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The Clamor and Concern Over the COVID Vaccine

While some wait with bated breath, others worry about the unprecedented nature of the vaccine

This new technology influences our immune mechanism at the genetic level.

Some 51 percent of Americans are either hesitant or opposed to the vaccine.

CONAN MILNER

President Joe Biden recently announced his “wartime” strategy to confront COVID-19. His weapon: vaccines. The battle plan builds on former President Donald Trump’s arsenal of 400 million vaccines, with a purchase of an additional 200 million more shots so all Americans can get both their recommended doses faster.

To date, more than 60 million vaccine doses have been distributed in the United States and more than 10 million people have received their first of two doses.

Priority favors health care workers and those most at risk from infection, but people at the back of the vaccine line worry their turn for a jab won’t come fast enough. Biden’s purchase aims to alleviate supply concerns by providing enough doses for all 300 million Americans by the end of summer 2021.

But how many doses may go unclaimed? Health officials urge everyone to get vaccinated for COVID-19, but some are not so sure they want it.

This wary cohort is a sizable segment of the population. According to the latest COVID-19 Vaccine Monitor by the Kaiser Family Foundation, 51 percent of Americans are either hesitant or opposed to the vaccine. Most of this group is taking a wait-and-see approach and watching for any problems that emerge in those who get the shot first.

One in five U.S. adults draw a deeper line in the sand, saying they will either “definitely not” get the new vaccine, or they will concede “only if required” for work, school, or other activities.

In California and Ohio, about half of frontline workers in hospitals and nursing homes are refusing the vaccine. And the U.S. Department of Defense reports that many service members are also refusing the shot, but won’t say how many are opting out.

Even some seniors are either on the fence about the shot or simply refuse it altogether. A survey of people 65 and older found that 16 percent of seniors are unsure they want it, and 6 percent say they definitely won’t get it.

For those eager to get their shot, the people who reject it are puzzling, because the push to take the vaccine is so well-publicized and the pitch so compelling. This government-endorsed medical intervention promises protection from a virus linked to millions of deaths, and health officials warn that restrictive social measures could last forever without it.

However, the reasons for refusing the vaccine have compelling features of their own.

New Kind of Shot

The Kaiser survey breaks down those for and against the COVID-19 vaccine by race, age, and political identity. These demographic divisions invite speculation and reveal some curious patterns. But for other groups, the line is crystal clear. For example, those suspicious of vaccines in general will obviously be suspicious of this one.

But the shot designed for the COVID-19 virus (also known as SARS-CoV2) has features that give even those who are otherwise supportive of vaccines cause for concern.

Continued on Page 4

Why a Small-Town Lifestyle Can Make You Happier

JAY HARRINGTON

Trade the rat race for a slower pace with more nature and kinder people

Almost every time my wife, Heather, and I used to go on vacation, we’d spend time during the car or plane ride home going back and forth about how nice it would be to live full-time in the destination we had just visited. By the time we got home, we inevitably talked ourselves out of the idea.

Too hot. Too cold. Too expensive. Too isolated. Too big. Too small. Too ... whatever. No matter the destination, we came up with a reason why it wasn’t realistic.

That is, until we visited Traverse City, Michigan.

Despite being Michigan residents and lifelong Midwesterners, Traverse City

was hiding in plain sight from us. It’s best known as the “cherry capital” of the United States. While the town swells with hundreds of thousands of tourists during peak summer months, Traverse City’s full-time population is only around 17,000 residents.

Traverse City is located on the shores of Lake Michigan, at the base of two peninsulas that are filled with vineyards and cherry orchards. In my opinion, it’s one of the most beautiful places on earth, with endless white sandy beaches, lush fields, towering forests, and sparkling blue lakes all around.

Continued on Page 6

ANDY NEWTON/UNSPLASH



Small towns are places where people connect—with each other, with nature, with themselves.



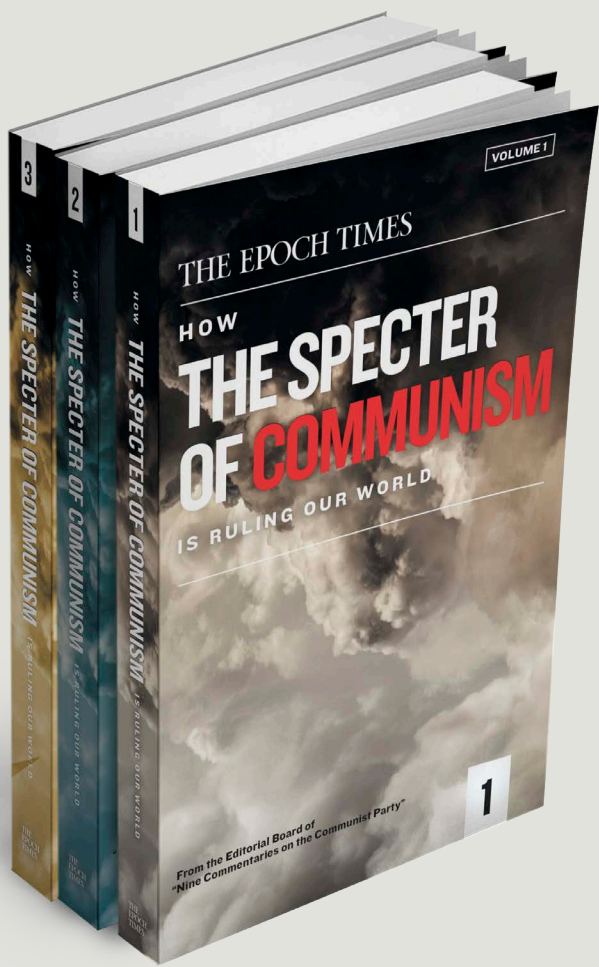
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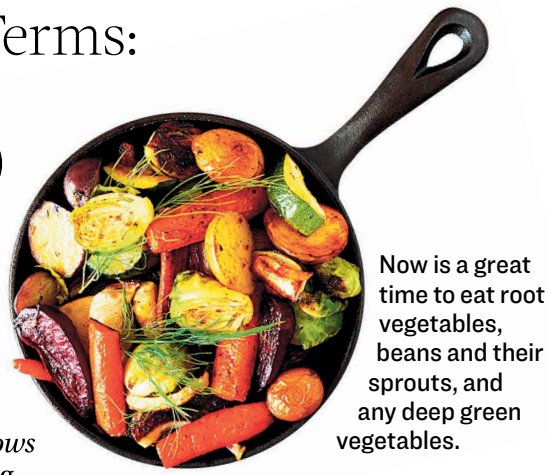
CHINESE WISDOM FOR SEASONAL LIVING

Perfect Timing to Lose Weight and Detox With Ease

Exploring Solar Terms:
'Rain Water'
(Feb. 19–March 4)

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.



Now is a great time to eat root vegetables, beans and their sprouts, and any deep green vegetables.

Solar Term: 'Rain Water'

2021 Dates: Feb. 19–March 4

As the sun draws nearer and warms the earth, snows recede and rain increases, but this rainwater is very gentle, so as not to harm the fragile sprouts that signal spring's emergence.

The current solar term is Rain Water, a time when nature provides the necessary conditions for growth.

According to Chinese theory, everything on Earth is composed of just five elements or phases of matter: wood, fire, earth, metal, and water.

The element for spring is wood, the only element among the five that is a living organism. This reflects the fact that all living creatures are very prosperous and come alive during the spring season.

During Rain Water, all living beings, including the bushes and trees, which are made of wood, are waking up from the winter and need water for nourishment. This also follows the theory in the five-element system that "water enhances wood."

The rains are typically very mild—even misty—during this time. One can see this as heaven's tender love to gently awaken the plants with sprinkles of rain, rather than downpours, as large drops would surely crush the baby sprouts.

Living in Harmony With 'Rain Water'

Not surprisingly, there is a lot of humidity in the air, and that is good for the skin but bad for the bones and organs.

In the theory of five elements, the organ associated with the element of wood is the liver, so spring is the best season to adjust any imbalances associated with the liver.

It is better for the elderly to avoid direct contact with cold water and not to eat too much food which is overly sweetened or processed.

To promote a healthy liver function, avoid alcohol and heavy or oily foods. It is also important to keep a calm mind, as the Chinese believe anger damages one's liver.

Baths and foot baths are very helpful to promote circulation and tone your stiff muscles after the cold winter. For those suffering from poor blood circulation, weak muscles, numb nerves, or simple age, regular warm foot baths help

to awaken your senses and strengthen your muscles.

Gentle but regular exercise is strongly recommended for anyone in any age group. It kicks start a good routine and corresponds perfectly with the hormone and mood changes happening inside our body. Exercising 3 to 5 times a week, 20 minutes each time, is ideal. For those not exercising, this should show noticeable results in just couples of weeks.

The Best Time for Weight Loss

At this time of year, hormones and enzymes are very active, and with minimal effort we can get rid of retained fluids inside our bodies and extra fat stored over the winter. You may be surprised by how quickly your body can shape up if you exercise regularly and sleep and wake early.

You may be surprised by how quickly your body can shape up if you exercise regularly and sleep and wake early.

Spring weight loss resolutions are very common. This is, in fact, the best opportunity of the year to achieve results!

To take the best advantage of this season, eat plenty of freshly sprouted spring greens. New sprouts are filled with enzymes and minerals to help our bodies recharge, refresh, and energize in accordance with spring powers.

Seasonal Eating

Eat plenty of root vegetables, such as carrot, yam, radish, colorful beans and their sprouts, goji berry, strawberry, spinach, and any deep green vegetables.

In addition to anything that is local and freshly sprouted, try herbal teas made with dandelion, lemon balm, rosemary, fennel seed, and orange. Season your food with celentral, coriander, thyme, basil, ginger, and garlic.

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 Ausganica.com.au



Forget New Year's, spring is the best time for a weight-loss resolution.

ALL PHOTOS BY SHUTTERSTOCK

Long-Haul COVID Cases Cast New Light on Chronic Fatigue Sufferers

Lingering symptoms plague some post-COVID patients but may reduce stigma around chronic fatigue

KEVIN COOL

Four weeks after San Diego pediatric nurse Jennifer Minhas fell ill with COVID-19 in March 2020, her cough and fever had resolved, but new symptoms had emerged: chest pain, an elevated heart rate, and crushing fatigue. Her primary care physician told her she was just anxious, and that none of her other COVID-19 patients had those issues.

"That wasn't what I needed to hear," Minhas said.

At times, she's been too exhausted to hold up her head. "I was kind of a zombie for months, shuffling around unable to do much of anything."

The clinical term for the flattening fatigue Minhas describes is "post-exertional malaise." It's a common symptom among patients who haven't recovered from COVID-19. It's also consistent with a standard feature of another chronic illness: myalgic encephalomyelitis, also known as chronic fatigue syndrome, or ME/CFS.

ME/CFS patients also report cognitive impairment—"brain fog"—and orthostatic (standing upright) intolerance, in which standing upright produces a racing heart rate and lightheadedness. Minhas has experienced these symptoms, as have many other "long haulers," the tens of thousands of post-COVID-19 patients who haven't recovered.

The percentage of COVID-19 patients who become long haulers is hard to pin down, in part because many early COVID-19 patients weren't tested in time to detect the virus. But "long COVID" is potentially an enormous problem. A recent study of 1,733 COVID-19 patients in Wuhan, China, found three-quarters of them still had symptoms six months after being released from the hospital.

As of January, doctors had documented more than 21 million cases of COVID-19 in the United States. "If just 5 percent develop lingering symptoms,"—about 1 million cases—"and if most of those with symptoms have ME/CFS, we would double the number of Americans suffering from ME/CFS in the next two years," Harvard Medical School professor Dr. Anthony Komaroff wrote recently in the Harvard Health Letter.

The cause of ME/CFS is unknown, but multiple studies have found it follows acute viral infections—everything from the 1918 Spanish flu to Ebola. "A certain percent-

age of people don't recover," said Leonard Jason, a researcher at DePaul University.

Scientists are trying to figure out the mechanisms of the disease and why it develops in certain people and not others. According to the Centers for Disease Control and Prevention, ME/CFS shares certain characteristics with autoimmune diseases, in which the immune system attacks healthy tissue in the body. Multiple studies are underway to explore this and other potential causes.

Doctors who specialize in treating ME/CFS are beginning to pivot to long-COVID-19 patients. Dr. Peter Rowe, whose clinic at Johns Hopkins is one of the country's leading centers for ME, has so far seen four long haulers at his practice. "All of them meet the criteria for ME/CFS," he said.

Despite years of research, there is no biomarker for ME/CFS, so blood tests are ineffective as a diagnostic tool. Rowe's approach is to tease apart which symptoms may have identifiable causes and treatments, and address those. One example: A 15-year-old boy Rowe was treating for ME/CFS was so sick that even sitting upright a few hours a day exhausted him and made schoolwork virtually impossible. The boy's heart rate while lying down was 63; when he stood up it skyrocketed to 113. This effect is known as postural orthostatic tachycardia syndrome, or POTS.

Rowe knew from interviews with the boy's mother that he had an extraordinary appetite for salt. So much so that he kept a shaker at his bedside and would regularly sprinkle salt on his hand and lick it off.

