

MIND & BODY

JUMPSTORY

When Trauma Gets Trapped in the Body

How we can overcome the shame, face the pain of life's unexpected jolts of agony

CONAN MILNER

Imagine if the sound of footsteps made you fear for your life. It's a feeling that author Karen Stefano suffered with for more than 30 years.

"When I go out on my runs, I'm very conscious of anybody running behind me and the sound of feet slapping concrete," Stefano said. "Sometimes, I want to pat myself on the back about how I cope, but then I go through episodes where I think, 'I haven't grown at all. I haven't gotten over this.'"

Not all footsteps trigger a panic attack, but Stefano never knows when her fear will strike. She recalls one episode a few years ago, when she was walking down the street on a sunny San Diego morning. It was a safe area. Plenty of people were milling around. But when Stefano heard the sound of a man jogging behind her, she became overcome with dread.

"I spun around and almost screamed at the poor guy. He was just mortified and apologized profusely even though he had done absolutely

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Our Hormones Have Been Hijacked

Human fertility rates are plummeting amid a tidal wave of endocrine-disrupting chemicals

JOSEPH MERCOLA

Plastic is such a ubiquitous part of modern life that it's hard to imagine a world without it. But in the grand scheme of things, plastics are still a new invention.

As noted by Pete Myers, the chair, founder, and chief scientist of Environmental Health Sciences, there's a lot we don't know about plastics and health—but then, there's a lot that we do. Particularly when it comes to the chemi-



The convenience of plastic comes at the risk of hormone disruption on a worldwide scale.

JUMPSTORY

cals in plastics, much is known about the risks they pose to human health, including to future generations through intergenerational endocrine disruption.

"It's enough to give me great pause," says Myers.

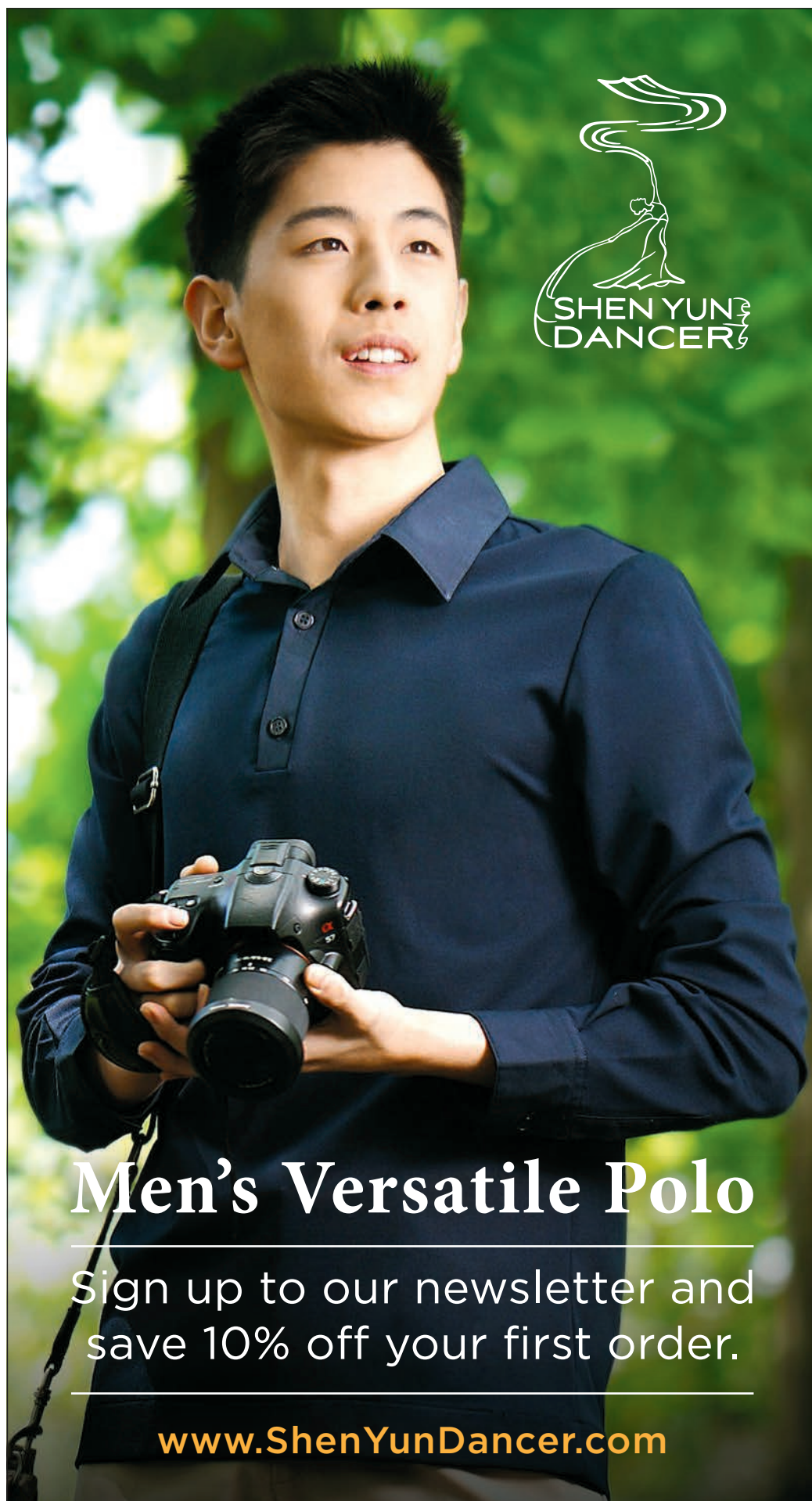
Endocrine disruptors—which are widespread in plastic products and similar in structure to natural sex hormones such as estrogen—interfere with normal hormone function, and more. According to Myers and other researchers, these chemicals

By 2030, 53 million metric tons of plastic may be dumped into our planet every year.

jeopardize the reproductive health—and continuation of—the entire human race.

"Your hormones have been hijacked. Your body's astonishing, finely calibrated signal system—a system that controls everything from your weight to your fertility to your mood—has been scrambled by loosely regulated chemicals manufacturers use in a myriad of ways, including in consumer products," says Myers.

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MADE TO MOVE

A Former Runner's Take on Walking

While this runner once thought walking wasn't enough exercise, she's since become a convert

LYNN JAFFEE

A few years ago at a friend's house, I met a woman who had lost over 100 pounds. I was clearly impressed and asked her how she did it. Her answer was simple.

"Walking," she said. Walking? She went on to elaborate that she just put on her shoes one day and pretty much began walking everywhere. And over the weeks and months, her weight just kept dropping.

At that time, I had been a runner for more than 40 years. I used to run mountain trails, road races, and a quick couple of miles after work just to let off some steam.

During my running days, I thought that walking wasn't enough exercise for me. However, when this woman described her weight loss, I realized that walking isn't a better or worse workout than running—it's just different. In fact, walking actually has a lot of benefits.

