscles. Doing so will not only make you less prone to Achilles tendonitis, but in many cases it can help you avoid shortened Achilles tendons, which are the culprit in plantar fasciitis.

After a long day on your feet, give them a soak. Alternate between five minutes of cold water and five minutes of hot water, then repeat. By doing so, you are expanding and constricting the blood vessels in your feet, increasing the circulation and reducing swelling.

The bottom line is that you may not think about keeping your feet healthy until they start to bother you. And it's a lot harder to recover from a foot problem than it is to prevent it in the first place. So give your feet a little love. They'll reward you over many miles.

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



Acupuncture can help relieve pain and decrease inflammation in the area.

Dying of Thirst

Curing the epidemic of dehydration that is leaving us prone to illness takes more than water

Continued from Page 9

Because we have to manufacture a new round of neurochemicals every time we refocus our attention, all of that scrolling and multitasking adds a small but steady drain on our body's water.

Ignored Thirst

On top of this, we're often out of touch with our thirst. Cohen says many of us have conditioned ourselves to ignore it.

"Thirst is not a great guide, because by the time you're thirsty, I think you're already a little too dehydrated," she said. "An earlier sign is fatigue and brain fog."

Some people intentionally don't drink as much as they know they should because urination is an inconvenience. If we're busy, or just lazy, going to the bathroom can seem like a chore.

But our bodies are designed to get up and pee every two to three hours. We make a hormone that stops this cycle so we can sleep through the night. But it works much better for those who drink enough during the day.

"The irony is that this hormone is made when we have a high-functioning system," Bria said. "The more dehydrated you are, the more likely it is you won't have that hormone and you're going to be getting up during the night."

Modern medicine excels at diagnosing and treating severe dehydration (a loss of more than 10 percent of total body water). Doctors rarely consider mild dehydration as a cause for disease, however, despite evidence for numerous health consequences linked to it: headaches, poor concentration, fatigue, and anxiety, as well as constipation, muscle cramps, and more.

And it doesn't take much water loss to make an impact. One study found that women performed worse on cognitive tests when they were just 1 percent dehydrated. Another study found that just 2 percent dehydration impacted blood vessels as much as smoking a cigarette. Preliminary research suggests that chronic, low-grade dehydration could even be a major cause behind obesity, diabetes, hypertension, and Alzheimer's.

Since water is vital in so many ways, Cohen always urges her patients to consider if poor hydration may be at the heart of their health problems.

"I see patients every day who have seen many doctors, and nobody can tell them what's wrong with them," she said. "Dehydration is the mother of all epidemics, and it's the first step we need to take in addressing chronic disease."

Nutritious Water

In addition to the contemporary drains on our hydration, we lose between two and three liters of water each day the old-fashioned way—through breath, sweat, urine, and bowel movements. We need a regular strategy to replace it all.

We're often told that nothing hydrates us as well as plain water, but there are far superior sources.

One example is found in Chris McDougall's bestselling book "Born to Run: A Hidden Tribe, Superathletes, and the Greatest Race the World Has Ever Seen." It showcases the Tarahumara people of northwestern Mexico. Young men from this tribe run 50-

mile marathons for fun. They keep themselves hydrated not with plain water, but a mixture of fermented corn beer and chia—a seed that turns gelatinous when soaked in liquid.

Compare this to the eight-glasses-a-day advice we commonly hear today. We think it replenishes, but it may actually be setting us back by flushing out electrolytes and nutrients that facilitate hydration.

"When we go to rehydrate, we're doing it with compromised water. It's either full of other chemicals, or, if it's filtered, it has a loss of minerals which drives the energy inside the water," Bria said. "The body has to work harder with this water in an already dehydrating environment."

Hydration isn't necessarily about the quantity of liquid you consume, but about how well your tissues absorb it. That's why Cohen and Bria recommend that we increase our consumption of juicy plants.

There are special qualities to the water found in plants that make them so hydrating. First, the fiber in fresh fruits and vegetables helps us retain moisture so our cells have more time to integrate it. Plus, it comes already purified, alkaline, nutrient- and mineral-rich, and easier for our cells to absorb.

Water that comes from our tap has been chlorinated to remove any potentially dangerous microbes and is often fluoridated for supposed protection from cavities. It usually lacks the mineral content of water found in nature, and has none of the added nutritional benefits of water found in plants.

Some people intentionally don't drink as much as they know they should because urination is an inconvenience.

Cucumber, watermelon, and iceberg lettuce are rich sources of natural water, as is aloe vera, but all fruits and vegetables, unless dehydrated, are sources of water.

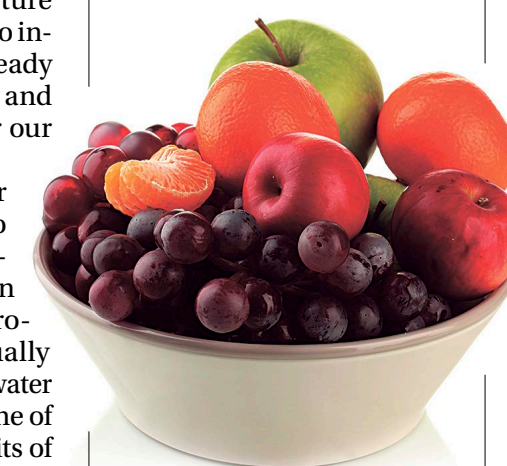
Bria and Cohen support fresh juices, but they prefer smoothies for the added fiber. Their book contains several smoothie recipes using various combinations of water-rich plants, a pinch of sea salt to boost mineral content, and ground chia seed. They also recommend strengthening the hydration potential of plain water by adding some plant power—such as freshly squeezed lemon, a sprig of mint, or a chamomile tea bag.