Rowe hypothesized that he was dealing with a sodium retention problem.

To counter it, he prescribed the steroid fludrocortisone, which promotes sodium resorption in the kidneys. Three weeks later, the boy had recovered so dramatically he was helping a neighbor with a landscaping project, pushing rocks around in a wheelbarrow. "He was a different kid," Rowe said.

Such a course of treatment wouldn't be applicable in a typical case, Rowe said, "but it does emphasize the potential for patients to get a substantial improvement in their CFS symptoms if we address the orthostatic intolerance."

Beginning in the 1980s, many doctors treating ME/CFS prescribed a combination of cognitive behavioral therapy and an exercise regimen based on a now-discredited assertion that the illness had no biomedical origin. That approach proved ineffective—patients often got demonstrably worse after pushing beyond their physical limits. It also contributed to a belief within the medical establishment that ME/CFS was all in your head, a narrative that largely has been refuted.

"ME/CFS was never a mostly behavioral problem, although it has been cast as that," Rowe said.

Answers have been slow to arrive, but attitudes about the illness are beginning to change. Advocates of patients point to a 2015 report by the Institute of Medicine that called ME/CFS "a serious, chronic, complex, systemic disease" and acknowledged that many doctors are poorly trained to identify and treat it. The CDC says as many as 90 percent of the estimated 1 million U.S. patients with ME/CFS may be undiagnosed or misdiagnosed.

The problem is exacerbated by a reluctance to provide health care coverage to patients whose illnesses aren't easily diagnosed, said Joe Dumit, a medical anthropologist at the University of California–Davis. "Making patients prove they are not just suffering, but suffering from a documented illness, saves money.

So, I worry about the way in which COVID long haulers will be treated as the numbers rise," he best treatment in many cases may be reduced workload, which translates into some form of disability coverage," he said. But since long haulers typically sicken immediately after having had a testable

viral infection, perhaps they won't be disbelieved, Rowe said. After all, their illness "starts as a real" illness."

Long haulers may also help researchers better understand the onset of the illness because they are being studied as their symptoms emerge, while ME/CFS patients often aren't seen until they've been ill for two or more years, he said.

Doctors who specialize in treating chronic fatigue are beginning to pivot to long COVID-19 patients.

"There's no question that this legitimizes in many ways the experience of people with ME/CFS who have felt they weren't believed," DePaul's Jason said.

In July 2020, the nonprofit Solve ME/CFS launched an initiative aimed at understanding similarities between long haulers and patients with ME/CFS. Dubbed You+ME and underwritten by the National Institutes of Health, it includes an app that enables registrants to record their symptoms and their effects over time.

Such efforts may further diminish the tendency of doctors to ignore patients' complaints of symptoms that seem to have no evident cause, said Lauren Nichols, 32, a long hauler with a long list of miseries—everything from severe gastrointestinal problems to shingles in her left eye.

"I was one of those people who falsely believed that if you can't see the illness, it's psychosomatic," said Nichols, who helps administer Body Politic, a support group for long-COVID-19 patients that has found common cause with the ME/CFS community.

"Now I'm living it," she said. "If I have one message for doctors, it's 'Believe your patients.'"

Kevin Cool is a writer for California Healthline. This article was produced by KHN, which publishes California Healthline, an editorially independent service of the California Health Care Foundation.

Chronic fatigue (CF) plagues many patients with lingering COVID-19, but unlike many CF patients, at least they won't be told it's all in their head.

ASIER ROMERO/SHUTTERSTOCK

Feelings Make People Pass Up Perfectly Tasty Brown Fruit

Notions about the appearance of fruit affect what people think it tastes like, researchers discover

IDA ERIKSEN

Emotions play an oversized role in our shopping decisions, according to a new study.

This is what makes most people skip the bananas with brown spots in favor of perfectly yellow ones.

"We choose food based upon an expectation of what it will taste like that is bound to our feelings. So, if we expect a brown banana to not match the taste of a yellow one, we opt for the latter," says Karin Wendin, an associate professor at the University of Copenhagen's food science department.

Approximately 716,000 tonnes (about 787 tons) of food are tossed out in Denmark every year—the majority of which are fruits and vegetables. In the United States, the USDA's Economic Research Service estimates that 30 to 40 percent of the food supply ends up wasted, approximately 133 billion pounds of food worth \$161 billion in 2010.

Wendin laments this waste because brown fruit isn't bad fruit:

"Bruised or oddly shaped fruit can easily be used. They usually taste just as good as nicely looking specimens. And in cases when an apple is bruised or a bit floury in texture, one can still use it for juice or pie. When an 'ugly' piece of fruit gets tossed, it becomes food waste, which is a big problem—including financially. This is why we need to work on reevaluating our feelings about brown and oddly-shaped fruit," she said.

“It’s imperative that we discover strategies to disrupt the negative emotions associated with brown fruit”

Karin Wendin, associate professor, University of Copenhagen



In one study, people falsely believed fruit tasted differently because of its appearance.

For the study, published in the journal Food Quality and Preference, researchers asked 130 participants to rate a series of images of apples with varying appearances. Unsurprisingly, apples with deformities and imperfections ranked lowest in terms of how many participants wanted to eat them.

The participants then had to taste a different apple. This is when it became apparent that the bad first impression became sticky.

"When participants saw a photo of an ugly apple, and then tasted one that was green and perfect, they stuck by their belief that it tasted awful. This speaks to the extent to which our emotions and psychology factor in with taste sensations," Wendin said. "We remember negative feelings and expectations more than positive ones."

That's why it's imperative that we discover strategies to disrupt the negative emotions associated with brown fruit, Wendin said. "As things stand, communication about our foods—and what is good or bad—does not work optimally. People don't know where to seek advice and guidance.

"Few go online to investigate Nordic dietary recommendations on the Danish government's website. Did you know, for example, that imperfect fruit is often cheaper than its more perfect neighbors, even though both products probably taste the same?" Wendin asks.

This is why we need to help supermarkets communicate clearly about how to avoid food waste by grabbing an imperfect piece of fruit, and also explore which platforms

effectively get messages about diet and food waste out to consumers, Wendin said.

"Or, should we instead communicate on social media, where people are and spend time on lifestyle issues? It would be interesting to dive into," she said.

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



In the United States, 30 to 40 percent of the food supply ends up wasted.

RYAN WILSON/SHUTTERSTOCK

The Clamor and Concern Over the COVID Vaccine

While some wait with bated breath, others worry about the unprecedented nature of the vaccine

Continued from Page 1

Traditional vaccines work by injecting a weak version of a pathogen to trigger an immune response. The goal is to prime the body to protect itself should it ever face a full-blown infection in the future. The formulation and application of this procedure has evolved dramatically over the past few decades, but the basic principle has been around for a few hundred years.

By contrast, the shots developed to protect against COVID-19 takes a form our ancestors would never have imagined. This new technology influences our immune mechanism at the genetic level. Because these vaccines act on our messenger RNA, they are known as mRNA vaccines.

Before COVID-19, scientists were already researching mRNA vaccines for other diseases in clinical trials. But emergency measures inspired by the pandemic sped up the approval process for candidates designed to protect against SARS-CoV2. Trials were run last year to monitor short-term health effects, but since the public rollout began only a month ago, the long-term impact remains a mystery.

This mRNA vaccine technology is designed to mimic natural viral infections in a way that the immune system recognizes, without the dangers of exposing the body to a genuine infection. In the case of SARS-CoV2 vaccine, it programs your cells to mimic the signature spike protein found on the surface of the COVID-19 virus, thereby programming your immune system to defend itself against this familiar form whenever it comes in contact with the real virus.

That's what the shot is designed to do, anyway. However, some worry that this still experimental technology may have unintended consequences. One common concern is that mRNA vaccines could alter your DNA. However, according to the U.S. Centers for Disease Control (CDC), this is false.

"The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept. This means the mRNA cannot affect or interact with our DNA in any way. Instead, COVID-19 mRNA vaccines work with the body's natural defenses to safely develop immunity to disease," states the CDC.

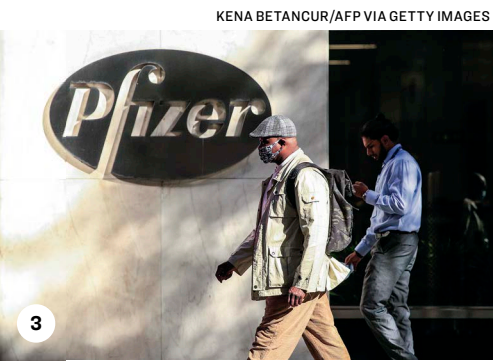
1. People line up for the COVID-19 vaccine in East Los Angeles.
2. A lab technician sorts blood samples for COVID-19 vaccination.
3. Pfizer stock surged after announcing their vaccine was "90 percent effective."
4. A medical worker is given the second dose of the Pfizer/BioNTech vaccine.
5. People protest over vaccine safety outside of the Raymond James Stadium prior to the Super Bowl in Tampa, Fla., on Feb. 7, 2021.
6. California Gov. Gavin Newsom applauds as a nurse gets the COVID vaccine.
7. Frontline medical workers have priority access to the vaccine.
8. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, prepares for the COVID-19 vaccine.
9. A police officer in Massachusetts gets the COVID-19 vaccine.
10. A registered nurse administers a dose of the Pfizer-BioNTech vaccine.
11. Dr. Jason Smith became the first recipient of the Pfizer-BioNTech vaccine in Kentucky in December.
12. People wait to receive the COVID-19 vaccine in a parking lot for Disneyland Resort.
13. Moderna is one company with an mRNA vaccine.



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CHANDAN KHANNA/AFP VIA GETTY IMAGES



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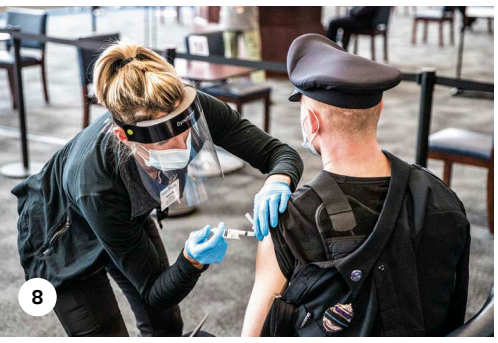
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MICHAEL CIALO/GETTY IMAGES

This response is found on the CDC's list "Myths and Facts about COVID-19 Vaccines."

Another common point of confusion the health agency addresses is the question of who should take the shot, and who can go without. The CDC says just because someone may have developed an immunity to the virus, doesn't mean they are adequately protected. People who have tested positive for SARS-CoV2 and recovered are still urged to get the vaccine.

"At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long," states the CDC.

To drive this point home, in December 2020, the CDC's Advisory Committee on Immunization Practices issued a report claiming that Pfizer's study of its mRNA vaccine proved that it was highly effective for people who'd already had COVID-19.

But Rep. Thomas Massie (R-Ky.) discovered

that the CDC was promoting false information. When Massie examined the Pfizer trial, he found that it clearly didn't demonstrate a benefit for those with evidence of prior SARS-CoV2 infection as the health agency reported.

The congressman confronted the CDC in a private call, and the agency's principal deputy director, Dr. Anne Schuchat acknowledged the mistake, and apologized for the delay in fixing it. However, as of this report, the CDC's claim remains unchanged.

In a series of tweets, Massie says that the public needs to know that the CDC is misrepresenting the results of the Pfizer trial. Adding that the very meaning of science "has been perverted for this virus."

"Baseless claims with no quantification are being made by the government, repeated by the media, and accepted by public," Massie wrote on Twitter.

As our understanding of mRNA vaccines continues to evolve, the CDC's claim that the shot doesn't influence DNA may prove wrong as well.

An article published in the January edition of Nature Genetics finds that DNA stability

will change if RNA is chemically modified.

Lead researcher Arne Klungland explained to Phys.org that several research groups are now working together to study what effect this can have on the DNA molecule.

"We already know that R-loop areas are associated with sequences of DNA containing active genes and that this can lead to chromosomal breakage and the loss of genetic information," Klungland said.

Weighing the Risks

There would be no controversy if vaccines were shown to be 100 percent risk free, but even the most dedicated vaccine supporter has to admit that this medical intervention can do harm. The debate is about how much risk vaccines pose compared to the benefit they deliver.