Taking a long walk at a moderate pace can increase the circulation of feel-good endorphins in your brain, the neurotransmitters responsible for the runner's high effect.

Here are some reasons why walking is a really good idea:

It burns calories. If you're walking to lose weight, however, how much you lose will depend on factors such as your pace, the distance you walk, the terrain you cover, and even your weight.

Walking can lower your risk for heart disease. Just 30 minutes a day is all you need to reap the heart-healthy benefits of a regular walking habit.

Taking a walk after a meal helps to lower your blood sugar. To improve your blood sugar levels overall, taking a short walk after each meal may be more beneficial than going for one long walk each day.

If you have joint pain, walking may actually help. Regular movement helps lubricate your hips and knees. It

also builds muscle mass to help support your bones and joints.

Want better immunity? Take up walking. Researchers have found that people who walked for 30 to 45 minutes each day at a medium pace had fewer colds and flus than study participants who didn't walk.

If you're prone to varicose veins, walking may help. The action of your leg muscles help to push blood back up from your lower body to your heart, reducing the strain on the veins in your legs.

Can't sleep? Try walking. It helps to tire you out and calm your mind.

Walking boosts your mood, especially if you're walking in the woods. A great deal of research that originated in Japan has documented that walking in a natural setting reduces stress, lowers your blood pressure, promotes better immunity, enhances creativity, and helps you recover faster from stressful situations. In addition, you don't need to run to get a runner's high. Taking a long walk at a moderate pace can increase the circulation of feel-good endorphins in your brain, the neurotransmitters responsible for the runner's high effect.

Walking strengthens your legs. This is especially true if you walk on hills or if your route includes some stairs.

Finally, walking is simple to do. It doesn't require any special equipment, just a comfortable pair of shoes. You don't need any lessons or special techniques; you can just head out the door and get started. However, if you want to mix it up, the options are endless. You can go for a hike, snowshoe through the deep stuff, do a city walking tour, or use walking poles to get your upper body involved. You can walk with a friend, walk with a dog, or just go it alone.

The simplicity, pace, and benefits of walking have made me a convert. Now, on most days, I head out onto the trails and into the parks near my house. It takes a little longer than a quick run, but my pace means that I don't miss the red-winged blackbirds when they arrive in the spring or the marsh marigolds blooming under a nearby boardwalk.

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



If you really want to take your walk to the next level, add some walking sticks and natural terrain. Bring some friends to keep it lively.

Glucose Monitors: Big Money, Little Evidence

People with Type 2 diabetes are being pushed to get costly devices, despite questionable benefit

PHIL GALEWITZ

In the nation's battle against the diabetes epidemic, the go-to weapon being aggressively promoted to patients is as small as a quarter and worn on the belly or arm.

A continuous glucose monitor holds a tiny sensor that's inserted just under the skin, alleviating the need for patients to prick their fingers every day to check blood sugar. The monitor constantly tracks glucose levels, sends readings to a patient's cellphone and doctor, and alerts patients when readings are headed too high or too low.

Nearly 2 million people with diabetes wear the monitors today, twice the number in 2019, according to the investment firm Baird.

There's little evidence that continuous glucose monitoring (CGM) leads to better outcomes for the estimated 25 million U.S. patients with Type 2 diabetes who don't inject insulin to regulate their blood sugar, health experts say. Still, manufacturers, as well as some physicians and insurers, say the devices help patients control their diabetes by providing near-instant feedback to change diet and exercise compared with once-a-day fingerstick tests. And they say that can reduce costly complications of the disease, such as heart attacks and strokes.

But continuous glucose monitors aren't cost-effective for Type 2 diabetes patients who don't use insulin, said Dr. Silvio Inzucchi, director of the Yale Diabetes Center.

Sure, it's easier to pop a device onto the arm once every two weeks than to do multiple finger sticks, which cost less than \$1 a day, he said. But "the price point for these devices is not justifiable for routine use for the average person with Type 2 diabetes."

Without insurance, the annual cost of using a continuous glucose monitor ranges from nearly \$1,000 to \$3,000.

Lower Prices Help Propel Use

People with Type 1 diabetes—who make no insulin—need the frequent data from the monitors in order to inject the proper dose of a synthetic version of the hormone, via a pump or syringe. Because insulin injections can cause life-threatening drops in their blood sugar, the devices also provide a warning to patients when this is happening, particularly helpful while sleeping.

People with Type 2 diabetes, a different disease, do make insulin to control the upswings after eating, but their bodies don't respond as vigorously as people without the disease. About 20 percent of Type 2 patients still inject insulin because their bodies don't make enough and oral medications can't control their diabetes.

Doctors often recommend that diabetes patients test their glucose at home to track whether they are reaching treatment goals and learn how medications, diet, exercise, and stress affect blood sugar levels.

The crucial blood test doctors use, however, to monitor diabetes for people with Type 2 disease is called hemoglobin A1c, which measures average blood glucose levels over long periods of time. Neither finger-prick tests nor glucose monitors look at A1c. They can't since this test involves a larger amount of blood and must be done in a lab.

The continuous glucose monitors also don't assess blood glucose. Instead, they measure the interstitial glucose level, which is the sugar level found in the fluid between the cells.

Companies seem determined to sell the monitors to people with Type 2 diabetes—those who inject insulin and those who don't—because it's a market of more than 30 million people. In contrast, about 1.6 million people have Type 1 diabetes.

Helping to fuel the uptake in demand for the monitors has been a drop in prices. The Abbott FreeStyle Libre, one of the leading and lowest-priced brands, costs \$70 for the device and about \$75 a month for sensors, which must be replaced every two weeks.

Another factor has been the expansion in insurance coverage.

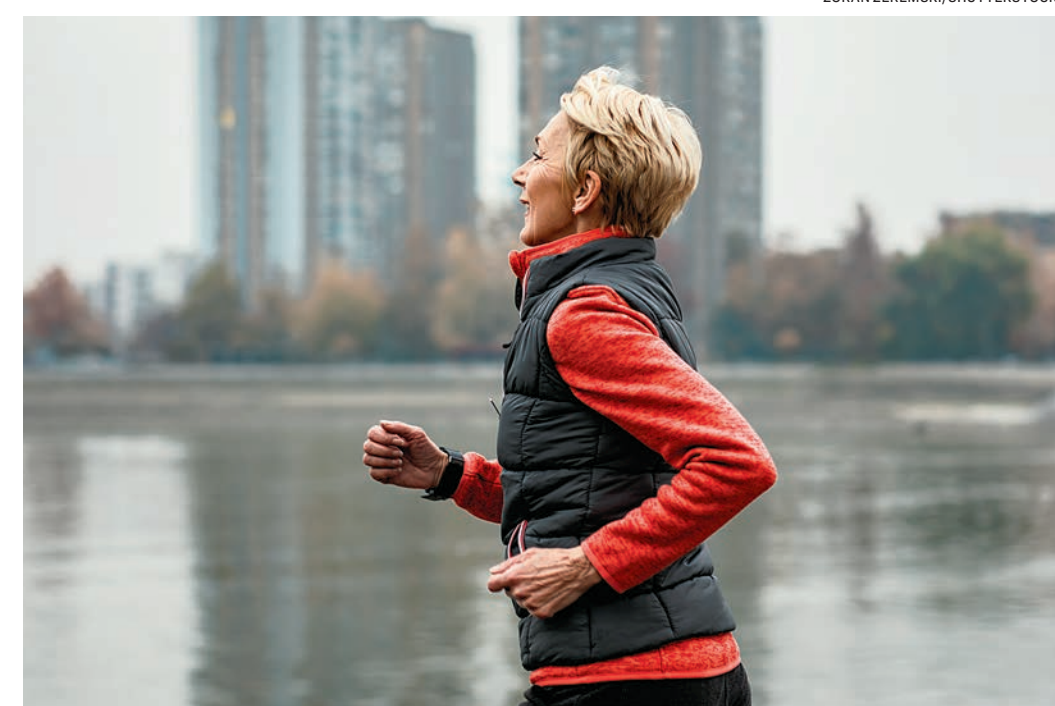
Nearly all insurers cover continuous glucose monitors for people with Type 1 diabetes, for whom it's a proven lifesaver. Today, nearly half of people with Type 1 diabetes use a monitor, according to Baird.