Moving Our Body of Water
Another unexpected strategy for improving our hydration is movement. Once we drink our smooth-

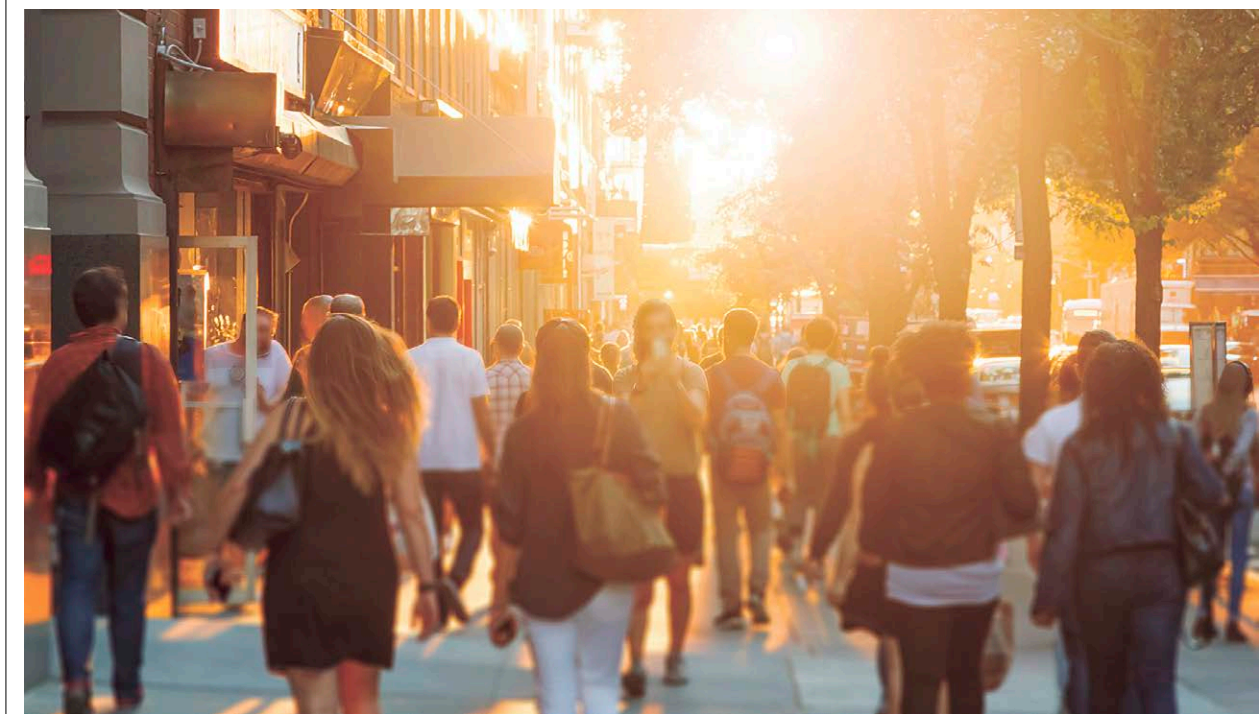
Every aspect of our physiology relies on water to function.



The fiber in fresh fruits and vegetables helps us retain moisture so our cells have more time to integrate it.



As many as 75 percent of Americans may suffer from chronic, low-level dehydration.



ie or lemon water, the moisture still needs to be delivered to each cell, and if we don't move enough, many cells may not get their fill.

Scientists previously believed that blood and lymph nodes were the only ways liquid was transported through our bodies. But celebrated French hand surgeon Dr. Jean Claude Guimberteau discovered another system. Pushing an endoscope through connective tissue called fascia, Guimberteau revealed a web-like network delivering drops of water.

His work is revolutionary because fascia was previously considered an inconsequential bit of tissue, sort of like biological packing material stuffed around the more important structures like muscles and organs.

Guimberteau demonstrated that fascia moves water and conducts electricity. This means that if the fascia is hard and stagnant, hydration has a hard time reaching neighboring cells, eventually leading to pain or other problems. But just a little movement can get things flowing.

"It's very instinctual because we know we have to move our joints to lubricate them. Now we really understand why," Cohen said.

To hydrate down to the cellular level, Bria and Cohen recommend what they call micro-movements—small gestures to stimulate fascia. Micro-movements require much less commitment and exertion than a full exercise routine, but over time they may inspire one.

"Micro-movements are ways to keep this swish of fluid going through our system," Bria said. "Just jiggle. Get up. Just with that, I have more mobility and

flexibility than when I am just sitting there."

Bria's comments are confirmed to some extent by a study published in 2016 that looked at nearly 13,000 British women who sat for seven hours a day.

For those who didn't fidget, sitting for more than seven hours a day was associated with 30 percent increased all-cause mortality risk. But women in the medium or high category for fidgeting saw no increase in risk due to sitting time.