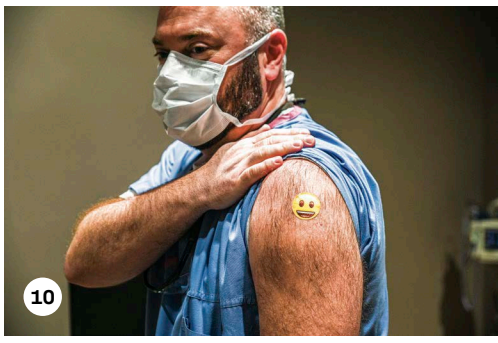
In several surveys identifying the number of people who are suspicious of the COVID-19 vaccine, the most common concern is side effects. Drugmaker trials showed that reactions do occur, but they were typically mild. According to the U.S. Food and Drug Administration report from December 2020



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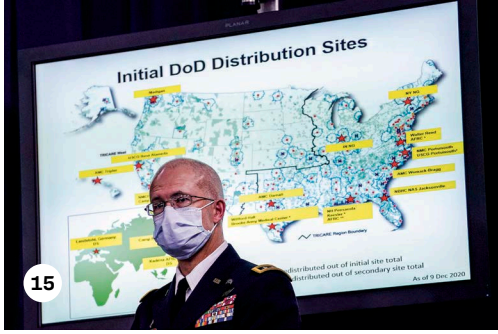
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GRAEME JENNINGS-POOL/GETTY IMAGES

13. A pharmacy technician prepares a dose of Johnson & Johnson's COVID-19 vaccine for a clinical trial in December.
14. People of mixed politics and religions protest a mandate in Massachusetts requiring children get the flu shot to attend school for 2020-2021.
15. Director of the Defense Health Agency Army Lt. Gen. Ronald Place speaks about plans to vaccinate the U.S. military.
16. An influenza vaccination.
17. UPS employees move the first shipments of the Pfizer and BioNTech COVID-19 vaccine in December.
18. National Health Institute Director Francis S. Collins holds a model of a coronavirus.

on the Pfizer-BioNTech COVID-19 vaccine, the most common adverse reactions were injection site reactions, fatigue, headache, muscle pain, chills, joint pain, and fever.

Experts add that these reactions, particularly after the second shot, are a good sign, signaling that immune protection is kicking in.

However, since the public roll out of the shot, there has also been evidence of severe and unanticipated symptoms that may be associated with the COVID-19 vaccine. According to the Vaccine Adverse Event Reporting System (VAERS), out of nearly 10,000 reports linked to the COVID-19 shot as of Jan. 29, VAERS has recorded 501 deaths, 1066 hospitalizations, 147 cases of anaphylaxis, and 128 cases of Bell's palsy.

VAERS is the primary mechanism for reporting adverse vaccine reactions in the United States, but keep in mind that their numbers may only reveal a small portion of the real story. A 2010 study by the U.S. Department of Health and Human Services found that "fewer than one percent of vaccine injuries" are reported to VAERS.

More than 80 percent of people who test

positive for COVID-19 have no symptoms, and most of the remaining group has mild symptoms. COVID-19 has an over 99 percent survival rate for people from zero to 70 without any treatment.

But as health experts remind us, not getting vaccinated carries risks, too. The disease can have serious, life-threatening complications, particularly for those who have two or more comorbidities, especially obesity and diabetes. And if you get sick, you could compromise the health of friends, family, or anyone else you may come in contact with.

So it's a gamble, but officials say the odds are in the vaccine's favor. According to the CDC, clinical trials of all vaccines must first show they are safe and effective before they can be authorized or approved for use, including the ones for COVID.

"The known and potential benefits of a COVID-19 vaccine must outweigh the known and potential risks of the vaccine," states the CDC.

However, the risk that remains is all yours. The federal government has granted COVID-19 vaccine manufacturers immunity from liability if serious reactions occur. Likewise, government regulators and private companies that make the SARS-CoV2 vaccine mandatory for employees are also protected from litigation in the event of harm.

Considering the Unknowns

While health officials are generally in lock-step support with the new vaccine, many independent doctors say the risk it carries is still too great. One of these doctors is board-certified emergency physician and founder of America's Front Line Doctors (AFLD), Dr. Simone Gold. In a recent lecture discussing "The Truth About the COVID-19 Vaccine," Gold says the medical establishment ignores serious concerns that hang over this "experimental biological intervention." One of these concerns include the lack of independently published animal studies for a product that has been rushed to market.

Gold criticizes the "tremendous failure" that has been observed in creating previous coronavirus vaccines but the SARS-CoV1 vaccine relies on a different anagram. Those shots utilized recombinant modified vaccinia Ankara (rMVA), which is not the same as the mRNA technology used in Pfizer's and Moderna's products designed to protect against SARS-CoV2.

In terms of speed, the new COVID-19 vaccine is a miracle, and is one of the points of concern raised by critics.

In a Q & A for John Hopkins Medicine, Lisa Maragakis, M.D., M.P.H., senior director of infection prevention, and Gabor Kelen, M.D., director of the Johns Hopkins Office of Critical Event Preparedness and Response, say that such concerns miss an important point.

"The mRNA technology used to develop the COVID-19 vaccines has been years in development to prepare for outbreaks of infectious viruses. Thus, the manufacturing process was ready very early in the pandemic."

COVID-19 vaccines created with mRNA technology allows for "a faster approach than the traditional way vaccines are made," they write.

When it comes to whether somebody should get the shot, John Hopkins encouraged people to talk to their doctor and consult other health care organizations, but said the decision is ultimately up to each person.

"You alone make the decision about whether to get a COVID-19 vaccine."

Older Adults With Pre-Diabetes Seldom Get Full-Blown Version

Paper results suggest doctors should focus screening efforts on other indicators like hypertension, say researchers

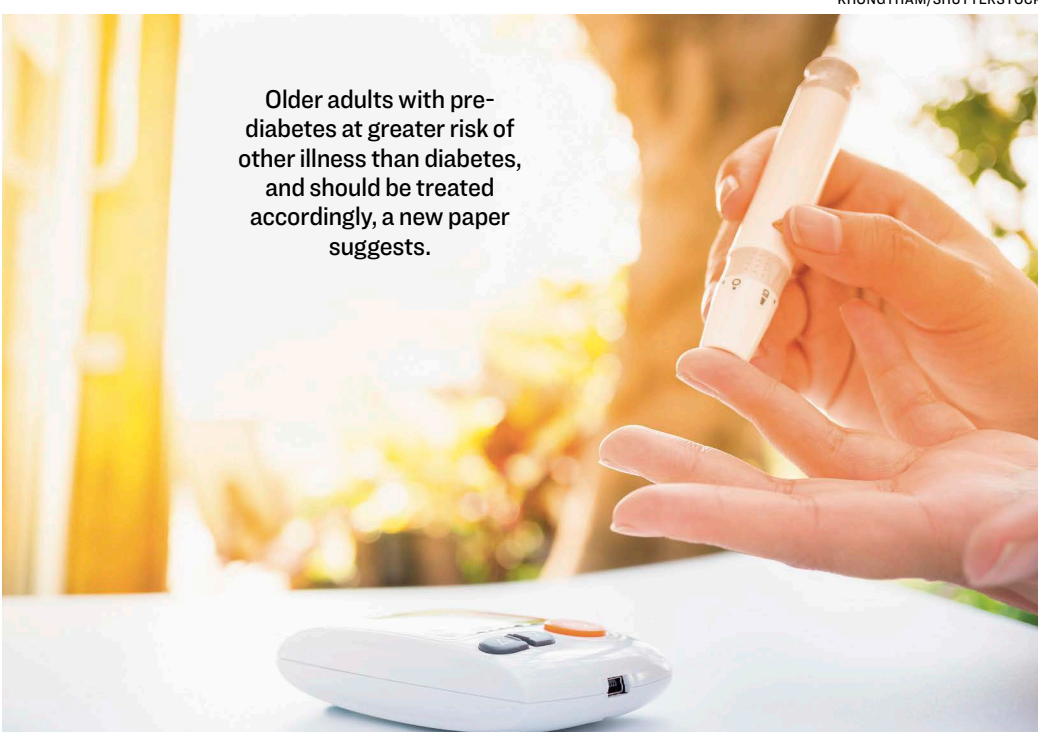
JOHNS HOPKINS UNIVERSITY

Older adults classified as having prediabetes due to moderately elevated measures of blood sugar usually don't go on to develop full-blown diabetes, according to a new study.

Doctors still consider prediabetes a useful indicator of future diabetes risk in young and middle-aged adults. However, the study, which followed nearly 3,500

"It appears that in older adults, 'prediabetes' is just not a robust diagnosis."

Elizabeth Selvin, professor, Johns Hopkins University



older adults, of median age 76, for about six and a half years, suggests that prediabetes is not a useful marker of diabetes risk in people of more advanced age.

"Our results suggest that for older adults with blood sugar levels in the prediabetes range, few will actually develop diabetes," said Elizabeth Selvin, a professor in the department of epidemiology at the Bloomberg School at Johns Hopkins University and senior author of the paper, published in JAMA Internal Medicine.

"The category of prediabetes doesn't seem to be helping us identify high-risk people. Doctors instead should focus on healthy lifestyle changes and important disease risk factors such as smoking, high blood pressure, and high cholesterol."

Type 2 Diabetes in the US

Type 2 diabetes leads to a chronically excess blood level of glucose, which stresses organs including the kidneys, weakens the immune system, and damages blood vessels, promoting heart disease and stroke among other conditions.

The prevalence of diagnosed Type 2 diabetes in the United States has gone from less than 1 percent in the 1950s to more than 7 percent today—and researchers believe that the actual figure now, including

undiagnosed diabetes, is over 12 percent. This sharp increase is due to the aging U.S. population and increased rates of people being overweight and obese.

Doctors have used the concept of prediabetes—involving blood glucose levels that are higher than normal but not yet in the diabetic range—as an indicator of elevated diabetes risk in younger and middle-aged people. However, the utility of the concept in older adults—especially those 70 and older—has been less clear.

"It's very common for older adults to have at least mildly elevated blood glucose levels, but how likely they are to progress to diabetes has been an unresolved question," Selvin said.

Prediabetes to Diabetes

To get a better picture of how older adults with prediabetes fare, Selvin and colleagues turned to the Atherosclerosis Risk in Communities Study (ARIC). This large epidemiological cohort project, funded by the US National Heart, Lung, and Blood Institute and including both black and white participants, has been running at four U.S. medical centers, including Johns Hopkins, since 1987.

For their prediabetes analysis, the researchers selected 3,412 ARIC study par-

ticipants who had attended a follow-up visit during 2011-13—a time when the participants were between 71 and 90 years old—and did not have any history of diabetes. The researchers then looked at how measurements of the participants' blood glucose levels had changed at the next follow-up visit during 2016-17.

As expected, the researchers found that "prediabetes," defined according to two different blood-test measures, was very common among the participants at the 2011-13 visit. Those with prediabetes, defined by moderately high blood levels of glucose following overnight fasting (the impaired fasting glucose test, or IFG), represented 59 percent of the initial sample, and those with prediabetes defined with a different blood test for glycated hemoglobin (HbA1c), represented 44 percent of the initial sample.

However, the results showed that only small numbers of the participants who had prediabetes in 2011-13 had developed diabetes by the time of the 2016-17 visit—8 percent of the IFG-defined prediabetics, and 9 percent of the HbA1c-defined prediabetics.

By contrast, 44 percent of the IFG group and 13 percent of the HbA1c group had improved enough by the 2016-17 visit that

their test results were back in the normal range. Moreover, 16 percent and 19 percent of these two groups had died of other causes by the 2016-17 visit.

Focus on Lifestyle Improvements

The results show that older adults with prediabetes, over intervals like the one in the study, are more likely to have lower blood sugar levels—or to die for other reasons—than to progress to diabetes. "It appears that in older adults, 'prediabetes' is just not a robust diagnosis," Selvin said.

"Our findings support a focus on lifestyle improvements, including exercise and diet when feasible and safe, for older adults with prediabetes," said first author Mary Rooney, a postdoctoral fellow at the Bloomberg School. "This approach has broad benefits for patients."

Selvin and her colleagues recommend that for older adults, physicians should focus their screening efforts on risk factors, such as hypertension, that are more useful in predicting illness and mortality in this population.

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Why a Small-Town Lifestyle Can Make You Happier

Trade the rat race for a slower pace with more nature and kinder people

Continued from **Page 1**

Our first visit to Traverse City as a couple was after our first daughter was born. It was a revelation. We had never before seriously indulged our small-town fantasy, figuring that it could never really happen. But this time it was different. We had found a place that we could envision as our place. Good schools. Affordable (or at least more affordable than we were accustomed to) cost of living. A nearby airport for business travel. Culture. Entrepreneurial vibe. Easy access to the outdoors. Family-friendly environment. As we explored Traverse City that weekend, we started checking all the boxes for what we were looking for out of a place to live.

The ride home was different after that weekend. Heather's time in the car spent looking at houses on Zillow was more purposeful. The possibility of picking up and starting over someplace new felt real. We arrived home excited about the prospect of a fresh start.

Across the country, there is an exodus of people from big cities to smaller towns.

And that's when things got hard. You see, our small-town fantasy had always been an indulgence. Flirting with a life in a new place had merely been a form of escapism for when life became monotonous. By never seriously considering a move to a small town to be a real option, we could focus only on the upside benefits and never the downside consequences of such a move.

Then Traverse City called our bluff. It was time for us to start getting real about what we wanted out of our lives and, more particularly, where we wanted it. Were we going to take the leap of faith we always told ourselves we would if we found the right place, or would we remain in the safety of the suburbs? Ultimately we made the move. And we've never looked back.

Flocking to Small Towns

We've all seen the statistics and heard the anecdotes: Across the country, there is an exodus of people from big cities to smaller towns. COVID-19 has been a big catalyst of the urban-to-rural migration, but it was happening at a rapid pace even before the pandemic.