Type 2 diabetes doesn't usually require insulin treatments, but does call for attention to diet and physical exercise.

Without insurance, the annual cost of using a continuous glucose monitor ranges from nearly \$1,000 to \$3,000.



Trevis Hall, of Fort Washington, Md., credits a continuous glucose monitor with helping him get his diabetes under control. Makers of the device say that the instant feedback provides a way to motivate healthier eating and exercise. But experts point out that the few studies on the monitors show conflicting results.



A small but growing number of insurers are beginning to cover the device for some Type 2 patients who don't use insulin, including UnitedHealthcare and Maryland-based CareFirst BlueCross BlueShield. These insurers say they have seen initial success among members using continuous glucose monitoring (CGM) along with health coaches to help keep their diabetes under control.

The few studies—mostly small and paid for by device-makers—examining the impact of the monitors on patient's health show conflicting results in lowering hemoglobin A1c.

Still, Inzucchi said, the monitors have helped some of his patients who don't require insulin—and don't like to prick their fingers—change their diets and lower their glucose levels. Doctors said they've seen no proof that the readings get patients to make lasting changes in their diet and exercise routines. They said many patients who don't use insulin may be better off taking a diabetes education class, joining a gym, or seeing a nutritionist.

"I don't see the extra value with CGM in this population with current evidence we have," said Dr. Katrina Donahue, director of research at the University of North Carolina Department of Family Medicine. "I'm not sure if more technology is the right answer for most patients."

Donahue was co-author of a landmark 2017 study in JAMA Internal Medicine that showed no benefit to lowering hemoglobin A1c after one year of regularly checking glucose levels through finger-stick testing for people with Type 2 diabetes.

She presumes the measurements did little to change patients' eating and exercise habits over the long term—which is probably also true of continuous glucose monitors.

"We need to be judicious about how we use CGM," said Veronica Brady, a certified diabetes educator at the University of Texas Health Science Center and spokesperson for the Association of Diabetes Care & Education Specialists. The monitors make sense if used for a few weeks when people are changing medications that can affect their blood sugar levels, she said, or for people who don't have the dexterity to do finger-stick tests.

Some patients like Trevis Hall credit the monitors for helping them get their disease under control.

Last year, Hall's health plan, UnitedHealthcare, gave him a monitor at no cost as part of a program to help control his diabetes. He said it doesn't hurt when he

attaches the monitor to his belly twice a month.

The data showed Hall, 53, of Fort Washington, Maryland, that his glucose was reaching dangerous levels several times a day. "It was alarming at first," he said of the alerts the device would send to his phone.

Over months, the readings helped him change his diet and exercise routine to avert those spikes and bring the disease under control. These days, that means taking a brisk walk after a meal or having a vegetable with dinner.

"It's made a big difference in my health," said Hall.

This Market 'Is Going to Explode' Makers of the devices increasingly promote them as a way to motivate healthier eating and exercise.

The manufacturers spend millions of dollars pushing doctors to prescribe continuous glucose monitors, and they're advertising directly to patients on the internet and in TV ads, including a spot starring singer Nick Jonas during this year's Super Bowl.

Patients who don't use insulin may be better off taking a diabetes education class, joining a gym, or seeing a nutritionist.

Kevin Sayer, CEO of Dexcom, one of the leading makers of the monitors, told analysts last year that the noninsulin Type 2 market is the future.

"I'm frequently told by our team that, when this market goes, it is going to explode. It's not going to be small, and it's not going to be slow," he said.

"I believe, personally, at the right price with the right solution, patients will use it all the time."

Phil Galewitz is a senior correspondent at Kaiser Health News. He covers Medicaid, Medicare, long-term care, hospitals, and various state health issues. He has covered the health beat for more than two decades. He is a former board member of the Association of Health Care Journalists. This article was originally published by Kaiser Health News.



Trevis Hall's insurer gave him a monitor last year at no cost as part of a program to help control his diabetes. He says it doesn't hurt when he attaches the monitor to his belly twice a month.

While social factors play a role, hormone-disrupting chemicals have an ever-growing effect on fertility rates.



JUMPSTORY

Our Hormones Have Been Hijacked

Human fertility rates are plummeting amid a tidal wave of endocrine-disrupting chemicals

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These hijackers—known to scientists as ‘endocrine-disrupting chemicals’—are threatening our existence as a species. Driving this problem are chemical companies focused only on cheap plastics and regulators unwilling to do anything about it.”

Male Fertility Declining, Could Reach Zero by 2045

Myers highlights the book “Count Down,” written by Shanna Swan, a reproductive epidemiologist at Mount Sinai’s Icahn School of Medicine. It’s based on a 2017 study she co-wrote, which found sperm counts dropped by 59.3 percent from 1973 to 2011.

Men in certain countries had a 52.4 percent decline in sperm concentration and a 59.3 percent decline in total sperm count.

The most significant declines were found in samples from men in North America, Europe, Australia, and New Zealand, where many had sperm concentrations below 40 million/ml, which is considered the cutoff point at which a man will have trouble fertilizing an egg. Overall, men in these countries had a 52.4 percent decline in sperm concentration and a 59.3 percent decline in total sperm count (sperm concentration multiplied by the total volume of an ejaculate).

The book expands on what Swan describes as an impending fertility crisis: along with the dropping sperm counts, changes in sexual development pose a threat to human survival.

“The current state of reproductive affairs can’t continue much longer without threatening human survival,” Swan warns. In fact, she estimates that if current projections continue, sperm counts could reach zero in 2045.

Global fertility rates are also falling, reaching 2.4 births per woman in 2018, down from 5.06 in 1964. Fertility rates in about 50 per-

cent of countries worldwide are at 2.1, which is below population replacement level.