Dehydration is the mother of all epidemics, and it's the first step we need to take in addressing chronic disease.

Dr. Dana Cohen, integrative physician and author

In the modern environment, our movement is often constrained. Micro-movements are a way to adapt. Plus, they feel great.

"When you understand how much movement shifts water through us, you want to start your own experience of fluidity," Bria said.

While micro-movements can be helpful, there is no replacement for high-quality exercise or getting out and using your body more extensively. Walking and gardening offer gentle forms of exercise with well-documented health benefits.

New Dental Treatment Helps Fill Cavities, Insurance Gaps for Seniors

Silver diamine fluoride can be painted on teeth to stop decay—even if it is occurring under existing dental work

MICHELLE CROUCH

Dental hygienist Jennifer Geiselhofer often cleans the teeth of senior patients who can't easily get to a dentist's office. But until recently, if she found a cavity, there was little she could do.

"I can't drill. I can't pull teeth," said Geiselhofer, whose mobile clinic is called Dental at Your Door. "I'd recommend they see a dentist, but that was often out of the question because of mobility challenges. "So, visit after visit, I would come back and there would be more decay."

But now, Geiselhofer has a weapon to obliterate a cavity with a few brushstrokes. Silver diamine fluoride is a liquid that can be painted on teeth to stop decay. Fast, low-cost, and pain-free, the treatment is rapidly gaining momentum nationwide as the cavity treatment of choice for patients who can't easily get a filling, such as the very young or the very old.

"It has been life-changing for my patients," said Geiselhofer, who has been using the treatment for about 18 months.

Geiselhofer hasn't been able to go into nursing homes during the COVID-19 pandemic, but she uses the liquid on the older adults she visits in private homes. She also uses it to treat the cavities of patients in homeless shelters, jails, and Head Start programs now wearing greater protective gear, including gloves, a surgical mask, an N95 mask, and a face shield.

The topical medication is an especially good option for seniors, dental industry experts say, because dental care has remained a major gap in health insurance coverage despite poor dental hygiene being linked to heart disease and other health problems such as diabetes and pneumonia. Medicare doesn't cover most dental care, and patients on a fixed income often can't afford treatment. But because of the effectiveness and low cost of silver diamine fluoride, more state Medicaid programs now cover it—and older adults who pay out-of-pocket can afford it outright.

Silver diamine fluoride has been used in other countries for decades, and studies have proved it safe. Its biggest downside is that it permanently turns the decayed area black—a turnoff, in particular, for people with decay on a front tooth.

Dental providers say the black spots can be covered by tooth-colored material for an extra cost. For older adults, Geiselhofer said, a dark spot is a small price to pay for a treatment that stops cavities quickly, with no drilling, needle prick, or trip to the dentist required.

Oral Care a Problem for Older Adults

Silver diamine fluoride was approved by the Food and Drug Administration in 2014 for reducing tooth sensitivity. But its off-label use to treat cavities was quickly adopted. It made headlines as a trauma-free treatment for tooth decay in children under age 5.

Pediatric dentists have embraced it as a solution for kids who can't sit still for treatment and whose parents want to avoid general anesthesia.

But today, with more older Americans keeping their natural teeth than in decades past, the treatment is also serving as a boon for a different generation. Because of insurance gaps and the prohibitive cost of most dental treatments, many seniors miss out on preventive care to stave off dental decay, putting them at risk for dental disease that can trigger serious health problems. About 27 percent of Americans age 65 and older have untreated cavities, according to the Centers for Disease Control and Prevention.

Residents in long-term care facilities are at especially high risk, studies show. Medications cause their mouths to dry, promoting decay. They also may have cognitive issues that make it difficult to practice good oral care. And many are either too frail for traditional dental treatment or too weak to be transported.

Dental Hygienists Lead the Way

Take 87-year-old Ron Hanscom, for exam-



ple. A patient of Geiselhofer's, he's been in a Denver nursing home since having a stroke six years ago, and needs a mechanical lift to get into and out of his wheelchair.

On a visit to Hanscom's nursing home earlier this year, before the pandemic, Geiselhofer spotted a cavity under one of his crowns. After checking in with his dentist, she used a small brush to paint on the silver treatment.

"It's a good thing she had the silver, because I couldn't get to a dentist's office—no way," Hanscom said. "She did it right in my room."

Across the country, dental hygienists provide much of the care to patients like Hanscom who otherwise might never see a dentist. They also see patients in homeless shelters, schools, jails, and low-cost medical clinics. Since the pandemic hit, Geiselhofer said she has received a flood of requests for in-home care from seniors who are too nervous to go into a dentist's office, but she has turned them down because she is too busy caring for underserved populations.

Many states allow hygienists to work directly with patients in public health settings without a dentist's supervision, and Colorado is one of a few that allows them to set up a completely independent practice. Because the silver treatment is relatively new in this country and can leave a stain, the Colorado state legislature passed a law in 2018 that says hygienists must have an agreement with a supervising dentist to apply it. The law also requires them to get special training on how to use the liquid, which at least 700 hygienists from across the state have completed.