U.S. census figures show that since 2014, an average of about 30,000 residents between 25 and 39 have left big cities annually. In this sense, as in many other ways, COVID-19 has been more of an accelerant of an existing trend rather than a change agent.

With the benefit of five years of hindsight, it's no surprise to us that more people are seeking the simplicity of a small-town lifestyle. It's not for everyone—many people can't imagine leaving the big city for what they perceive to be a painfully boring existence "in the sticks."

For others, it may not be the right season in life to make a big move to a small town. But for us, and apparently we're not alone, small-town life offers everything we need to lead a happy life.

Happiness Isn't Destination

In his book "Happier," Harvard lecturer Tal Ben-Shahar defines the "arrival fallacy," which is a corollary to the concept of hedonic adaptation. He describes the arrival fallacy as: "The false belief that reaching a valued destination can sustain happiness."

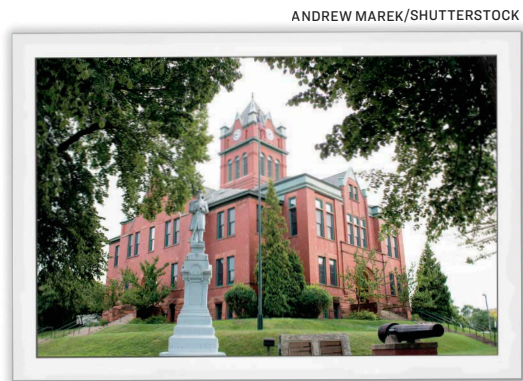
I've certainly fallen victim to the arrival fallacy in my previous life. I have felt at first elated, then almost immediately letdown, following job promotions, raises, and new car or home purchases. I wanted these things so badly, but the reality of obtaining them was far different than my expectations.

Ambition isn't a bad thing. In fact, it's a very good thing. If humans didn't want for more then we'd still be living in caves, without access to basic, modern human necessities such as electricity and clean water, nor marvels of human potential, like great works of art, architecture, and music.



Rural living offers more than beautiful vistas; it offers a slower pace of life that lets people be people.

EVERST/SHUTTERSTOCK



Even small towns have their history and architecture, like the Grand Traverse County Courthouse.

ANDREW MAREK/SHUTTERSTOCK



Traverse City's skyline shows what rural living means. The town does not dominate its landscape, which means people can easily escape into the tranquility of nature rather than feeling locked in by concrete and cars.

GARY R ENNIS PHOTOS/SHUTTERSTOCK

Fewer expenses. Surging real estate prices during COVID-19 have made many small towns less affordable than they were pre-pandemic, but the cost of living in most towns like Traverse City still pales in comparison to that of big cities. For us, one of the biggest differences has been spending far less on entertainment and travel (dining out, weekend getaways, etc.) while opting to spend more time taking in the natural wonders around us.

More time. Because we've been able to minimize our lifestyle, we have more time—which is life's most valuable resource. We now work to live, rather than living to work.

More nature. Researchers in Finland found that spending just 15 minutes a day in nature increases well-being. In a big city, finding solitude in nature can be a chore. In a small town, it's often right outside your door.

More connection. It seems like a paradox, but in our experience, the greater the density of people, the harder it is to make genuine connections. It's like the difference between a networking event and a dinner party. Big cities can be lonely places, whereas the intimacy of a small town fosters connection. And research shows that having a small number of tight, meaningful relationships is one of the highest predictors of happiness.

More community spirit. Because of the intimacy of a small town, people tend to be community-minded. If you want to get

involved in nonprofit work or community projects, it's easy. There are lots of parades, festivals, and other gatherings where neighbors join together for celebratory traditions.

Greater focus on experiences over things. Studies have shown that buying an object—a car, handbag, or kitchen gadget—can quickly lead to buyer's remorse. On the other hand, investing in experiences—a concert, a camping trip, music lessons—leads to greater happiness. Experiences create "happiness residue," and our perceptions of them often get better over time. It was only after moving to a small town that we came to realize the value of experiences. And now we have more time to indulge in the richness of simple experiences rather than being weighed down by more stuff.

Have you, like us, fantasized about what life would be like in a small town? Life is short, and you only get one shot at it, so don't let fear stop you from finding the place and crafting the lifestyle that will bring you happiness.

As Seth Godin has said: "Instead of wondering when your next vacation is, maybe you should set up a life you don't need to escape from."

Jay Harrington is an author, lawyer-turned-entrepreneur, and runs a northern Michigan-inspired lifestyle brand called *Life and Whim*. He lives with his wife and three young girls in a small town and writes about living a purposeful, outdoor-oriented life.

WISE HABITS

Ways to Win Your Day—and Celebrate

Our days can pass in an empty blur, but with some clarity, we can make them precious

LEO BABAUTA

We tend to go through our days with our noses to the grindstone, doing tasks, getting distracted, jumping from one thing to the next. Go to sleep tired, repeat the next day.

Our days become an endless cycle of getting stuff done and getting through to the next day—especially during this pandemic.

What would it be like if today were special?

I'm going to share a few simple practices that will elevate every day into something to celebrate.

Practice 1: Win the Day

Instead of starting the day with a list of tasks to get done, what if we identified 1 to 3 things that would make this day an absolute victory if we were to do them?

So the practice is to start the day with a simple entry in your notebook or on a simple text document: What could I do to make this day a victory? I like to title it, "Win the Day: Saturday Feb. 6" (or whatever date it is, obviously). Then I list 2 or 3 potential victories. For today, writing this article is one of mine. Have other tasks and meetings on my list,



Take the time to figure out what matters enough to warrant a day of your life. MARIO STUDIO/SHUTTERSTOCK



CARLOS DAVID/SHUTTERSTOCK

There are probably one or two tasks that will leave you feeling your day was a success if you completed them.

obviously, but these are the 2 or 3 I focus on. Sometimes it's just one. If I can get that single task done, or those 2 or 3 tasks, done, it will be a big victory for my goals for this month or year, or for my mission. Or it would just feel fantastic.

I keep this list front and center, and refer back to it multiple times a day. It helps bring me back to what I want to accomplish. And then I look back on it at the end of the day (more on this in the next section) and celebrate what I can. Sometimes I don't get them all done, which isn't a cause for disappointment but for learning. But most days I do at least 1 or 2 of them, and any progress is a huge cause for celebration.

Practice 2: A Brief Review

At the end of each day, it can be powerful to take a brief pause and review how the day went. Celebrate anything you can. Here's what I like to review:

1. How did I do with my Win the Day list? Celebrate any progress at all.
2. How did I do with my practices for the day? Again, any practice at all is a cause for celebration.
3. Where did I see the divine today? (You may see it as the presence of God, or the sacred, or even magic. Use whatever concept feels powerful for you.) For me, I often find divinity in nature, in people all around me, even in a quiet moment like

the one I'm experiencing as I write this post. I find this a powerful question that helps me celebrate life.

This only has to take a few minutes. Set a reminder. I often will take a few more minutes to set my intentions/Win the Day items for tomorrow.

Practice 3: Ending Ritual for Tasks

We don't have to wait until the end of the day to celebrate. We can do it after anything we do.

The practice is a simple ritual: Pause when you're done with something before you move on to the next thing. And reflect. And celebrate.

For example, when I'm done writing this, I will have the urge to open up a browser tab and start tackling other tasks. Instead, I will try to remember to pause and reflect on how the writing went. What did I find sacred in the writing process? What can I celebrate and be grateful for? Then I'll ask what my next intention is.

It takes seconds, but it means that throughout the day, we are finding moments of deep appreciation for life.

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

‘Can I Afford It?’ Is a Terrible Filter

There are far better ways to decide whether to make a purchase than your bank balance

JOSHUA BECKER

When deciding to make a financial purchase or not, the most common filter we use is, "Can I afford it?"

"Is there enough money in the bank (or room on the credit card) to cover this purchase? If so, we can buy it."

From the home we live in, the car we drive, the vacations we take, the technology we upgrade, the clothes we wear, and everything in-between, most of us simply ask, "Can I afford it?"

I've seen this thinking in my own life. No doubt, you have experienced the thinking in yours as well.

Often times it is coupled with a "I deserve it," mentality. As in, "I work hard for my money. I am going to spend my money on this. I deserve it, and I can afford it."

But here's the problem: "Can I afford it?" is actually a terrible filter for making financial decisions.

Or, let me rephrase that, "Can I afford it?" is a terrible filter if it's the only filter we use in making decisions about what to buy and how to spend our money. It's not wrong in and of itself, it's just incomplete.

Unfortunately, for many people, it's the only filter. If the money is in the bank, I can buy anything I desire. Why not? I can afford it. But consider some of the reasons why it's a terrible filter:

Financial Circumstances Change All the Time

We've learned a lot about the world over the past 12 months. One lesson I hope we've all noticed is that financial circumstances can change in a heartbeat—almost without warning.

If my decision to buy a house at the very top of my price range or take out a new auto loan was based solely on "Can I afford it?" you may be surprised how quickly that can change.

"Spend 28 percent of your income on housing."

"The 28 percent rule is outdated."

"Never buy a home without 10 percent down payment."

"Buy a home as quick as you can—even if you don't have a down payment."

"When you are buying a new car, make sure that you put down at least 20 percent of the total cost and finance the new vehicle for no more than 4 years."

"When you are buying a new car, always pay cash and never take a loan."

Each of those contradictory pieces of advice can be found online.

And that doesn't even begin to account for the advice given on saving, retiring, debt repayment, college savings, giving ... or what order of priority those should be placed in your life.

"Can I afford it?" is a terrible filter because the answer is always subjective. Heck, we might even change our own mind from day to day on what we can afford.

It Doesn't Count the Full Cost of Our Purchase

The amount listed on a price tag is never the full cost of a purchase. Everything we purchase needs to be brought home and eventually cleaned, organized, cared for, and maintained. Everything we buy takes up physical space in our home and mental space in our mind.

Many of our purchases result in extra expenditures, whether directly or indirectly. Just asking "Do I have enough money, right now, to afford this item?" rarely factors in the ongoing cost of keeping or maintaining our purchase.

It Doesn't Factor Opportunity Cost

There is no such thing as a free lunch. Every purchase carries additional opportunity cost. Spending \$100 on x today means I do not have \$100 to spend on y tomorrow.

This is why "Can I afford it?" is such a faulty, short-sighted filter.

I may have the money to buy a bigger house, a nicer vacation, or a newer car, but once the purchase is completed, that money is no longer



S. PHOTO/SHUTTERSTOCK

ger available for other things. And it may not take long to realize there were countless other things I could have spent my money on that would have resulted in much longer-lasting happiness, joy, and fulfillment.

Better Filters

What questions can I ask in addition to "Can I afford it?" Let me offer five:

1. Does this purchase support my goals?

What are the dreams you have for your life? What accomplishments are you hoping to achieve? What goals are most important to you? Does this purchase move you closer to those goals? Or further away?

2. What are my motivations for this purchase?

Am I spending my money on this purchase for the right reasons? What are they exactly? Am I buying this just because everyone else is buying it, because I'm trying to impress someone, or are my motivations truly healthy?

3. What do my trusted friends think about this?

There is no need to make financial decisions in a vacuum—especially major ones. Ask a family member or friend or mentor for their opinion. Make sure it is someone you trust and would generally consider wise in these types of matters. If you are religious, "praying about it" would fit in this filter.

4. Is there something else I would like to spend my money on?

When counting the opportunity cost of a purchase, don't compare only apples to apples. The filter doesn't need to be exclusively,

5. What would my life look like if I said 'no'?

We often find ourselves debating a purchase because we've considered what benefit the purchase will bring into our lives. But rarely do we take the time to honestly evaluate what benefits might arise if we said no.

But with every purchase, we sacrifice a small amount of freedom. This one, simple filter helps us recognize exactly what that is. Before I conclude, let me be clear on two important points:

First, it's smart to ask ourselves, "Can I afford it?" I mean, if you can't afford it, you shouldn't buy it—case closed. I just think this filter carries too much significance for most of us. And by itself, it is terrible.

Second, this article isn't contending that we never make any purchase. That would be foolish. To live is to consume and many of the purchases we make do bring value to our lives.

This list of better filters isn't meant to deter anyone from ever spending money again. It's simply designed to help all of us make better choices.

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



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Our deep connection to nature makes elements from plants to wood paneling soothing additions to home decor

NANCY BERKOFF

Research suggests that in the winter months we spend around 90 percent of our day indoors. There's a growing awareness about how much our surroundings can affect our well-being. Now more than ever, it's important that interior settings are planned to enhance good health. Being in nature has been shown to provide a sense of calmness, lower blood pressure and heart rate, and inspire a feeling of well-being. During the cold weather months, we can bring nature inside to obtain these benefits.

The term "biophilia" or "love of nature or life" appeared for the first time in 1984. The "biophilia effect" describes the positive impact experienced when sensing nature via sight, sound, smell, or touch. Edward Wilson, an American biologist, proposed in his book "Biophilia" that people have an innate tendency to seek and form connections with other forms of life. He stated that people can benefit when in close contact with nature and would suffer if excluded from it.

Writing in The Lancet, Roger Ulrich, a professor of architecture at Texas A&M University, cites a wealth of research showing the design of hospitals, from views of nature to floor design, can affect patient outcomes.