This cataclysmic drop in fertility rates makes human beings an endangered species, according to Swan and the generally accepted criteria for defining an endangered species. Within a generation, we could see a staggering decline in human reproduction. While there are numerous factors involved—including contraception and costs of raising children—biological reasons, such as declining sperm counts, increasing miscarriage rates, and genital abnormalities, are also driving down birth and fertility rates.

Endocrine-disrupting “everywhere chemicals” are a key culprit, she writes: “Chemicals in our environment and unhealthy lifestyle practices in our modern world are disrupting our hormonal balance, causing various degrees of reproductive havoc.”

Has the ‘Count Down’ to Infertility Begun?

“Count Down” brings some little-known findings into the spotlight, like the fact that a significant part of the global population may not be able to reproduce without technological assistance come 2050. Men today have about half the number of sperm compared to their grandfathers.

There appears to be a synergy occurring as well, which the book dubs “the 1 percent effect.” Sperm count, testosterone, and fertility are all dropping at about 1 percent a year while testicular cancer and miscarriage are rising at about the same rate.

Studies continue to link endocrine-disrupting chemical (EDC) exposure to reproductive health problems. One review of 35 studies looked at one common EDC—Bisphenol A.

“According to our findings, BPA has a direct negative impact on maternal, fetal, and neonatal outcomes, including birthweight, rates of preterm birth, developmental defects, and recurrent miscarriage,” wrote researchers in their 2017 review published in *The Journal of Maternal-Fetal & Neonatal Medicine*.

Another EDC used for making plastics more flexible is known as di-(2-ethylhexyl) phthalate (DEHP), a phthalate plasticizer.

“Clinical and experimental studies have indicated that exposure to DEHP is associated with developmental abnormalities of the reproductive system particularly of male neonates, endometriosis and miscarriage in women, low sperm counts and lower sperm motility and DNA integrity in men, and placental problems with higher rates of low birth weight, premature birth, and fetal loss in laboratory animals,” researchers warned in a 2016 study published in the *Journal of Applied Toxicology*.

Chemical exposure during pregnancy has been found to affect both masculinization and long-term fertility in males. In the wild, fish, frogs, and reptiles are also increasingly being born with both ovaries and testes.

Environmental Chemicals Causing Fertility Declines

A number of chemicals are wreaking havoc with human fertility. EDCs interfere with endogenous hormones, and it’s been found that some effects of exposure persist in future generations, even among males that weren’t directly exposed.

Research published in *PLOS Genetics*, for instance, found that exposing male mice to ethinyl estradiol, a synthetic sex hormone found in birth control pills, causes developmental problems in the reproductive tract, thereby lowering sperm counts (men may be exposed to birth control pills through contaminated water and other sources).

This study also revealed the generational effects of EDCs. *Environmental Health News* reported:

“They observed adverse effects starting in the first generation of mouse lineages where each generation was exposed for a brief period shortly after birth. The impacts worsened in the second generation compared to the first, and by the third generation the scientists were finding animals that could not produce sperm at all.”

“This latter condition was not seen in the first two generations exposed. Details of the experimental results actually suggested that multiple generations of exposure may have increased male sensitivity to the chemical.”

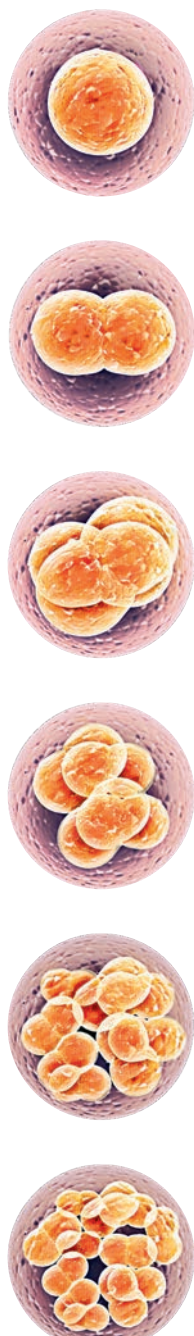
Other research adds further evidence that environmental chemicals are involved in fertility declines. A study published in *Scientific Reports* in 2016 found that dogs living in human households suffered similar declines in sperm quality to humans, with sperm motility declining by 30 percent over a 26-year period.

In the canine study, the researchers linked certain environmental chemicals to sperm problems and suggested they could also be responsible for the sperm quality declines in humans—a notion supported by a 2019 follow-up study also published in *Scientific Reports*.

Researchers from the University of Nottingham used sperm samples from 11 men and nine dogs from the same UK region. They exposed the sperm to doses of two types of environmental chemicals, diethylhexyl phthalate (DEHP) and polychlorinated biphenyl 153 (PCB153), currently found in the environment. The result was reduced sperm motility and increased DNA fragmentation.

The researchers believe dogs may act as a “sentinel” for declines in male fertility and that man-made chemicals used widely in home and work environments are the likely culprits. The previous 2016 study even detected such chemicals in dog sperm and some dog food.

Top Sources of Endocrine Disruptors
The Environmental Working Group (EWG) named the following 12 chemicals in their “dirty dozen” list of EDCs:



Our cells require an intricate and finely tuned biochemical system now being sabotaged by chemicals that mimic hormones.

LUKIVANOVA NATALIA FRENTA/SHUTTERSTOCK

Research Suggests Lockdowns Didn’t Reduce COVID Deaths

Multiple studies find lack of evidence that lockdowns had meaningful impact on pandemic

A review of data from 87 regions worldwide found that in about 98 percent of the comparisons, there was no evidence that lockdowns reduced the number of COVID-19 deaths.

The locking down of healthy people in their homes in order to prevent the spread of disease is an unprecedented public health move that has had devastating effects on the economy and has set a dangerous precedent for freedom and human rights.

Lockdowns deprive human beings of their innate need for social interaction.

If the lockdowns saved millions of lives, most people would feel they could be justified. But if these lockdowns have been ineffective, they’re easily—as Stanford professor Dr. Jay Bhattacharya put it—the “biggest public health mistake we’ve ever made.” Increasingly, research is confirming that lockdowns, in fact, were largely ineffective in reducing deaths from COVID-19 while also causing “catastrophic” harm to the public.

Bhattacharya is a professor of medicine at Stanford, and research associate at the National Bureau of Economics Research. He is also a senior fellow at the Stanford Institute for Economic Policy Research, and at the Stanford Freeman Spogli Institute.

‘No Evidence’ COVID Deaths Reduced by Staying Home

In November 2020, an international group of researchers released a study in the *Journal Computer Methods and Programs in Biomedicine*. It was based on a sophisticated mathematical model, which found that staying at home, on its own, did not have a major role in COVID-19 disease transmission. Building on this, researchers from Brazil set out to determine the association between COVID-19 deaths per million people and the percentage of people who remained in their residences on lockdown.

Using a combination of data from Google’s COVID-19 Mobility Reports, Our World in Data, and the Brazilian government, including 87 regions worldwide,

they used a novel approach for the study, assessing the association between staying at home and the reduction or increase in COVID-19 deaths. Specifically, they noted: “If the variation in the difference between the number of deaths/million in two countries, say A and B, and the variation in the difference of the staying at home values between A and B present similar patterns, this is due to an association between the two variables.”