Other states, including Maryland and Virginia, have no special requirements for applying the cavity treatment but require some supervision by a dentist, said Matt Crespin, president of the American Dental Hygienists' Association. In those places, hygienists apply it under the same rules that govern the application of other fluoride products.

Preventing New Cavities, Too Studies show silver diamine fluoride stops decay in 60 percent to 70 percent of cases with one application. A second application six months later boosts the treatment's long-term effectiveness to more than 90 percent.

In addition to killing cavity-causing bacteria, the treatment hardens tooth structure, desensitizes the tooth, and even stops new cavities from forming. Applying the liquid on the exposed root surfaces of older adults once a year is "a simple, inexpensive, and effective way" to prevent cavities, a

Fast, low-cost, and pain-free, silver diamine fluoride treatment is rapidly gaining popularity as the cavity treatment of choice for patients who can't easily get a filling.

Studies show silver diamine fluoride stops decay in 60 percent to 70 percent of cases with one application.

Michelle Crouch is an award-winning journalist with more than 20 years of experience, she writes about health, personal finance, parenting, and more for magazines, websites, and corporate clients. This article was originally published on Kaiser Health News. KHN 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 Permanent.

2018 study concluded.

One of the most important benefits of the application on older patients is that the liquid can reach decay that forms under existing dental work such as crowns and bridges, said dental hygienist Michelle Vacha, founder of Community Dental Health, which runs clinics in Colorado Springs and Pueblo, Colorado.

Previously, a dentist would have had to remove the crown, drill out the cavity and make a new crown—a traumatic, time-consuming procedure with a typical cost of \$1,000 or more, Vacha said. Unable to afford the cost, many patients would instead have the tooth pulled.

The paint-on liquid is significantly cheaper than traditional treatment. Estimates vary, but a private dentist may charge \$10 to \$75 for one application, compared with \$150 to \$200 for a filling. Hygienists often have lower fees. At Vacha's community clinics, the cost is \$10 a tooth.

About half of state Medicaid programs now reimburse for the treatment, said Steve Pardue, scientific officer of Elevate Oral Care that distributes Advantage Arrest, the main brand of the topical medication used nationally. Reimbursement rates range from \$5 to \$75 per application.

More private insurers—about 20 percent to 30 percent of them—have also started covering it, Pardue said.

Coming Soon to a Dentist Near You?

A small but growing number of mainstream dentists have begun to offer the treatment to all patients, not just the youngest and oldest.

It's a good option for those who have anxiety about dental work or concerns about cost, said Dr. Janet Yellowitz, director of geriatric and special care dentistry at the University of Maryland School of Dentistry.

A 2017 survey by the American Dental Association found that almost 8 in 10 dentists had never used the treatment. The ADA doesn't have more recent statistics, but ADA spokesperson Matthew Messina said anecdotal reports indicate usage is increasing dramatically.

Yellowitz noted that dentists still have a financial incentive to drill and fill. She has made presentations highlighting the benefits of the silver solution at national conferences.

"We're trying to get everyone to use it," she said. "It's a slow process because we're asking dentists who have been trained for their whole careers to do things one way to completely change their mentality. It's like asking them to go to another country and drive on the other side of the road."

Study Links Tylenol Consumption With Risk Taking

New study adds to mounting evidence that ubiquitous pain killer has unexpected side-effects

Acetaminophen, commonly known by its brand name Tylenol, is one of the most commonly used medications worldwide but a small study suggests it could be causing users to engage in more risky behaviors. Previous research has linked it to other psychological changes, including a reduction in empathy.

In the United State alone, acetaminophen can be found in more than 600 prescription and over-the-counter drugs. The Consumer Healthcare Products Association says the drug is taken by 23 percent of—or 52 million—Americans each week.

Many don't think twice about popping a Tylenol or two to relieve a headache, reduce fever, or ease minor aches and pains or cold and allergy symptoms, but research continues to reveal that this pain reliever has unexpected risks. Among them are surprising effects on psychological processes such as behavior and perception.

Considering that so many people take acetaminophen on a daily basis, even slight changes in risk-taking behaviors "could have important effects on society," study co-author Baldwin Way, an associate professor of psychology at The Ohio State University, noted in a press release.

Acetaminophen and Risk Taking

The study involved 189 college students, who took a standard recommended adult dosage of 1,000 milligrams (mg) of acetaminophen or a placebo. They were then asked to rate the riskiness of activities such as bungee jumping, taking a skydiving class, walking home alone at night in an unsafe area, and starting a new career in your mid-30s.

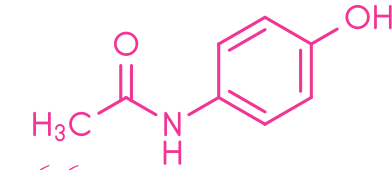
Those under the influence of acetaminophen rated these activities as less risky than those who took a placebo. "Acetaminophen seems to make people feel less negative emotion when they consider risky activities—they just don't feel as scared," Way said.

In the second part of the study, 545 college students took part in a computer task intended to measure risk-taking behavior. The students had to click a button to inflate a balloon in order to earn money. The bigger the balloon, the more money they would receive, but if the balloon got too big and burst, they would lose their money.