In shared living spaces, biophilia fosters connectivity. People feel welcome, relaxed, and are more likely to be social. These theories lead to healthy changes in architecture and interior design.

Feeling connected to nature may assist with the physical healing process. In Ulrich's frequently cited comparative study, 23 patients recovering from surgery provided with a view of trees outside their windows recovered faster than a matched set of 23 patients whose windows faced a brick wall. When patient rooms

had views of nature, postoperative stays were generally shorter, less pain medication was dispensed, and overall condition improved. Evidence shows that representational images of nature such as landscapes, gardens, and waterscapes can reduce stress and can speed healing.

One study by researchers Katcher, Segal, and Beck found that patients waiting to undergo dental surgery exhibited lower anxiety levels when an aquarium was placed in the waiting area. Another experiment conducted with blood donors found that those who viewed a wall-mounted television showing a tape of nature had lower blood pressure and pulse rates than those donors who watched a tape of an urban setting or a game show. Even when a direct connection to nature isn't available, imagery of nature has positive benefits for health and well-being.

One studied effect of biophilia is reduced stress.

"Studies have shown that positive nature experiences can lower blood pressure, reduce production of stress hormones and improve cognitive performance," said environmental design researcher and strategist William Browning and his co-author Catherine Ryan in their book "Nature Inside: A Biophilic Design Guide. Browning and Ryan have created buildings and master projects that have been praised for their contribution to improving health and well-being with biophilic elements.

Basic biophilic decor strategies are easy to achieve by placing freshly cut flowers in view or caring for houseplants. Houseplants provide emotional and physical health dividends. According to a NASA study of interior landscape plants that could lower indoor air pollution, golden pothos, bamboo palms, spider plants, snake plants, and lavenders were all shown to improve interior air quality and neutralize certain air-borne toxins.

You can benefit from this effect in multiple ways. Cultivate fragrant herbs in the kitchen for meals and you can enjoy the greenery and also distribute them throughout the house to bring in a breath of nature. If live specimens aren't an option, select pictures, place mats, or wall hangings that depict favorite plants and flowers.

Materials that represent nature can help to create a soothing environment. Select organic

textures and materials, such as woven baskets, wood bead cushions, or items that simulate nature, such as a decorative plate shaped like a pine cone or a seashell. Many studies have concluded that exposure to wood paneling can reduce blood pressure, and similar results have been reached in connection with indoor plants. Together, plants and wood can revitalize any space and comfort occupants.

Dr. Richard Taylor, of the University of Oregon physics department, notes that naturally occurring fractal groups are easy for the eye to understand and can calm the human nervous system.

Natural fractal groupings include recurring patterns, such as seen in leaves on a branch, tree bark, snowflakes, or ocean waves. Select materials with these patterns for accent pillows or wall-hangings or create a grouping of natural items as a focus piece. Selected textures can be used to mimic natural fractals, such as series of honeycomb-shaped tiles, the lined marks on a vase, or the repeated swirls on a crocheted comforter or rug. Create your own "fractals," filling jars or bottles with a combination of sand, rocks, pebbles, bark, and dried leaves.

Exposure to natural light can also elevate your mood. To maximize the natural light in your home, place mirrors to strategically capture sunlight at different times of the day. Keep the shades or curtains up for as many daylight hours as possible or think about using reflective paint on a strip of wall to capture natural light.

If rooms have limited natural light availability, install dimmer switches on light switches or lamps. Diffused light mimics the natural fluctuations of daylight, and this balance between high and low amounts of blue light is essential for a stable sleep schedule and elevated mood.

Plan to bring nature into living and working spaces. Creating an inside connection with nature can stimulate our senses, improve our mood, and provide a sense of well-being.

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.

Having plants in your home can clean the air and enliven the atmosphere.



Using natural materials and plants in your home decor can bring the beauty of nature inside.



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MINDSET MATTERS

Why You Can't Think Your Way to Happiness

More thinking, as it turns out, is not necessarily the solution to what ails us

NANCY COLIER

We spend our early years learning how to walk, talk, read, play sports, have conversations, and so on. We come to believe that knowing things is crucial for our happiness and survival. Knowing makes us valid, valuable, and powerful. Knowing makes us belong. Knowing also gives us a sense of control. If we can know something, we believe we can control it. If we can control it, we feel less vulnerable to the ever-changing currents of life. And we come to believe that if we can control life, we can be happy. In our modern world, we know through our minds. We make sense of things, organize ideas into rational patterns and linear progressions. Causes and effects. Knowing involves stringing together our

It can be helpful to realize that the other person's behavior probably comes out of their own suffering or ignorance.

thoughts about what's happening, why it's happening, and what we need to do about it. Whatever we want, whatever problem we think we have, we're convinced that thinking more about it will lead us to the answer we need. We think we can think our way out of and into everything. We even imagine that we can mentally muscle our way to serenity, that more thinking about life will ultimately lead us to peace. One of the inherent problems with our great faith in thinking is that it relies on the premise that our thoughts are true. We confuse our subjective experience with objective reality. And because of this, we believe that every narrative we construct from our thoughts is some form of absolute truth. If I have a fight with a friend, I then generate thoughts that create a story about what happened and how to solve the issue. The problem with that is that I'm basing the

storyline on my subjective experience and past wounds, conditioning, history, and core beliefs. I believe that my thoughts about what this person did reflect what happened, and that may be based on my assumptions about their motivation and character. From there, I come to some idea of what they need to stop or start doing in order for me to feel better, and I believe this is an inarguable fact. But the problem is, what I think this friend is doing may have nothing to do with what they think they're doing or what I'm doing, for that matter. Let's look at a hypothetical example between Friend A and Friend B. Friend A often brings over healthy snacks and tells Friend B they are low in sugar and full of nutrients. Friend A thinks this is an obvious expression of affection.

Continued on Page 11

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Don't Judge by External Appearances

Sounds obvious, but you will fall for it more than you'd like



We live in a time when it is especially easy to alter appearances.

JOSHUA BECKER

I once read a quote that said, "Do not judge by appearances; a rich heart may be under a poor coat." And I can't emphasize it enough.

We are a society quick to judge the success of others based on external appearances. But I can't think of a more foolish metric to utilize.

Some psychologists argue this is natural for humans, that we use the limited objective data available to shape the picture of something we consciously perceive.

Symbols of success can be easily acquired by those who aren't successful.

I suppose this makes sense to me. But here's the problem: We're terrible at it! Like really, really bad.

In fact, in one study, scientists asked students at a Chinese university to look at selfies and evaluate the personalities of the people pictured in five key personality characteristics. The students were wrong 80 percent of the time!

Eighty percent of the time, they were unable to determine the personality or character of a person based solely on appearance.

And yet, we continue to do it—over and over again. Often tricking ourselves into thinking we do it well.

But the proverb stands true, "Do not judge by appearances; a rich heart may be under a poor coat."

When we hear it, we know it is true. Judging a person based on external appearances is a foolish metric and we all know it.

For one reason, external appearances are easy to manipulate.

Symbols of success can be easily acquired by those who are not successful. Meanwhile, many successful people choose not to display their success with external symbols.

Do you know how easy it is to purchase a flashy car on credit? Or how quickly you can get ahead financially by simply buying a reasonable one? Night and day.

But this isn't a post about financial success. This is about choosing to not judge others by external appearance.

I have a good friend who lives on the other side of the country. Years ago, when a special needs newborn was abandoned at their local hospital, she and her husband offered to raise the child as their own.

Their new daughter would require almost 24-hour attention for the rest of her life, and yet, they chose to adopt her and bring her into their family.

Decades later now, my friend is not going to turn any heads when she walks into a room.

She doesn't pull into a parking lot driving an expensive vehicle. She doesn't wear the latest styles or expensive jewelry. The emotional and physical toll of raising her daughter 24 hours a day for the past 20 years shows on her face and physical appearance as you might imagine it would.

From all outward appearances, that we can figure out our way to happiness. We can come to believe that thinking more about a challenging situation will automatically help us fix it. We believe that the mind is the proper tool for every situation, but that's not true. In fact, it's often the worst tool. In many cases, what's needed for actual improvement, growth, or change

But on the inside, she may be the strongest, sweetest, kindest, most compassionate human being I've ever met. She is wiser than most anyone else in the room. And her heart is beautiful.

That's the thing about judging by external appearances. Many people trying to impress you with them aren't worth emulating.

And those living the most meaningful lives have long since given up trying to impress you with a fancy coat.

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



Character and competency don't always show in a person's face or fashion.

MINDSET MATTERS

Why You Can't Think Your Way to Happiness

More thinking, as it turns out, is not necessarily the solution to what ails us

Continued from **Page 9**

Friend B thinks Friend A only does this because she is judgmental about Friend B's weight. Friend A, meanwhile, thinks Friend B is the best friend she has ever had and is worried Friend B is at high risk for cardiovascular disease. Friend A is upset Friend B is not taking her diet seriously. Friend B is upset Friend A seems to look down on her.

Each friend has a different reality. For Friend A, eating well is something she learned from a young age. She puts time and effort into making healthy food, and it comes easily. And Friend A's father died of a heart attack, and she's afraid of losing someone she cares about. For Friend B, succeeding at work is crucial, and she feels overwhelmed by various obligations. She wants to eat better, but the thought of learning to cook better food and eat out less fills her with anxiety about one more thing she has to deal with. She doesn't believe her weight is a significant issue since most of her family members are a bit overweight, and her parents are healthy in their old age.

A friend's intentions and inner reality are a universe unto themselves and different from that in which we reside. We construct our own narrative about any given situation, but it's entirely based on thoughts and assumptions.

The whole narrative we've constructed is irrelevant, then. We are each operating in a universe (our minds) with rules and systems that make sense to us but that have little or nothing to do with what's happening in others' minds. What makes the dots connect in my thought system is of little use when applied to someone else's reality.

Figuring out life based on our personal narrative is an exercise in futility. To some degree, it's simply absurd.

This doesn't mean we shouldn't try to understand our experience. But rather, that we need to be aware that our version of reality lives only in our own mind. Our truth exists within us, and only within us. And, it co-exists with billions of other truths that exist in other people's minds. We can still present our version of reality to another person, but we can stop assuming that our subjective experience is true in some absolute way.

We don't have to work ourselves up into a lather believing we know the way it all needs to go. And we don't need to worry that if it doesn't go the way we've scripted it, that there's something wrong, or that we've been wronged.

It's profoundly liberating to realize that our version of the truth, which almost always places us at the center of what's driving everyone and everything else, probably isn't the same truth for anyone else.

There's yet another flaw in our assumption that we can figure out our way to happiness. We can come to believe that thinking more about a challenging situation will automatically help us fix it. We believe that the mind is the proper tool for every situation, but that's not true. In fact, it's often the worst tool. In many cases, what's needed for actual improvement, growth, or change

is something else entirely.

Sometimes, if we're dealing with a difficult person, the best thing we can do is nothing.

We are each operating in a universe (our minds) with rules and systems that make sense to us but that have little or nothing to do with what's happening in others' minds.

That means we don't try to understand their behavior or what we need to do about it. Instead, we just let it be what it is.

Often when we stop trying to figure out what's wrong, or how to fix everyone and everything and just let it be the way it is, our whole experience changes.

Because what we discover is that all our efforts to figure things out and create narratives can mislead us. We come to fixed understandings of reality that can often amount to little more than self-delusion. As a result, in trying to fix a problem, we may actually exacerbate it and create a whole lot of mental and emotional suffering for ourselves in the process. This can even leave us fomenting anger and resentment.

Sometimes when confronting a problematic person, it's wise to simply offer the generosity of compassion. Seek the serenity of not trying to control the situation and the wisdom of not trying to figure it out.

It can be helpful to realize that the other person's behavior probably comes out of their own suffering or ignorance. Remind yourself that they also want the same things you want—happiness, safety, and peace—even if the way they're seeking it may not seem wise to you.

Keeping our attention focused on kindness while resisting the urge to form concrete interpretations often improves the situation far more than any mental activity could. Wishing this person well, even if we can't understand their behavior, can bring us change—and relief.

Whether or not we can find compassion for this person, it's an act of profound compassion—for ourselves. It relieves us of the burden of trying to figure it all out. Few things let us feel better than letting go.

Knowing feels fundamental to our safety and control. But in the end, if what we really want is peace, then trying to understand a situation or person is not the wisest choice.

In place of figuring it all out (which I spent umpteen years doing), I now like to turn difficult people and situations into opportunities.

In place of trying to make sense of things, I focus on being the person I want to be in the situation. I turn my attention away



In many cases, our thoughts are based on an incomplete picture and lead us to a misconstrued perception of reality.

from figuring out what's making the other person do what they're doing and how to get them to change (according to my reality), and toward how I'm being in the midst of this reality.

This profound turn from something I can't control to something I can give me back my power—and more importantly, my freedom.

What's ironic is that if my underlying desire is for my external world to change with regard to this difficult situation, I've had far more success when my focus is on my own behavior rather than on others' behavior.

Taking my eye off the self-diagnosed problem and putting it on myself, how I'm acting and reacting in this difficulty, just plain works better. But even when the situation doesn't change on the outside, my experience of the situation on the inside radically changes when I shift my attention in this way.