“In contrast, if these patterns are very different, this is evidence that staying at home values and the number of deaths/million are not related (unless, of course, other unaccounted factors are at play).” The researchers published their study in *Scientific Reports* earlier in March. It has encountered criticism and is currently undergoing a type of peer review and discussion, with the publication waiting to hear from all voices before any final conclusions.

Both a restrictive and global analysis were performed in the study. In the restrictive analysis, direct comparison of two regions took place if three of the four following conditions were similar: population density, percentage of the urban population, human development index, and total area of the region. The global comparisons included regions and countries worldwide.

In the restrictive analysis, only one comparison (or 3 percent)—between the state of Roraima, Brazil, and the state of Rondonia, Brazil—was significant, while in the global comparisons only 1.6 percent were significantly different. “Indeed,” the researchers wrote, “the global comparison confirmed the results found in the restrictive one; only 1.6 percent of the death rates could be explained by staying at home.”

Put another way, in about 98 percent of the comparisons, there was “no evidence that the number of deaths/million is reduced by staying at home.” The findings were backed up by real-world examples taking place at the time. For instance:

“Our findings are in accordance with the dataset of daily confirmed COVID-19 deaths/million in the UK. Pubs, restaurants, and barbershops were open in Ireland on June 29th and masks were not mandatory; after more than 2 months, no spike was observed; indeed, death rates kept falling.

“Peru has been considered to be the most

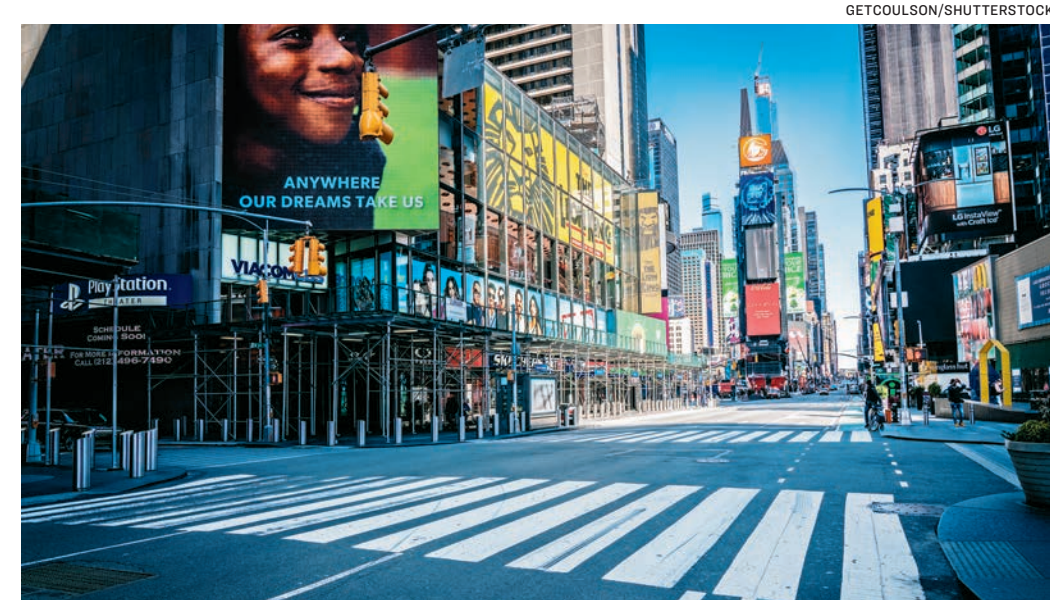
- Bisphenol A (BPA)
- Dioxin
- Atrazine
- Phthalates
- Perchlorate
- Fire retardants
- Lead
- Mercury
- Arsenic
- Perfluorinated chemicals (PFCs)
- Organophosphate pesticides
- Glycol ethers

Such chemicals are ubiquitous, being found in everything from food, drinking water, and household goods to personal care products, cleaning products, nonstick cookware, and foodware plastics. Others, like atrazine, are banned in the European Union but still widely used in the United States.

Early research by Tyrone Hayes, an integrative biologist at the University of California-Berkeley, hypothesized that atrazine turned on an enzyme (aromatase) that caused testosterone to be converted into estrogen. If you’re a male, this means that you won’t make sperm, but you will make estrogen, even though you shouldn’t.

According to Hayes and colleagues in research published in *Nature* in 2002, exposure to water-borne atrazine contamination led to “gonadal abnormalities such as retarded development and hermaphroditism” in 10 percent to 92 percent of male wild leopard frogs. Hayes published another study in 2010 in *Proceedings of the National Academy of Sciences (PNAS)*, which had similar findings.

Phthalates, another class of chemicals on the list, are linked to hormone changes and appear to trigger “death-inducing signaling” in testicular cells, making them die earlier than they should,” EWG noted. These chemicals have also come under fire for impairing brain development and putting children at higher risk of learning, attention, and behavioral disorders.



GETCULSON/SHUTTERSTOCK

Research suggests that pandemic lockdown had relatively little effect on infection rates despite massive impact on our economies and social lives.

strict lockdown country in the world, nevertheless, by September 20th, it had the highest number of deaths/million.”

They believe the stay-at-home orders represent a case of “exception fallacy,” also known as stereotype fallacy, in which conclusions are made about an entire group based on data or observations from one individual.

Great Barrington Declaration Calls for End of COVID Lockdowns

Bhattacharya, along with Sunetra Gupta, a professor at Oxford University, and Martin Kulldorff, a professor of medicine at Harvard University, wrote the Great Barrington Declaration in October 2020 to call attention to the devastating short- and long-term health effects being caused by lockdown policies and calling for a return to normalcy for those at low-risk. A number of harms resulting from lockdowns were identified by the team, including:

- Worse cardiovascular disease outcomes
- Deteriorating mental health
- A rise in opioid and drug-related overdoses
- Increases in dementia-related deaths
- Catastrophic learning losses for students
- Increase in all-cause mortality among 25- to 44-year-olds

The imposed social isolation that occurs during lockdowns deprives human beings of their innate need for social interaction. At least 13 studies demonstrate that social isolation increases mortality risk, and many Americans are experiencing mental crises as a result of the lockdowns and COVID fear-mongering being perpetuated by mainstream media. According to Bhattacharya and colleagues:

“In Massachusetts, emergency departments have seen about four times more children and teens in psychiatric crisis

than usual. One in four young adults in the U.S. seriously considered suicide this past June.”

Since October, thousands of public health scientists, medical practitioners, and researchers have endorsed the Declaration, which recommends “focused protection” in lieu of lockdowns, putting strategies in place to protect the elderly at high risk from infection while protecting those who are non-vulnerable from the immense harms of “radical” lockdown measures.

Public health, after all, is about more than infection control; it’s intended to look out for the health and well-being of the entire population, they note, adding:

“There is more than a thousand-fold difference in COVID-19 mortality between the oldest and youngest. Children have lower mortality from COVID-19 than from the annual influenza. For people under the age of 70, the infection survival rate is 99.95 percent.”