As in the first study, those who took acetaminophen took more risk, pumping the balloons more times and earning more burst balloons, than those who took a placebo. "If you're risk-averse, you may pump a few times and then decide to cash out because you don't want the balloon to burst and lose your money," Way said. "But for those who are on acetaminophen, as the balloon gets bigger, we believe they have less anxiety and less negative emotion about how big the balloon is getting and the possibility of it bursting."

It's possible those with increased

risk-taking on these types of computer-simulated tasks may be more likely to engage in risky behaviors in real life as well.



Acetaminophen seems to make people feel less negative emotion when they consider risky activities—they just don't feel as scared.

Baldwin Way, co-author, associate professor of psychology at The Ohio State University

Acetaminophen Blunts Empathy, Emotions

While potentially increasing risky behaviors, acetaminophen has also been found to blunt both positive and negative emotions. Way and colleagues revealed in a 2015 study that over-the-counter acetaminophen provides relief from "pain and pleasures alike," essentially dampening users' ability to experience emotionally pleasurable sensations.

The next year, in 2016, Way and colleagues found acetaminophen to be an "empathy killer," as it reduced users' empathy in response to others' pain. Because empathy plays an important role in prosocial and antisocial behaviors, acetaminophen-induced alterations in empathy could be having broad social side effects.

In a 2019 study, Way and colleagues again compared acetaminophen to a "social analgesic," stating that it blunts "social pain" by reducing the activity of the anterior insula and anterior cingulate brain regions, which are associated with emotional awareness and motivation. Even positive empathy was blunted by the drug.

The study found acetaminophen reduced personal pleasure and empathic feelings directed toward others.

When people were given 1,000 mg of acetaminophen, then read scenarios about uplifting experiences of other people, the acetaminophen reduced personal pleasure and empathic feelings directed toward others, once again suggesting that the widespread use of acetaminophen could be having a negative effect on prosocial behavior on a societal level.

Acetaminophen has also been found to cause an "inhibition of evaluative processing," in a small study double-blind placebo-controlled study. It revealed that "acetaminophen reduces the magnitude of reactivity to social rejection, frustration, dissonance and to both negatively and positively valenced attitude object."

Among other consequences, this means it could alter your ability to make decisions and cause you to react slower or miss errors that you would spot otherwise.

Acetaminophen Risks

In addition to psychological effects, acetaminophen is has been linked to serious physical adverse effects. While the drug's psychological effects are relatively less studied, its physiological risks have been identified with substantial research.

GreenMedInfo.com has compiled 236 studies related to acetaminophen's toxicity, and a European Journal of Hospital Pharmacy editorial concluded, "We have considerable evidence that as well as not being particularly effective, neither is it particularly safe." Some of the health risks linked to acetaminophen use include:

- Increased mortality
- Cardiovascular adverse events, including heart attack, stroke, and fatal coronary artery disease
- Gastrointestinal adverse events, including gastroduodenal ulcers and upper gastrointestinal hemorrhage
- Acute liver failure necessitating transplantation
- Abnormal liver function

What's more, acetaminophen has been shown to be ineffective for treating back pain, "practically ineffective" for arthritis, and "in the least effective quartile of drugs" for treating postoperative pain, the European Journal authors noted. They also warned it is only modestly effective for migraines and tension-type headaches, while no evidence shows that it works to relieve pain related to cancer, menstrual cramps, rheumatoid arthritis, or the neck.

Considering its significant risks—including psychological risks that are only beginning to be understood and explored—and questionable effectiveness, it makes sense to try nontoxic, natural pain relief options first. There are hundreds of research-backed options to choose from, ranging from acupuncture, massage, and exercise to nutrition, therapy, and herbal remedies.

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Acetaminophen can be found in more than 600 prescription and over-the-counter drugs.

STUDY FINDS Turmeric OFFERS PAIN RELIEF

Tasty spice offers an alternative way to alleviate knee pain with additional benefits



It's got a mildly earthy and bitter flavor with notes of orange or ginger.

MOHAN GARIKIPARITHI

Over-the-counter medications don't always offer the pain relief they promise. But there are some near-guarantees: If you take them too often to help cope with pain, you're likely to experience stomach aches and have a higher risk for heart disease and kidney damage.

They also don't taste good. Turmeric, on the other hand, tastes excellent and has the potential to be a big-time pain reliever. If you've never eaten turmeric before, it's an essential ingredient in curries. It's got a mildly earthy and bitter flavor with notes of orange or ginger.

For those of you worried about hot spice, don't worry about turmeric.

A recent randomized, double-blind, placebo-controlled trial found that it worked better than a placebo at relieving knee discomfort, building on older research that found it can outperform traditional remedies. It's also much better for you.

Participants in the small Australian study reported modest relief when using turmeric to reduce discomfort for 12 weeks. The work was conducted by researchers from the Menzies Institute for Medical Research at the University of Tasmania.

Tumeric worked better than a placebo at relieving knee discomfort, building on older research that found it can outperform traditional remedies.

The research, published in the Annals of Internal Medicine, used turmeric extract but you may get similar benefits from including the spice in your diet. Although safe in moderate doses, very high doses of turmeric could lead to digestive issues. As mentioned, turmeric is essential in curries, but it can also be added to rice, chicken, beef, or several other dishes for color and flavor.