Challenges become opportunities to grow and evolve; sometimes I actually even look forward to them. I get to practice being who I want to be. I get to choose what my own participation in life will look like.

The process of taking care of my own side of the street has never failed to be a nourishing and rewarding choice. It always changes my experience even when it doesn't change

a single thing on the outside.

If I had a nickel for every time I heard someone say, "When I don't try to figure it out, I'm happier and things go better," I'd have a lot of nickels. It's certainly been true for me.

One of the inherent problems with our great faith in thinking is that it relies on the premise that our thoughts are true.

Figuring it out may give us a sense of control and safety, but it doesn't make us feel better, which at the end of the day is what we really want.

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

Feeding the 'Good Wolf' Inside of Us

If we want a good life, we need to pay attention to the good things before us



We can call into two basic patterns of thought and being, one negative and one positive. The choice is ours.

JAY HARRINGTON

You may have heard the parable about the old Cherokee who is teaching his grandson about life: "A fight is going on inside me," he said to the boy.

"It is a terrible fight and it is between two wolves. One is evil—he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego."

He went on, "The other is good—he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith. The same fight is going on inside you—and inside every other person, too."

The grandson considered this and then asked his grandfather: "Which wolf will win?"

The old Cherokee replied, "The one you feed."

To "feed" a wolf is to bless it with our attention. To give it energy. To allow it to dominate our thoughts and narrative. The evil wolf reflects scarcity thinking—the good wolf reflects an abundance mindset.

David Foster Wallace warned, in not so many words, of the dangers of the evil wolf in a commencement speech at Kenyon

College. He described one of life's greatest challenges as resisting one's default setting: "To keep from going through your comfortable, prosperous, respectable adult life, dead, unconscious, a slave to your head and to your natural default setting of being uniquely, completely, imperially alone ... day in and day out."

Limiting beliefs and negative self-talk can keep us from a purposeful, happy life.

The good-wolf alternative, as Wallace describes it, is "being conscious and aware enough to choose what you pay attention to and to choose how you construct meaning from experience."

Choosing what to pay attention to sounds simple but is devilishly hard. The evil wolf looms large in the regrets of the past and the anxieties of the future. The good wolf flourishes in the present moment.

Success, happiness, contentment, joy, accomplishment—all of these things hinge on one's ability to tame the mind. To be conscious and aware. To make our minds our servants, not our masters.

That's easier said than done at a time when our attention is being sold to the highest bidder with companies investing billions to keep us in their platforms and advertisements. Taking back control is possible, but requires unplugging from the grid that feeds our worst instincts. A pattern-interrupting walk outside in the fresh, cold air can do wonders for mental health. A new book can inspire a new way of thinking. A conversation with an old friend can break the spell.

Limiting beliefs and negative self-talk can stop us from living purposeful, intentional, happy lives. Abundance thinking and positive narratives can set us free. It's our choice. We get what we feed.

Jay Harrington is an author, lawyer-turned-entrepreneur, and runs a northern Michigan-inspired lifestyle brand called *Life and Whim*. He lives with his wife and three young girls in a small town and writes about living a purposeful, outdoor-oriented life.

Lockdown Study Finds Undiagnosed Mental Health Crisis Among New Mothers

Researchers find social distancing the main cause of increased feelings of depression and anxiety

VICKY FALLON, SERGIO A. SILVERIO & SIAN MACLEOD DAVIES

New mothers experienced worryingly high rates of depression and anxiety during the first lockdown, our new research has revealed. One of the major contributing factors to them feeling this way was the psychological impact of social distancing measures.

Our study examined the psychological and social experiences of more than 600 women with babies between birth and 12 weeks old during the first lockdown in the United Kingdom.

We wanted to understand the prevalence rates of “clinically relevant” maternal depression and anxiety. By clinically relevant, we mean mothers who scored above a certain threshold on questionnaires normally used by clinicians when they assess and diagnose mental health conditions.

Usual rates of depression and anxiety after birth in the UK are around 15 percent. Our survey found similar rates, with 11 percent of women reporting they already had a current clinical diagnosis of depression and 18 percent reporting an existing clinical diagnosis of anxiety.

However, when we explored this further, we actually found that a much higher proportion was experiencing depression and anxiety—they just didn’t have a formal clinical diagnosis yet.

This was revealed when we examined how many of the mothers scored above the clinical threshold on the mental health questionnaires they completed. The findings were deeply concerning. We found that 43 percent of the women met the criteria for clinically relevant depression and 61 percent met the criteria for anxiety.

This means that more than a third of the women who met the criteria for depression and anxiety didn’t report having a current clinical diagnosis.

We also asked mothers whether they felt their feelings or relationships had been affected by the introduction of social distancing measures. Our analysis found that the perceived psychological impact of social distancing was the main contributing factor influencing feelings of depression and anxiety.

Disruption to Motherhood

It has been well established that the early postnatal period is a time of vulnerability

New mothers have had reduced social support from family and friends due to lockdown restrictions.

Maternal mental health after birth is compromised even further when combined with the stresses of the pandemic.



JACOB LUND/SHUTTERSTOCK

New research reveals that rates of depression and anxiety among new mothers higher than previously believed.

for depression and anxiety. But our study shows that maternal mental health after birth is compromised even further when combined with the stresses of the pandemic.

During the first UK lockdown in March 2020, new mothers experienced major disruptions to care and support. These included reduced in person access to postnatal health services such as health visitor appointments, breastfeeding counseling, and baby weigh-in clinics.

New mothers had reduced social support from family and friends due to lockdown restrictions. Birth partners were also not able to support the mother during the labor and birth of their baby due to hospital visiting restrictions.

While these measures were essential in minimizing the spread of COVID-19, the psychological risks of having a baby during this time have received much less attention.

Our findings are even more troubling when considering the subsequent lockdowns that mothers have experienced since March 2020—particularly during the winter months. The cumulative effect of lockdowns on maternal mental health has yet to be studied in detail. But we don’t expect it will be any better now than it was last year.

Protect Maternal Well-Being

We believe our study has highlighted a maternal mental health crisis that requires urgent attention and intervention. High rates of depression and anxiety during the pandemic have also been found in other developed countries, indicating that UK mothers aren’t alone when it comes to mental health.

There is already consistent evidence that postnatal depression and anxiety are

linked to a range of negative outcomes outside of COVID-19 in terms of the health, development, and behavior of children. There is a need for longitudinal research to address the short- and long-term consequences of the pandemic on maternal mental health.

We also know that reduced access to diagnosis and treatment during the pandemic is likely to further affect mental health, widening the gap between the prevalence of poor mental health and diagnosis and appropriate treatment. That is why we are calling for better access to perinatal mental health care during the pandemic and beyond.

It is crucial that mental health interventions are timely and meet mothers’ needs to prevent the escalation of symptoms and prevent additional burdens to health care systems. Interventions must be developed with flexibility to ensure they work in both this and any future health crises.

One positive that can be drawn from our research is that more than 80 percent of women didn’t experience changes in how they felt about their relationship with their baby. Perhaps this indicates that despite all the disruptions and restrictions encountered when having a baby during lockdown, the mother-infant relationship remains stable. This should provide some small comfort to those families waiting for some form of normality to return.

Vicky Fallon is a lecturer in health psychology at the University of Liverpool in England. Sergio A. Silverio is a research associate in social science of women’s health at King’s College London, and Siân Macleod Davies is a Ph.D. researcher at Liverpool John Moores University. This article was first published on The Conversation.

WISE HABITS

Relaxing With Chaos

Life is full of uncertainties that test our ability to relax and act

LEO BABAUTA

There’s a big part of us that doesn’t like chaos: We want order and simplicity. We want to feel we’re on top of things. But that’s not how life works.

So when things feel chaotic, we scramble for some kind of stability.

When we feel overwhelmed and behind, we might beat ourselves up and try to look for a system to get things under control.

When someone is upset with us, we might not like the feeling of being judged and the uncertainty about how people see us, and so we might lash out at them or spin around a story for days about how terrible that person is.

When plans don’t go how we hoped they would, we feel like we’re on unsteady ground, and we start criticizing ourselves or feeling like we’re doing things wrong and things are out of control. This might bring a lot of stress into our lives.

When we think about putting our work out there into the world (by writing a book or putting out an album, for example) we worry about being judged and might decide that we won’t be OK if that happens, that it just feels too scary. As a result, we delay putting our work out there, maybe for years—maybe forever.

Do you relate to any of these examples? In fact, the uncertainty of our chaotic lives is perhaps the main cause of our anxiety, stress, frustration, self-doubt, fears, procrastination, distraction, and more.

We know we’re feeling this chaos when we reach for a new tool, system, method, tactic, plan, expert, book on a topic—or our phones.

There’s nothing wrong with any of these things. It’s just how we normally respond to chaos.

But if we could relax in the middle of that chaos, we would find additional options:

- We would be OK with the feeling of overwhelm, and not need to panic or feel bad.
- We would simply take the next step instead of procrastinating.
- We could focus on one thing at a time instead of being paralyzed.
- We could put our work out into the world, accepting that we will be judged.
- We could give a friend that is upset with us compassion rather than worrying about whether we’ll be OK.
- We could simply meditate, go for a walk, exercise, eat healthy food, deal with our finances, and take other simple, helpful actions that we put off when we feel stressed about chaos.



FIZKES/SHUTTERSTOCK

Our lives are full of unexpected—and often unwelcome—events. Learning to see our emotional response to this chaos is the first step to transcending it.

The key is to learn to relax with chaos. And from that place, decide on the next simplest step.

Training With the Chaos

To transcend the feelings chaos brings, we first have to notice when we’re feeling chaos. Then we can use it as a kind of meditation, to breathe and relax.

Notice when you’re feeling chaos. You don’t have to look for it—you’re probably feeling it right now. The world will always give us enough chaos to practice with. It’s a gift.

Notice it, and then pause.

Breathe. Deep into your belly, slowly, letting yourself relax with each breath.

Then learn to relax with this feeling of uncertainty, fear, and anxiety.

Breathe, and with each breath, relax into the feeling of chaos.

Repeat.

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

Pandemic-Fueled Alcohol Abuse Creates Wave of Hospitalizations for Liver Disease

Women at greater risk because they metabolize alcohol slower and may face greater stress due to pandemic impacts

ELI CAHAN

As the pandemic sends thousands of recovering alcoholics into relapse, hospitals across the country have reported dramatic increases in alcohol-related admissions for critical diseases such as alcoholic hepatitis and liver failure.

Alcoholism-related liver disease was a growing problem even before the pandemic, with 15 million people diagnosed with the condition around the country, and with hospitalizations doubling over the past decade.

But the pandemic has dramatically added to the toll. Although national figures are not available, admissions for alcoholic liver disease at Keck Hospital of the University of Southern California were up 30 percent in 2020 compared to 2019, said Dr. Brian Lee, a transplant hepatologist who treats the condition in alcoholics. Specialists at hospitals affiliated with the University of Michigan, Northwestern University, Harvard University, and Mount Sinai Health System in New York City said rates of admissions for alcoholic liver disease have leapt by up to 50 percent since last March.

High levels of alcohol ingestion lead to a constellation of liver diseases due to toxic byproducts associated with the metabolism of ethanol. In the short term, these byproducts can trigger extensive inflammation that leads to hepatitis. In the long term, they can lead to the accumulation of fatty tissue, as well as the scarring characteristic of cirrhosis—which can, in turn, cause liver cancer.

Since the metabolism of alcohol varies among individuals, these diseases can show up after only a few months of heavy drinking. Some people can drink heavily without experiencing side effects for a long time; others can suffer severe immune reactions that rapidly send them to the hospital.

Leading liver disease specialists and



ALL PHOTOS BY SHUTTERSTOCK

The pandemic has left many people with too much time, too much stress, and too few reasons not to drink.

High levels of alcohol ingestion lead to a constellation of liver diseases.



psychiatrists believe the isolation, unemployment, and hopelessness associated with COVID-19 are driving the explosion in cases.

“There’s been a tremendous influx,” said Dr. Haripriya Maddur, a hepatologist at Northwestern Medicine. Many of her patients “were doing just fine” before the pandemic, having avoided relapse for years. But subject to the stress of the pandemic, “all of a sudden, [they] were in the hospital again.”

Across these institutions, the age of patients hospitalized for alcoholic liver disease has dropped. A trend toward increased disease in people under 40 “has been alarming for years,” said Dr. Raymond Chung, a hepatologist at Harvard University and president of the American Association for the Study of Liver Disease. “But what we’re seeing now is truly dramatic.”

Maddur has also treated numerous young adults hospitalized with jaundice and abdominal distension emblematic of the disease—a pattern she attributes to the pandemic-era intensification of economic struggles faced by the demographic. At the same time these young adults may be entering the housing market or starting a family, they find that entry-level employment, particularly in the vast, crippled hospitality industry, is increasingly hard to come by. “They have mouths to feed and bills to pay, but no job,” she said, “so they turn to booze as the last coping mechanism remaining.”