“For the non-vulnerable, who face far greater harm from the lockdowns than they do from COVID-19 infection risk, the lockdowns should be lifted and—for those who so decide—normal life resumed.”

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For a complete list of studies sourced for this article, please find it online at TheEpochTimes.com/author-greenmedinfo

2045

Sperm counts could trend downward to zero by 2045.



Many drugs, including birth control pills, persist within the environment and water.

STAS MALAYEVSKIY/SHUTTERSTOCK

- Remove your fruit and vegetables from plastic bags immediately after coming home from the grocery store and wash before storing them; alternatively, use cloth bags to bring home your produce.
- Cash register receipts are printed and often contain BPA. Handle the receipt as little as possible and ask the store to switch to BPA-free receipts.
- Use natural cleaning products or make your own.
- Replace feminine hygiene products with safer alternatives.
- Avoid fabric softeners and dryer sheets; make your own to reduce static cling.
- Check your home’s tap water for contaminants and filter the water if necessary.
- Teach your children not to drink from the garden hose, as many contain plasticizers such as phthalates.
- Use reusable shopping bags for groceries.
- Take your own non-plastic leftovers container to restaurants. Avoid disposable utensils and straws.
- Bring your own mug for coffee and bring drinking water from home in glass water bottles instead of buying bottled water.
- Consider switching to bamboo toothbrushes and brushing your teeth with coconut oil and baking soda to avoid plastic toothpaste tubes.

It’s important to remember that many things can affect your fertility. Everything from antidepressants and EMF exposure, to diet, physical fitness, and mental state can affect your ability to have healthy children.

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

Despite known risks, hormone-disrupting chemicals remain widespread in food packaging.



RECYCLEMAN/SHUTTERSTOCK

When Trauma Gets Trapped in the Body

How we can overcome the shame, face the pain of life's unexpected jolts of agony

Continued from Page 1

nothing wrong," she said.

Stefano explores the source of her fear in her book, "What a Body Remembers: A Memoir of Sexual Assault and Its Aftermath."

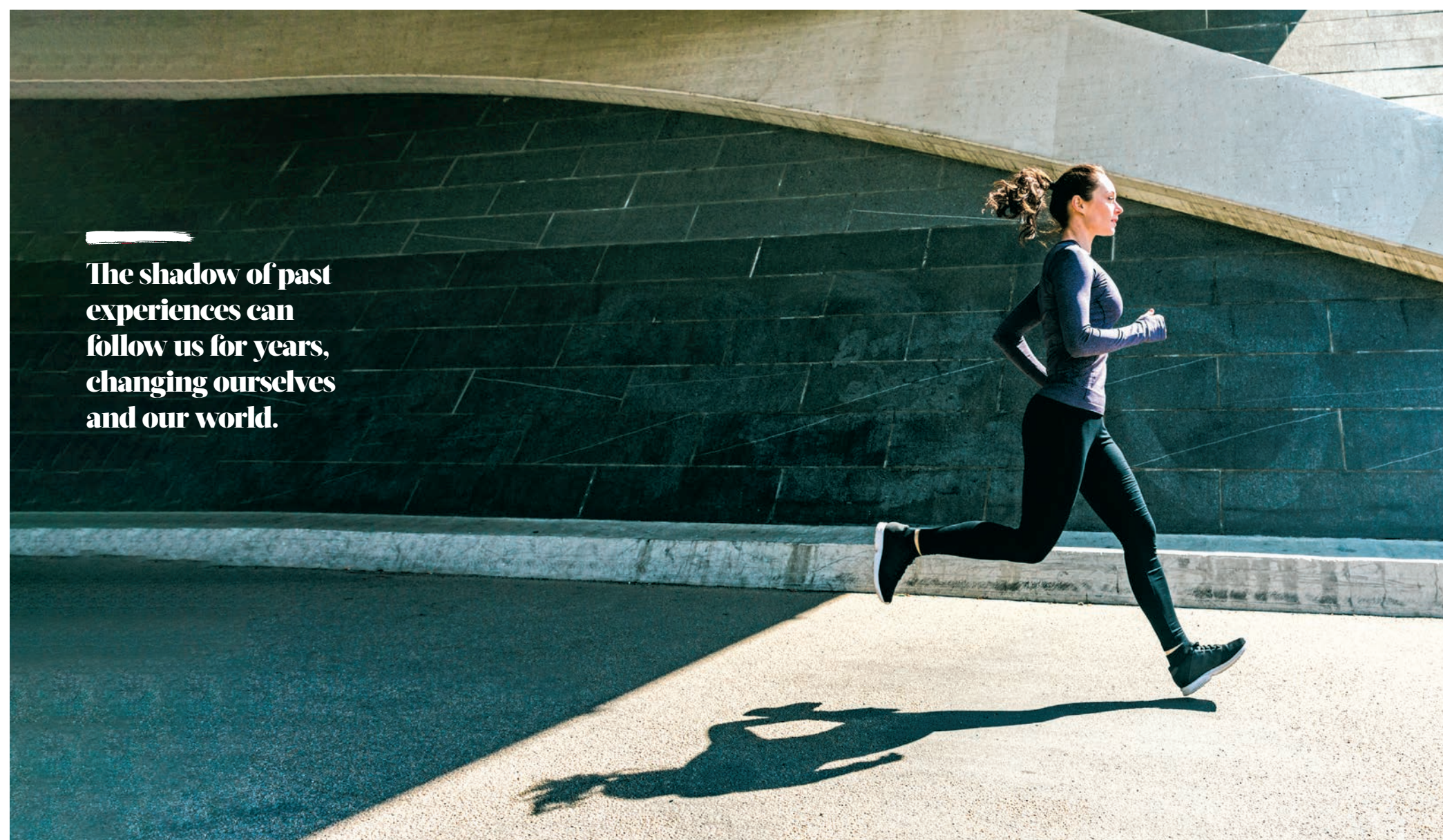
In the summer of 1984, Stefano was a 19-year-old sophomore at UC-Berkeley. One night, as she was walking to her off-campus apartment, she heard the footsteps of a man who would cast a long shadow on her life.

As she made her way to her apartment building just before midnight, Stefano saw the man on the street. At first, she dismissed his presence—probably just a grad student—but once she heard his footsteps change course and follow her into her



Threatening situations can trigger an overwhelming anxiety in those carrying trauma from a past experience.

DELIRIS/SHUTTERSTOCK



The shadow of past experiences can follow us for years, changing ourselves and our world.

WILLIAM PERUGINI/SHUTTERSTOCK

building, she felt a twinge of concern. A few moments later, the man's wild blue eyes met hers and his motives became clear.

"My body knew his intentions," she said. The man cornered Stefano in the tunnel-like concrete hall that led to her apartment. He revealed a knife, and grabbed her 110-pound body tightly from behind. He held the knife to her throat with one hand and covered her mouth with the other. She was stunned at first, but then she began to scream. Her attacker struggled to silence her, but her screams only grew more ferocious.