It's also a popular ingredient in smoothies and a key ingredient in golden milk, a turmeric-based drink named for the color of the spice.

Aside from its potential pain-relieving qualities, turmeric is also noted for its anti-inflammatory and antioxidant properties.

If you struggle with pain relief and are looking for an alternative, adding some turmeric to your day may help lessen your struggle. It's cheap, safe, and may have multiple health benefits.

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.

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Burnout happens for a range of reasons, including high-pressure workplaces, lack of support, and poor work-life balance.

Burnout Is Reducing the Empathy of Health Care Workers

A loss of empathy and burnout often go hand in hand—to the detriment of doctors and patients

DAMIEN RIDGE

Empathy is being able to put yourself in someone else's shoes or experience the emotions of the other person. It allows you to convey that understanding to them so they know they are understood in a visceral way. While undoubtedly important for many aspects of life, being empathetic is especially useful for those working in health care.

Empathy helps ensure people receive the best quality health care, helps patients from all backgrounds and cultures receive care that works best for them, and helps patients feel safe about their health care procedures. But all too often, those working in health care can become burnt out—which may have a serious impact on their ability to relate to and be empathetic with patients.

Empathy can be overlooked for its importance in patient care. Being able to be empathetic can also be difficult to achieve, especially since it may require staff to open themselves up to trauma and pain. Staff may not have time to nurture relationships with patients, and empathy also requires health care workers to be flexible in order to adapt to each patient and their unique needs, especially if a patient's beliefs conflict with their own.

Research shows that empathy and burnout are negatively associated. More burnout means less empathy. More empathy means less burnout.

Burnout and Empathy

These sorts of problems in care can also contribute to burnout, which is common in health care workers. Symptoms of burnout can include exhaustion, detachment, cynicism, and a reduced sense of achievement, all of which make quality patient care more difficult.

Burnout happens for a range of reasons, including high-pressure workplaces, lack of support, and poor work-life balance. It can also be caused by feeling a lack of control over, overwhelmed by, or in conflict with the work itself. Not surprisingly, research shows that as either empathy or burnout increases, the other one decreases—that is, they are negatively associated to each other. More burnout means less empathy. More empathy means less burnout.

But there's a culture in the medical field that stigmatizes mental health problems such as burnout in doctors. And many general practitioners (GPs), for example, report not having the time to meaningfully relate to patients and colleagues.

Unlike some other professions, medicine also traditionally encourages practitioners to manage alone. In the United Kingdom's National Health Service (NHS), where 1 in 12 posts remain vacant, and administration and patient loads can be "relentless," this can be a recipe for disaster.

In a study my colleagues and I conducted exploring GPs' experiences of workplace stress and their coping strategies, one GP told us that they went into a stupor after coming home from work. This due to the large number of people they saw and the emotions they experienced without having time to process them. Another highlighted the constant fear GPs have of making mistakes.

Our research also shows how burnout creeps up on doctors, leaving them feeling broken and trapped. Not surprisingly, alcohol and drug dependencies are the most common medical problems for doctors after depression. Interestingly, however, we found that recovery from burnout could mean greater empathy for patients with mental health problems, as GPs might better understand the patient's experiences.

Manageable caseloads, debriefing, peer, and organizational support may all help people avoid (or recover from) burnout and low empathy. Some advice for those working in health care might be to set boundaries in your relationships with patients. For example, counselors of abused children might have to remind themselves they are not the child's par-

ent. Health care professionals might also engage in self-care (such as taking time off, exercising, or meditating), and make time to regularly debrief with a colleague about difficult experiences.

But self-care can only go so far. Interestingly, the concept of "moral injury" is beginning to compete with "burnout" as a way of understanding the plight of health care workers. This is the idea that people can be exposed to trauma at work that violates their moral sense of right and wrong, resulting in a conflict with deeply held values and feelings like shame and betrayal.

Empathy helps ensure people receive the best quality health care, helps patients from all backgrounds and cultures receive care that works best for them, and helps patients feel safe about their health care procedures.

Originally used to understand the experiences of war veterans, the term "moral injury" highlights the role of authorities in the way workers may violate their own morals, resulting in work dysfunction. An example of moral injury might be when doctors are so overworked their heads are "too full" to think straight, or when forced to choose which patient to admit into the hospital first for treatment.

Cultivating empathy can be difficult for those working in the health care sector, especially when the stressful environment can make burnout common. But there is some research that higher empathy levels might protect against burnout. While this link needs to be studied more, the researchers involved speculate that doctors able to better understand the perspective of their patients might feel more connected—and useful—to their patients. This could alleviate some of the stresses of the work.

Damien Ridge is a professor of health studies at the University of Westminster in the UK. This article was first published by *The Conversation*.



BECOMING MINIMALIST

Feel Guilty Getting Rid of Stuff? Don't.

Understanding 'sunk costs' and eternal truths about life can free us to let go

JOSHUA BECKER

As we minimize possessions, how do we overcome guilt relating to money spent on things in the past? As part of Uncluttered, a twelve-week online course, I answer lots of questions from participants as they seek to own less. I've answered thousands over the years. And by far, one of the most common questions I hear is: "What do I do about all the money that I wasted on things? How do I get rid of the things that I spent so much money on?"

It is a significant roadblock for many people, and I want to try to answer that question for you today.