Women may be suffering disproportionately from alcoholic liver disease during the pandemic because they metabolize alcohol at slower rates than men. Lower levels of the enzyme responsible for degrading ethanol lead to higher levels of the toxin in the blood and, in turn, more extensive organ damage in women than in men who drink the same amount. (The CDC recommends that women have one drink or less per day, compared with two or fewer for men.)

Socially, the “stress of the pandemic has, in some ways, particularly targeted women,” said Dr. Jessica Mellinger, a hepatologist at the University of Michigan. Lower wages, less job stability, and the burdens of parenting tend to fall more heavily on women’s shoulders, she said.

“If you have all of these additional stressors, with all of your forms of support gone—and all you have left is the bottle—that’s what you’ll resort to,” Mellinger said. “But a woman who drinks like a man gets sicker faster.”

Nationwide, more adults are turning to the bottle during the pandemic. One study found rates of alcohol consumption in spring 2020 were up 14 percent compared with the same period in 2019, and drinkers consumed nearly 30 percent more than in pre-pandemic months. Unemployment, isolation, lack of daily structure, and boredom have all increased the risk of heightened alcohol use.

“The pandemic has brought out our uneasy relationship with alcohol,” said Dr. Timothy Fong, an addiction psychiatrist at UCLA. “We’ve welcomed it into our homes as our crutch and our best friend.”

The age of patients hospitalized for alcoholic liver disease has been dropping.

These relapses, and the hospitalizations they cause, can be life-threatening. More than 1 in 20 patients with alcohol-related liver failure die before leaving the hospital, and alcohol-related liver disease is the leading cause for transplantation.

The disease also makes people more susceptible to COVID-19. Patients with liver disease die of COVID at rates three times higher than those without it, and alcohol-associated liver disease has been found to increase the risk of death from COVID by an additional 79 to 142 percent.

Some physicians, like Maddur, are concerned that the stressors leading to increased alcohol consumption and liver disease may stretch well into the future—even after lockdowns lift. “I think we’re only on the cusp of this,” she said. “Quarantine is one thing, but the downturn of the economy, that’s not going away anytime soon.”

Others, like Lee, are more optimistic—albeit cautiously. “The vaccine is coming to a pharmacy near you, COVID-19 will end, and things will begin to get back to normal,” he said. “But the real question is whether public health authorities decide to act in ways that combat [alcoholic liver disease].”

“Because people are just fighting to cope day to day right now.”

This story was produced by KHN, which publishes California Healthline, an editorially independent service of the California Health Care Foundation.

Consuming a Mediterranean Diet Can Benefit Your Thinking Skills Later in Life

SARAH COWNLEY

A new study from the University of Edinburgh has found that people who consume a Mediterranean-style diet have better thinking skills when analyzed. The diet includes a proportionally high amount of olive oil, unrefined cereals, fruits, and vegetables, with relatively little non-fish meat, and a moderate amount of dairy products and wine.

Eating more green leafy vegetables and cutting down on red meat might be two key food elements that contribute to the benefits of the Mediterranean-style diet.

Dr. Janie Corley

The new findings add to the mounting evidence that suggests a Mediterranean-style diet has benefits for cognitive functioning later in life. For the study, researchers tested

the thinking skills of more than 500 people aged 79. None of the participants had dementia.

Each participant was required to complete tests involving problem-solving, thinking speed, memory, and word knowledge. They were also directed to fill out a questionnaire about their eating habits during the previous year. More than half the participants also underwent a magnetic resonance imaging (MRI) brain scan to test for their brain structure.

Researchers used statistical models to look for associations between participant diet habits, thinking skills, and brain health later in life.

It was found that, in general, participants who followed a Mediterranean-style diet had the highest cognitive function scores. Results were adjusted for childhood IQ, physical activity, smoking, and other related health factors. These differences were small but statistically significant.

Dr. Janie Corley concluded the study by saying: “Eating more green leafy vegetables and cutting down on red meat might be two key food elements that contribute to the benefits of the Mediterranean-style diet. In our sample, the positive relationship between a Mediterranean diet and thinking skills is not accounted for by having



BROOKE LARK/UNSPLASH

A Mediterranean-style diet has benefits for cognitive functioning later in life.

a healthier brain structure, as one might expect. Though it’s possible there may be other structural or functional brain correlates with this measure of diet, or associations in specific regions of the brain, rather than the whole brain, as measured here.”

No Relationship to Better Brain Health

While the study did find a link between diet and thinking skills, it didn’t find a connection to better brain health. Researchers also note that gray- and white-matter volume, markers of healthy brain aging, didn’t differ between those regularly eating a plant-based diet and those who didn’t.

A Mediterranean diet has been found to have many health benefits for overall health and many experts believe it is one of the best ways to eat to stay healthy. In fact, it has been credited as the reason why so many southern European regions have such high life expectancy.

Sarah Cownley earned a diploma in Nutritional Therapy from Health Sciences Academy in London, England, and she enjoys helping others by teaching healthy lifestyle changes through her personal consultations and with her regular contributions to the Doctors Health Press. This article was originally published on Bel Marra Health.

Are Digital Pills in Your Future?

New pills raise privacy and ethical concerns over their ability to send a signal to up to 5 people when taken

JOSEPH MERCOLA

In November 2017, the FDA approved the digital pill Abilify MyCite to treat schizophrenia, depression, and bipolar disorder; a one-month supply costs \$1,500, well out of range of affordability for many suffering from schizophrenia.

The pill includes a digital sensor that reacts with stomach acid when taken, sending a signal to a patch worn by the patient that then sends a signal to a smartphone app notifying up to five people that the pill was taken.

At the time of approval, concerns arose over how this new capability opened the door to various abuses, though there was little discussion of the worrying possibility of how such technology could be used by repressive governments.

The cost is nearly 30 times the cost of the generic pill for a 30-day supply. Schizophrenia affects approximately 1 percent of the population, yet a meta-analysis of 31 studies involving 51,925 people who were homeless found there is a significantly higher prevalence of schizophrenia, schizophreniform disorder, and schizoaffective disorder in the homeless population.

There were also questions at the time of approval over why a drug targeting schizophrenia was the first to include the technology, given that many people with this condition suffer delusions and paranoia. A drug that sends a signal from inside their body seems especially unattractive to this population.

The drug is the creation of Proteus Digital Health. Although the system was intended to improve drug adherence at the time it was conceived and developed, there was no evidence to prove it raised medication compliance.

More than three years later and under new leadership by etectRx, which acquired Proteus when Proteus went into bankruptcy, there is renewed focus on determining whether it improves patient adherence. Now called the "ID Cap System," the technology is set to make remote patient monitoring easier and to



▲ New digital pills are marketed as a way to ensure better adherence to doctors orders.

allow "real-time intervention" of doctors with their patients.

Digitals Pills Scheduled for an Upgrade

As CEO for etectRx, Valerie Sullivan talked about the differences between etectRx, Proteus, and other companies in the market. Reiterating that her company is different because their focus is almost exclusively on patient compliance, including branding and clinical trials, Sullivan said:

"This pandemic era we're in has ramped up interest in telehealth generally. The remote patient monitoring that ID-Cap System enables can reduce clinical trial costs, eliminate non-adherence among patients, and allow for real-time intervention with them."

In early January, MedCity News re-

ported that etectRx teamed up with Pear Therapeutics to develop products combining the technology from both companies. They announced the initial project will be on medication related to mental health. In a phone interview with MedCity News, Sullivan commented on the "value in having patients see for themselves and feel empowered that when they take their medication, they feel better."

The new version of these digital pills will contain wireless sensors embedded in the medication to communicate with a wearable lanyard device, as opposed to a patch stuck to your stomach. Pear and etectRx haven't yet partnered with pharmaceutical companies to produce the technology for existing medications.

Digital Medicine May Be a Tough Pill to Swallow

Sullivan anticipates there may be some pushback from patients, doctors, and even drug makers. Digital Commerce reported that British consulting firm L.E.K. Consulting found the technology may not be as well-received as the digital pill companies hope.

Speaking with a journalist from The New York Times, Ameet Sarpatwari from Harvard Medical School expressed concern about the technology, saying it "has the potential to improve public health, [but] if used improperly it could foster more mistrust, instead of trust."

Patients would be able to decide if their doctor and up to four other people could receive the data showing when the pills were taken. Patients would also have access to a cellphone app that could let them change their minds and block recipients later.

Of course, it isn't inconceivable that future situations could emerge in which the patient didn't get to make that choice themselves. The more benign scenarios include mental health patients who can be discharged from involuntary admissions based on drug regime adherence and possibly even parolees who must take specific drugs to be released from a psychiatric facility.

More common concerns around this technology are the potential invasion of privacy and whether individuals may feel pressured to allow their doctors to monitor their medication. Dr. Peter Kramer, psychiatrist and author, believes digital technology may be ethical for a "fully competent patient," but questions whether a digital drug may potentially become a "coercive tool."

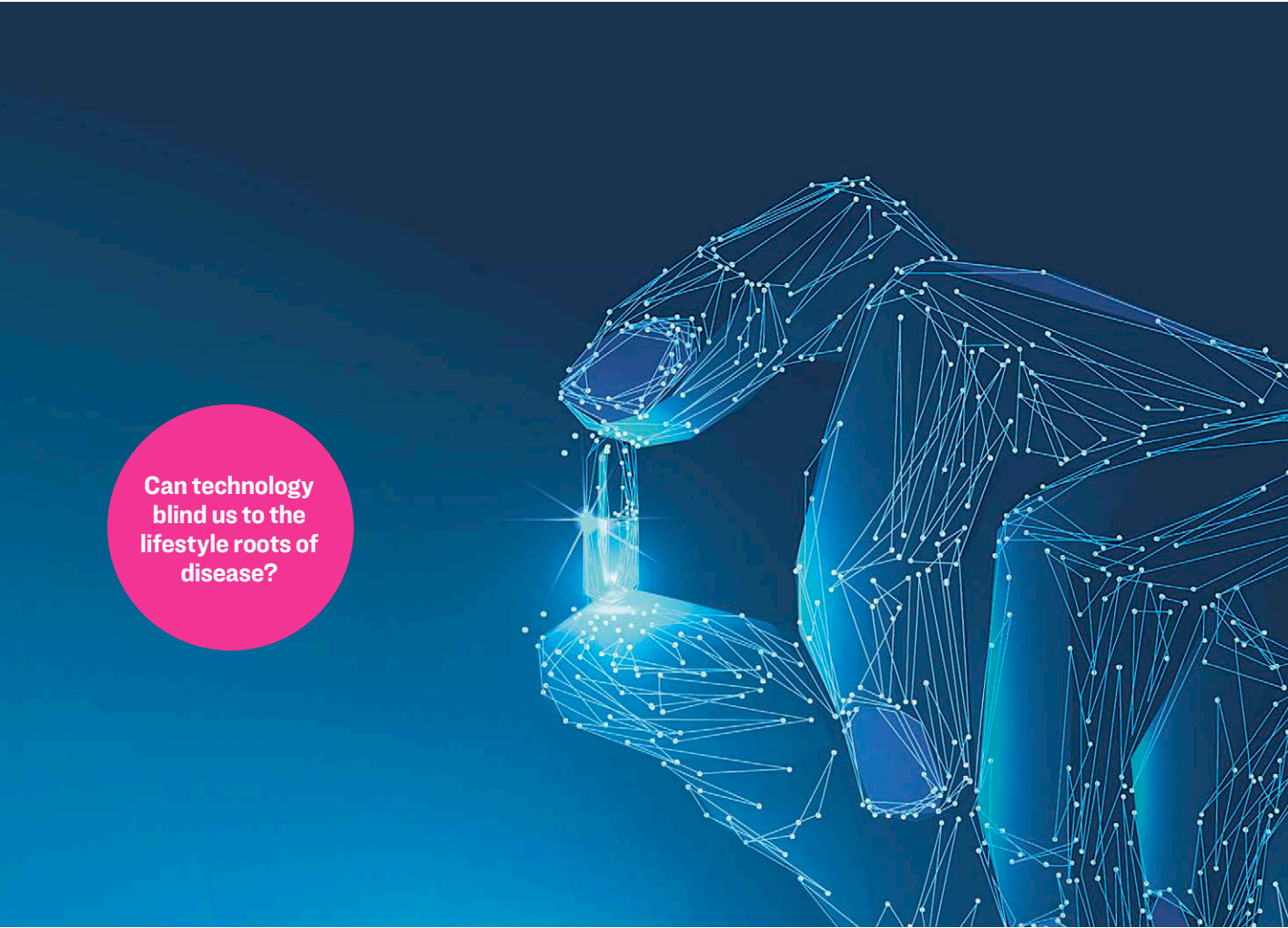
Some experts believe that older adults, who wish to have help remembering to take their pills, may welcome these devices. Other potential uses for this type of technology can be expanded as well as incentivized by insurance providers to monitor opioid use and clinical trial participants.

On a different note, in 2019, Proteus announced it was testing a chemotherapy digital pill on patients with colorectal cancer. Again, the idea was to improve outcomes by ensuring medication adherence. The difference between this pill and the one for schizophrenia was that it wasn't necessary for the chemotherapy pill to go through a round of regulatory approval based on the way in which the sensor was packaged within the capsule.