As the sound of neighbors opening their doors crept into the hallway, the attacker released her. She fell to the ground as his footsteps trailed off into the night.

Mark of Shame

Stefano sustained little physical harm—just a puffy bruise on her lips where her assailant gripped her mouth—but even today, the aftermath still lingers like a scar that refuses to heal. She says the worst part is the shame that accompanies it.

"Back in 1984, PTSD was not a well-known term. It was just coming into the lexicon. I certainly didn't know there was a name for what I was going through. I didn't cope. I just denied what I was experiencing

Trauma victims will often blame themselves as a way to regain a sense of control.

with the mantra: 'I'm fine.'" Stefano said.

Part of what generates shame for a victim following trauma is a loss of control. First, you find yourself at the mercy of high-stress circumstances. Then, your panic gauge seems to be broken. Days, weeks, or even years later, when it's objectively clear that there's no danger in sight, your body may still react as if another threat is just around the corner. You try to convince yourself that everything is fine, but your body is still stuck on high alert.

"There is a societal pressure to project an image of having it all together," Stefano said. "But you don't just get over it, as much as you'd like to."

Why does fear maintain its hold on us long after the traumatic event has passed? According to Erica Hornthal, a licensed clinical counselor and board-certified movement therapist specializing in PTSD,

your body isn't working against you. It's just trying to protect you.

"At the heart of it is safety," Hornthal said. "This is a survival mechanism that we've had since the beginning of time. It's that very primal part of us that we forget is there sometimes, but that's the part that's really trying to keep us safe."

Hornthal describes a panic attack as a kind of flashback, plunging you into the past to relive the feelings of a traumatic event, even when your environment poses no actual threat. She explains that memories aren't formed in the same way in trauma as they are when we're not under stress. So when we confront a trigger that resembles the traumatic event—like footsteps, for example—those same fight-or-flight feelings can come flooding back.

"The body doesn't know everything is OK. It's just responding to the stimulus," Hornthal says.

Giving Voice to the Pain

Hornthal says that when trauma victims are faced with losing so much control, they often blame themselves as a way to regain some control. However, this only amplifies the shame.

"We can internalize it, and make ourselves feel like we brought it on. We will

Physical movement can be essential for trauma recovery as it can allow stuck feelings to resurface.

rationalize that it was our fault: 'If only I would have done this or hadn't done that,'" Hornthal said.

According to Stefano, we can only counteract this shame by finding a voice for those feelings.

"By talking about it, you take away the shame," she said. "Secrets don't help you heal. It's only by shedding some light on our issues that we can make them go away. We can make them more manageable, then we can help other people."

But being able to process and talk about these feelings can take a lifetime, especially if you don't have the skills or the support necessary when the trauma first strikes.

Stefano says her panic came and went over the course of her life on its own mysterious time frame. It slowly faded a few years following the incident. And it seemed to disappear completely during the years she worked as a criminal defense attorney. During that time, she represented many violent individuals, some of whom committed sexual assaults similar to the one she suffered. But Stefano says she didn't feel any panic, only compassion.

"It's a paradox, but I came to develop compassion for these very flawed human beings," she said. "I was honest to God the only person on earth fighting for them. Many of them didn't have a family. They didn't have money. They didn't have any prospects. They were severely psychologically damaged, and the prosecution was out to string them up."

Stefano's panic returned with a vengeance about five years ago, when she was enduring several new traumas: financial problems, a devastating divorce, and her mother's dementia. During this time, the old memories and panic attacks related to the assault of her college days came flooding back. The difference was that now she had acquired wisdom, perspective, and knowledge she lacked when she was 19.

"That's when I started to actually do some beneficial coping mechanisms, like going to therapy," she said.

Hornthal sees a similar pattern in her patients. She says even those who think they've processed their experience and have successfully moved on are often forced to confront these feelings again.

"They'll say, 'I thought I processed this. Why is it coming back?' It's because a part of your brain is still storing it," Hornthal said. "As we've seen with the recent Me Too movement, people are coming out 15 or 20 years later to tell their stories, and it's often because they're just not able to speak about it [until then]."

Listening to the Pain

In addition to talking with a therapist, Stefano has also found relief through running, and EMDR (Eye Movement Desensitization and Reprocessing)—a proven trauma recovery method that involves lateral eye movements.

We typically think of talking as the pri-



JUMPSTORY

mary mode of processing an experience, but movement may be a significant part of the puzzle. Experts say the body also needs a way to voice its own story in order for us to truly move on.

As a movement therapist, Hornthal believes addressing the physical body is essential for trauma recovery. She says movement is what allows the stuck feelings to resurface so that we can vocalize them. "That's what it takes to release those trapped emotions, and for us to really rewire, reintegrate and change the brain," Hornthal said. "Movement is the first language that we learn. As we get older, typically our higher brain takes over, and we can start to rationalize why we feel a certain way. We don't necessarily listen to our body like we used to."

In addition to moving our body in ways to release the trauma, we also need to be open to what our body has to say once the feelings come bubbling to the surface. Most of us tend to ignore the signals our body gives us, but it's especially difficult when it's trauma-related because the messages our body has to deliver in these cases can be very painful.

"It's about identifying those feelings, and when you're working with trauma and people who have experienced incredible pain, a lot of it is painful," Hornthal said. "It feels counterproductive to feeling better. Why would I want to sit in my misery? I just want to feel good."

It's certainly not fun, but it's necessary. Because unless we take the time to sit in our discomfort and acknowledge the pain we feel, it will continue to haunt us.

Stefano sees the same dynamic playing out in her most recent trauma: her mother's death. She died just a few months ago, and Stefano says she's watching herself do the same dance of denial she did when she was 19. She says she knows better now with everything she's learned, but still finds herself avoiding the pain.

"I believe our minds will do anything to avoid pain and processing pain," Stefano said. "But if your mind keeps pushing it down because you don't want to feel the pain, your body is going to make you address this one way or another. It says, 'We can do this the easy way, or we can do this the hard way.'"

10 Pillars of a Strong Relationship

Many of the keys to a satisfying, lasting bond are probably already present in your relationship

GARY LEWANDOWSKI JR.

Your performance evaluation at work comes in, and it's glowing. However, there's one area that "needs improvement." Days later, which part do you think about?

The negative, of course. Part of you knows it's ridiculous to let that one thing bother you. After all, there's a lot more good in there than bad, but you can't seem to help it.

Unfortunately, we do the same thing in our romantic relationships. Most of us have a negativity bias, or tendency to focus on the bad aspects of experiences. This makes us more critical of our relationship than we should be. Along the way, we take the good times for granted and they become an underappreciated part of our partnership. But the problems? They stand out. Our partner's insensitive comments, moods, and messiness regularly capture our full attention.

Mix this into a relationship that has lost a bit of its spark, and it can be hard to notice anything other than the problems. As Daniel Kahneman describes in "Thinking, Fast and Slow," we tend to only see what's right in front of us and overlook what's not there at the moment. When problems are all that you see, it feels like that's all your relationship is.