I'd like to accomplish this by introducing an accounting principle, and then by reminding each of us about two truths about life that are incredibly important.

The Principle of Sunk Cost

In college, at the University of Nebraska, I learned about the sunk cost trap (my major was finance).

Sunk cost is an accounting term that has countless applications to the way we live. The principle is this:

A sunk cost refers to money that has already been spent and which cannot be recovered. It should be excluded from future business decisions because the cost will remain the same regardless of the outcome of a decision.

It looks a little something like this. Let's say I spent \$10,000 on a business machine to do a task three years ago. But now, there is a new machine to accomplish the task that only costs \$5,000. It does the work better, faster, more efficiently, and at a higher quality. It is potentially unwise to think, "I am not going to buy the new machine because I spent so much money on the old machine." That decision should be based on the impact of the purchase on future productivity and the impact of better quality.

The principle also applies to life outside of the business. Correctly applied and considered, the sunk cost principle is incredibly freeing.

Just because we wasted a lot of time and energy and money on things in the past, it doesn't mean we need to hold onto them if they're not contributing to us living our best life today. Don't cling to a past mistake just because you spent a long time making it.



If you feel guilt in removing possessions that you spent considerable money on in the past, learn from that guilt.

Truths to Help Us Overcome Guilt

1. We cannot change the past.

We simply cannot go back and redo any events from our past. There are countless moments and decisions I wish I could undo, but the reality of life is that is not possible—ever.

When it comes to overcoming the guilt of an expensive purchase, unless the tags are still on the item, you cannot go back and unpurchase the item. It is done. It is over. It happened. And nothing is going to change that fact.

Which makes the second truth about life even more important.

2. We cannot change the past, but we can always learn from it.

When we learn life lessons from our past mistakes and determine to not make them again in the future, we begin to redeem the past. It begins to serve us and contributes to a brighter and better future.

We cannot undo the purchase decision, but the money becomes less wasted when

we learn a lesson from it. If you feel guilty in removing possessions that you spent considerable money on in the past, learn from that guilt. Don't allow it to paralyze you, let it educate you and move you forward in freedom.

And when you remove those items, look for the best places for them to go. Maybe someone else can use them, maybe they can be sold or recycled. But don't continue to carry that guilt and burden into the future.

There is not a doubt in my mind you will love owning less. You'll find more money and more time and more energy and more focus. You will be able to live a more fulfilled life focused on things that matter most. To get there, almost all of us need to overcome the money that we wasted on things in the past.

Choose to live for the invisible and the eternal—not physical things that perish, spoil, and fade.

Joshua Becker is an author, public speaker, and the founder and editor of "Becoming Minimalist," where he inspires others to live more by owning less. Visit BecomingMinimalist.com

WISE HABITS

Learning From the Habit Dip

When we get off track in our goals for change, we are faced with an incredible chance to grow

LEO BABAUTA

I was talking with a group of people in my Sea Change Program who had success with some difficult habits for a few months and then hit a dip.

This dip is something everyone faces when changing habits: We lose motivation, we get discouraged, we encounter difficulty, we lose focus because other things get in the way, or we get sidetracked by life.

The dip is completely normal and even predictable when you're changing an old habit or forming a new one. In fact, anytime you take on a project or goal, you will face this kind of dip.

That's the bad news—you'll all ways hit a dip in motivation, focus, and energy.

But there's good news, too:

1. The dip is temporary if you keep going through it; and
2. The dip is an incredible place of learning

The last point is so important I need to repeat it: The dip is an incredible place of learning.

It's the place where we grow and get better at facing difficulty.

When things are going well, ev-

erything seems easy, and you just have to keep doing the same thing. There isn't a lot of learning there.

But when things are hard, you have to face the difficulty if you want to keep going. If you want to avoid going to your usual pattern of discouraging yourself or quitting, the dip is the place and time to learn.

Learning From the Dip

The habit dip (and all other dips of motivation and focus) can teach you to face difficulty instead of avoiding it, or encourage yourself when you feel discouraged. It can teach you to let go of the ideal you have that's making you feel discouraged and be more realistic and forgiving in your appraisals. It can teach you to deal with your difficult emotions of frustration, including discouragement and fear. Facing these instead of running toward distraction is an invaluable lesson.

The habit dip can teach you to nourish yourself when you're feeling depleted and give yourself compassion when you feel you've made a mistake.

The habit dip can teach you to not run for your usual methods of control, avoidance, or quitting when things are hard. You can use these opportunities to practice let-

ting go of your usual focus on your self-concern.

The habit dip is an incredibly rich time to learn if you open up to it.

The Dip Is Temporary—if You Keep Going

Habit and motivation dips are always temporary. Everyone who has run a marathon or ultramarathon knows what it's like to want to quit, to get bored with training, to feel discouraged when things are hard. And so many of us who've faced that have finished the marathon.

We've all given up when things are discouraging. We've all avoided even thinking about getting back on track when we've been thrown off the track. We've all messed up on projects and goals and habits. We're human.

But if we get back on track, if we encourage ourselves when things are dark, if we find compassion for ourselves when we're not living up to our made-up ideals, there's more growth available down the road. Everything is temporary, even failure, even success, even getting off track. These are not the endpoints,

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they're waypoints. Keep going.