Technology Meant to Provide an Answer for Compliance

The chemotherapy drug was administered through Fairview Health Services in Minnesota, where the health care system paid Proteus in the hopes that it would help save them money by improving patient outcomes. The contract stated that Fairview would be paid when cancer patients took their chemotherapy as prescribed by their physician 80 percent of the time.

When patients didn't meet the threshold, the digital pill company didn't get



paid. Despite plans to become a high-tech generic drug manufacturer, Proteus' vision ended with its bankruptcy. Some experts saying the failure was on the part of the company and not the result of failed technology.

Specifically, according to digital health venture fund and research group Rock Health, Proteus may have paid the price for a tactical choice by picking a "therapeutic area with a degree of difficulty that's an eight or nine out of 10." Even so, while the digital pill companies are taking aim at medication adherence, it may not be a fiscally responsible direction.

When medication is the only intervention sought, poor adherence can result in health complications and increased costs. This means that medication adherence and patient compliance are health care challenges the system seeks to overcome.

Data show some of the reasons why older adults don't adhere to their medication schedule include a lack of meaningful communication with health care providers, cost, fear of addiction, cognitive decline, and medication side effects. That's why chronic conditions, such as diabetes, high blood pressure, asthma, and depression, require ongoing changes in lifestyle and intention to control the conditions.

The extent to which nonadherence affects patient outcomes varies widely across studies, having been reported as high as 92 percent and as low as 10 percent. Data show approximately 50 percent of non-adherence is intentional and the other half happens when patients aren't aware they aren't taking the medication as prescribed.

However, a team of doctors and pharmacy professionals believe that while medication adherence is a problem in Western medicine, it isn't the only prob-

lem and may account for "only the third most frequent type of medication-related problem." One pharmacist argues that science should not be solely aimed at compliance but, rather, adherence as a segment of medication optimization.

Tied to medication optimization are adherence and a number of other factors that affect downstream costs such as adverse drug reactions, drug interactions, therapy failure, and dosing problems.

Seek Out the Root of Your Health Condition

Many health conditions respond to lifestyle and nutritional choices. For instance, there is data to show people with schizophrenia who are low in vitamin D, folic acid, and vitamin B12 have more severe symptoms. In other words, there are nutraceutical interventions that help reduce symptoms of schizophrenia, depression, anxiety, and many other health conditions.

Before becoming at risk for polypharmacy, or the use of multiple medications at one time to treat an ailment—and the side effects—seek out and work to correct the root of the health condition. Many times, there are lifestyle and nutritional changes you can make that have a significant impact on your overall health, and the symptoms or treatment of your health condition.

Dr. Joseph Mercola is the founder of Mercola.com. An osteopathic physician, best-selling author, and recipient of multiple awards in the field of natural health, his primary vision is to change the modern health paradigm by providing people with a valuable resource to help them take control of their health. This article was originally published on Mercola.com

More Risks Revealed for Antibiotic Exposure in Children

New study finds antibiotic use in children 2 and under linked to childhood-onset chronic diseases

Children 2 years old and under who take antibiotics are at greater risk for childhood-onset chronic diseases such as asthma, allergies, obesity, and ADHD, according to a new study published in Mayo Clinic Proceedings.

The study joins others that link antibiotic use and overuse with disease in young children, underscoring the need to weigh the prudent use of antibiotics against the harm they inflict on the gut microbiome early in life.

The findings, based on work by researchers at Mayo Clinic and Rutgers University, support the hypotheses that the trillions of symbiotic microorganisms living in and on the body that make up the microbiome shape the early development of immunity, metabolism, behavior, and other critical functions.

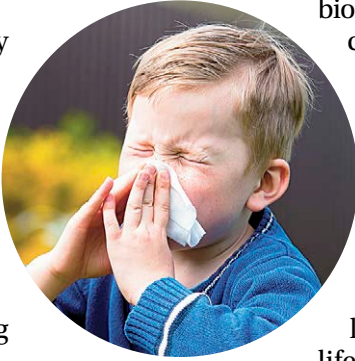
Early Antibiotic Exposure and Childhood Health

The population-based study covered all children born in Olmsted County, Minnesota from Jan. 1, 2003, to Dec. 31, 2011. It drew information on antibiotic prescriptions and analyzed the impact of anti-

biotic exposure on the risk of a few adverse health conditions. The researchers looked at 14,572 children, 70 percent of whom were prescribed at least one antibiotic in the first two years of life, mostly for respiratory or ear infections.

They concluded that early antibiotic exposure was connected with a greater risk of childhood-onset asthma, allergic rhinitis, eczema or dermatitis, Celiac disease, obesity or being overweight, and ADHD—all influenced by the number, type, and timing of the antibiotic exposure.

The risk climbed with more antibiotic courses and when given earlier in life, particularly within the first six months. The subjects also had a higher likelihood of having a combination of diseases, especially when given multiple prescriptions. Based on varied effects observed according to antibiotic type, the study found cephalosporin antibiotics were tied with the highest risk for



▲ Early use of antibiotics is linked to developing allergies.

multiple diseases, including autism and food allergies.

Previous studies have observed that short-term or low-dose antibiotic therapy can permanently alter the gut microbiome, demonstrating that these commonly prescribed drugs shouldn't be deemed harmless but instead should be used with caution, specifically in young children and pregnant women.

A 2019 study had concluded that administering antibiotics in the first year of life and through the subjects' lifetime was linked to the development of asthma and allergic rhinitis (hay fever). Prenatal exposure to antibiotics throughout pregnancy was also associated with increased odds of atopic dermatitis within the first 18 months of life among children born by atopic mothers.

The maternal use of antibiotics during pregnancy was also linked by a separate study to a higher risk of otitis media in

their children, emphasizing the possible transmission of an unfriendly bacterial environment from mother to child.

The Gut Microbiome Explained

Mounting evidence reveals that antibiotics influence not just the function of the immune system, but also your ability to fight infections and process food. It's therefore critically important to revisit how you use antibiotics.

The gut microbiome begins to form in utero and during birth and is vulnerable to disturbance in the first year of life. Early disturbances such as antibiotic exposure may adversely affect the gut microbiota by disproportionately changing the bacterial makeup, thus increasing the risk for developing childhood diseases such as allergies.

Bacteria have also developed the ability to defeat certain drugs in the human arsenal that are designed to kill them, heralding the age of antibiotic resistance. According to the U.S. Centers for Disease Control and Prevention (CDC), antibiotic-resistant infections affect at least 2.8 million people in the United States and kill more than 35,000 annually.

Infections caused by antibiotic-resistant

germs are difficult—and sometimes impossible—to treat. In most cases, antibiotic-resistant infections require extended hospital stays, additional follow-up doctor visits, and costly and toxic alternatives.

Study author Martin Blaser, director of the Center for Advanced Biotechnology and Medicine at Rutgers, said the evolution of drug-resistant bacteria illustrated an "unintended" effect of antibiotic overuse.

"The increasing prevalence of health conditions that start in childhood has triggered concern about antibiotic exposures during key developmental periods because of their impact on the microbiome," he said in a statement.

The findings provide evidence of the broad and delayed impact of early childhood exposure to antibiotics, encouraging changes in medical practices in prescribing antibiotics—especially for mild conditions, Blaser said. Read more scientific research on antibiotics, along with growing research on antibiotic resistance, on the GreenMed-Info.com database.

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New research supports the hypotheses that the trillions of symbiotic microorganisms living in and on the body shape the early development of immunity, metabolism, and behavior.



A 2019 study had concluded that children exposed to antibiotics in the first year of life were at greater risk of developing asthma and hay fever.

Muscle Loss Leads to Falls— and the Pandemic Is Making It Worse

As we age, we lose naturally lose muscle, but sitting around too much accelerates the process

ROGER FIELDING

Older adults are at much higher risk of death from COVID-19 than their younger counterparts, but many also face another, less-recognized health risk associated with the pandemic: loss of muscle mass. This loss is one of the primary reasons for falls—the No. 1 cause of accidental death in those 65 and older.

Also known as sarcopenia—from the Greek “sarco,” meaning flesh, and “penia” referring to deficiency or poverty—loss of muscle mass and strength is common among elders, but starts as early as our 30s. Poor diet is a risk factor for sarcopenia; so is physical inactivity. Now, with gyms closed and community centers on lockdown, many older people are arguably more sedentary than ever.

I lead a team of scientists who study the role of physical activity and diet on sarcopenia at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University. Every day, I am struck by how this condition affects patients. Not only can sarcopenia lead to falls; it can also lead to social isolation resulting from the falls, which can have a cascade of negative health consequences on older people. This is yet another example of the devastation caused by the pandemic.

Of Muscles and Men, and Women

Sarcopenia isn’t unique to the time of COVID-19, however. As people age, they will lose muscle mass and strength as part of the natural aging process. When people lose muscle mass, it’s replaced by fat and fibrous tissue, resulting in muscles looking like marbled steak. The rate of decline varies, with inactive seniors losing more than others. Researchers estimate that, generally, those between ages 60 and 70 have lost 12 percent of their muscle mass, with those over 80 having lost 30 percent.

Muscle loss can lead to falls which then lead to social isolation and a cascade of other consequences.

Muscle loss is a significant risk factor for falls, the leading cause of accidental death in those 65 and older.

This loss isn’t just about sagging skin and flabby arms. Loss of muscle mass leads to varying degrees of inability to perform daily activities, such as walking. That can begin a cascade of effects, including slower movement and loss of balance, which also restrict a person’s ability to live fully. In addition, sarcopenia is associated with inflammation, insulin resistance, a drop in testosterone and estrogen levels, and chronic diseases, such as Type 2 diabetes, heart disease, and pulmonary disease.

The Role of Exercise and Diet

There are no FDA-approved medications to treat sarcopenia, but candidate therapies are in the pipeline. In the meantime, a wealth of evidence highlights the positive benefits of physical activity and proper nutrition to prevent and treat sarcopenia. All types of exercise offer benefits, but resistance or strength training works best.

One study of older adults showed walking and low-intensity strength training reduced the risk of major mobility disability when compared with a health education control group over the course of two years.

Previously sedentary people—those reporting fewer than 20 minutes of physical activity per week—saw the greatest benefits. By adding at least 48 minutes of physical activity to their weekly routine, they experienced the biggest reduction in disability risk.

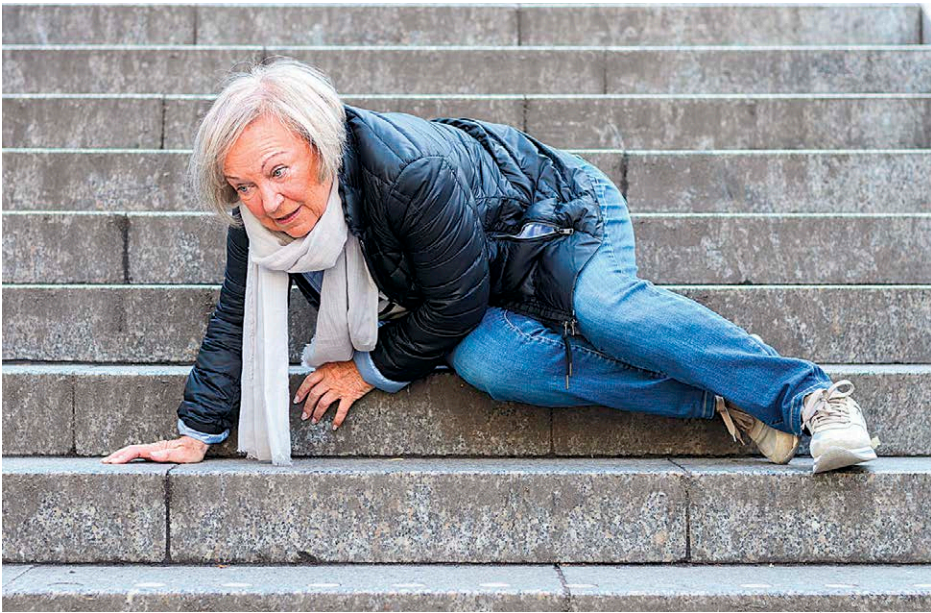
Other observational studies suggest diet can also influence age-associated declines in muscle mass and strength. Protein intake may play a role. In one study, older adults taking in the least amount of protein had inflammation scores twice as high as participants who consumed the most protein.

Another study found higher protein intake (92.2 grams a day) was associated with a 30 percent lower risk of increasing weakness compared with people taking in only 64.4 grams daily. But further research is needed to clearly establish the role of protein intake and other nutrients in sarcopenia.

As damaging as the effects of sarcopenia can be, there still is no universally agreed-upon clinical test for it. However, imaging techniques exist to measure muscle mass, along with tools to assess strength and physical functioning. Measures of muscle strength are closely associated with usual walking speed and the time it takes to rise from a chair.

Another issue is that despite all the studies, many clinicians remain unaware of this syndrome. Maybe one of the best ways to combat this condition is to educate them about sarcopenia—and just as critically, provide them with practical guidelines about appropriate physical activity and proper nutrition for their patients. Seniors, and their loved ones, deserve to know the risks.

Roger Fielding is a lab director and senior scientist at Tufts University in Massachusetts. This article was originally published on The Conversation.



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