How to Practice With It

So if you're ready to learn while you're in the dip, then there are ways to practice and gain from this difficult area:

1. Come in with a learning mindset, one that is focused on growing instead of judging yourself.
2. Let go of your ideals, and bring curiosity instead. What can you find out about this?
3. Learn to face difficult feelings in this area. Bring mindfulness to them, feel the bodily sensation of them. They're not a big deal, just emotions.
4. Notice how you're discouraging yourself. Don't beat yourself up for discouraging yourself. But notice what you do.
5. Find ways to encourage yourself instead. Find ways to give yourself compassion. These are incredible skills to practice.
6. Find something new to learn every time you bring your awareness to the dip. What else can you find out? And what else?

If you go in with a mindset to embrace this difficult area, you'll actually find your own ways to practice. But start with these.

If you can bring this mindset, so much is there for you. Be grateful when you find it.

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Why a ‘Men’s Shed’ Is a Good Idea

Getting together to work on a broken lawnmower or fix a chair can give men a chance to connect, shoulder-to-shoulder

MARILYN MURRAY WILLISON

It's no secret that many older men face serious challenges when it comes to healthy social connections. Traditionally, women often maintain a family's social connections. If a man loses his wife through death or divorce, then staying connected can become a serious challenge. In the United States and the United Kingdom, nearly 1 in 3 people who are older than 65 live alone; and in the United States, half of those who are over 85 live by themselves.

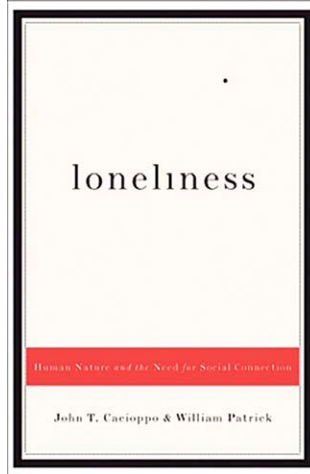
Loneliness has become problematic for seniors, and a variety of researchers have discovered that feeling isolated can have almost twice the impact as obesity on early death. According to John T. Cacioppo, co-author of “Loneliness: Human Nature and the Need for Social Connection,” the ache of loneliness can be equivalent to physical pain.

Cacioppo has written that the increasing number of baby boomers who are facing retirement has created what he calls a “silver tsunami.” And the more challenging issue for senior males is feeling isolated, especially those who spent decades interacting with colleagues and co-workers on a daily basis. He urges retirees—

male and female—to stay in touch with their former co-workers and make it a priority to interact with friends and family members.

In the UK, the impact of loneliness on health had become such a source of concern that the UK Department of Health helped sponsor The Campaign to End Loneliness. Here in the United States, we have AARP, while on the other side of the Atlantic, Age UK has initiated a variety of programs designed to alleviate isolation among seniors. In London, a charity called Open Age sponsors more than 380 activities each week, including book clubs, computer classes, current events discussion groups, and exercise.

But one of the best anti-loneliness innovations is the Men's Sheds organization, which focuses on bringing older males together in a casual environment. It began in Australia in 1998 with the idea to replicate the feeling of a backyard shed, a traditional environment in which men would carry out various tasks, such as restoring furniture, fixing lawnmowers, or other basic chores. The theory behind the movement was that social interaction, recreational activities, and casual learning opportunities would reduce depression and feelings of isolation.



“Loneliness: Human Nature and the Need for Social Connection,” by John T. Cacioppo and William Patrick.

There are now more than 300 Men's Sheds scattered throughout the United Kingdom. Woodwork seems to be the most popular activity, and the groups never have to worry about supplies because many widows donate their late husbands' tools, happy knowing that they will be put to good use

rather than gather dust.

One interesting aspect of the Men's Sheds movement is that observers have discovered that women prefer to interact face-to-face, and men prefer to interact shoulder-to-shoulder. Spending time at a workbench or at desks placed next to one another provides this opportunity. Women enjoy direct interaction, men enjoying doing things together.

Keith Pearshouse, a retired school principal in his 70s, moved from Norfolk, England, to London in 2007. He recognized that he was lonely and decided to visit the nearest Men's Shed, a 700-square-foot workshop in a local community center. He has since made new informal friendships and begun crafting small wooden objects, even though he has never worked with wood before.

Mike Jenn, also in his 70s, runs the Camden Town district shed in London and is also the chair of the UK Men's Sheds Association. A retired charity worker, Jenn told

The New York Times: “We say, ‘I can look after myself. I don't need to talk to anyone,’ and it's a complete fallacy. Not communicating helps to kill us.”

If there's not a Men's Shed where you live, perhaps this is the perfect time to think about starting one. After all, loneliness can be fatal, and friendships—even those that are casual, new and unstructured—can heal.

Marilyn Murray Willison has had a varied career as a six-time nonfiction author, columnist, motivational speaker, and journalist in both the UK and the U.S. She is the author of “The Self-Empowered Woman” blog and the award-winning memoir “One Woman, Four Decades, Eight Wishes.” She can be reached at MarilynWillison.com. To find out more about Marilyn and read her past columns, please visit the Creators Syndicate webpage at Creators.com. Copyright 2020 Creators.com

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