In fact, we have such a strong tendency to pick up on the bad stuff that we may even

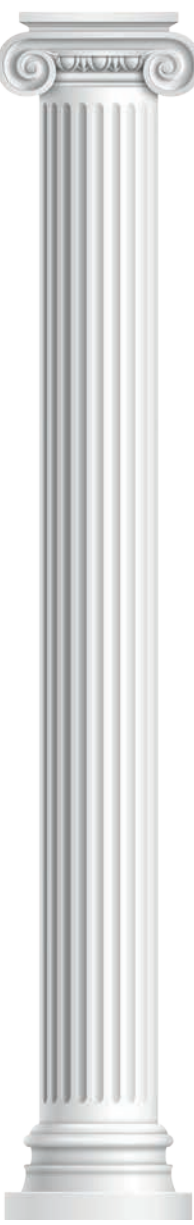
manufacture problems that don't exist. A study published in Science suggests that if our relationship doesn't have any major issues, we're more likely to take what once would have been considered a small issue and feel it's more problematic.

When we spend our time worrying about the wrong things, we don't have time to appreciate what's going right. Not only does this mean our view of the relationship is skewed, but it also means we're missing out on a meaningful opportunity. While working on problems is one way to improve a long-term relationship, it's just as important to reflect on your partner's good qualities and the positive aspects of your connection.

The Pillars of Healthy Relationships

To shift your perspective, start by paying more attention to the facets of your relationship that are stable, consistent, and comfortable. Those peaceful, drama-free, status-quo elements are easy to forget, but they're sources of strength.

Below are 10 key pillars of healthy relationships that re-



MACROVECTOR/SHUTTERSTOCK

search suggests are key to a satisfying, lasting bond. Many of these are likely present in your own relationship; you just need to pause and take notice.

1. You can be yourself.

You and your partner accept each other for who you are; you don't try to change each other. You can simply be yourself and show your true identity without worrying if your partner will judge you. That's helpful because research shows that partners who accept each other tend to be more satisfied with their relationships.

2. You are BFFs.

In many ways, your romantic partner is your best friend, and you're theirs. That's good news because research suggests that romantic partners who emphasize friendship tend to be more committed and experience more sexual gratification. Romantic relationships that value friendship emphasize emotional support, intimacy, affection, and maintaining a strong bond. They also focus on meeting needs related to caregiving, security, and companionship.

3. You feel comfortable and close.

Getting close to someone isn't always easy. But in your relationship, you've worked through that and are quite comfortable sharing feel-

ings, relying on each other, and being emotionally intimate. Even if vulnerability can be challenging at times, you've learned to trust your partner and find it brings you closer. You no longer put up emotional walls and don't constantly worry about your partner leaving, which provides a sense of stability.

4. You're more alike than different.

You and your partner have a lot in common, and key areas of similarity may help make your relationship more satisfying, new research suggests. Sure, the differences stand out, but beyond those few contrasts, you're similar in a lot of ways. For example, your partner may enjoy superhero movies while you enjoy rom-coms. Though that feels like a major contrast, you're both homebodies who enjoy making a meal together then crashing on the couch to watch TV shows where you can debate others' life choices, make fun of awkward dialogue, and try to guess the next plot twist. Ultimately, you have a lot more in common than you have differences.

5. You feel like a team.

Words matter. When you talk, do you often use words like "we," "us," and "our?" If someone asks, "What's your favorite show to binge-watch?" do you reply with, "We have started watching 'The Queen's Gambit'?" That use of "we" shows a strong sense of cognitive closeness, or shared identity, in your relationship. Research suggests that couples who are interconnected like this tend to be more satisfied and committed.

6. They make you a better person.

Your partner helps you refine and improve who you are. Here, your partner doesn't take charge and tell you how to change, but rather supports your choices for self-growth. Together, you seek out new and interesting



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experiences that contribute to a feeling of self-development. According to relationship researchers, when you expand and grow as a person, your relationship does, too.

7. You share the power.

While partners may have their areas of expertise (for example, one handles lawn care, while the other does interior decorating), partners often share decision-making, power, and influence in the relationship. When both partners have a say, relationships are stronger, more satisfied, and more likely to last. And, unsurprisingly, couples are happier when they feel the division of labor in their relationship is fair.

8. They're fundamentally good.

What do people want in a spouse? It's surprisingly simple: someone who is reliable, warm, kind, fair, trustworthy, and intelligent. Though these traits aren't flashy and may not immediately come to mind when creating your partner wish list, they provide the foundation for a resilient relationship.

Our tendency to take the good for granted and focus on the bad takes a particular toll on our relationships. Take a moment to take stock of what's good.

Research suggests that when partners have agreeable and emotionally stable personalities, they tend to be more satisfied in their relationship.

9. You trust each other.

We need to be able to rely on our partner, which comes from a sense of trust. Not only do we trust our partner with the password to our phone, or with access to our bank account, we know that our partner always has our best interests in mind and will be there for us when we need them. Research suggests this is a positive cycle: Trust encourages greater commitment, which encourages greater trust.

10. You don't have serious issues.

There are problems—and then there are problems. Sometimes, it's easy to forget about all of the problems and major red flags we don't have to deal with. "Dark side" issues like disrespect, cheating, jealousy, and emotional or physical abuse are relationship killers. Sometimes, the light can come from the absence of dark.

Spend a few moments reflecting on how each of these apply to your own relationship. At this point, you may want to give yourself some kind of score to affirm your relationship is in good shape. How many of those 10 pillars do you have? How many do you lack? But that's not really the point.

Chances are, your relationship has elements of all 10. The key is to do a better job of noticing and, where needed, cultivating these foundational areas. Often, strengthening these pillars is as simple as savoring everything in your relationship that works. There's a lot there when you know what to look for.

Hopefully, you've also noticed areas of strength that aren't on this list. That's great,

It's a lot easier to fix those problems when you appreciate how much of your relationship is already going well.

because this list is by no means comprehensive. More importantly, it shows you're starting to notice more of what works, and not obsessing about what's broken.

Of course, you shouldn't use a few positives to justify staying in a bad relationship. Focusing on strengths is only helpful for those in good relationships looking to make them better. Good relationships are built on mutual respect, love, and friendship between equals.

The lesson here also isn't to pretend like your relationship doesn't have issues. Rather, it's a lot easier to fix those problems when you appreciate how much of your relationship is already going well. Relationships are difficult enough without making them any harder. When you're only shedding light on what's wrong, it's easy to buy into the mistaken belief that your relationship is in trouble.

But when you stop taking the good for granted, and give your partner and relationship more credit, you may realize that your relationship is stronger than you think.

Gary W. Lewandowski Jr., Ph.D., is the author of "Stronger Than You Think: The 10 Blind Spots That Undermine Your Relationship ... and How to See Past Them." He is also an award-winning teacher, researcher, relationship expert, and professor at Monmouth University.



The Things We Should Never Minimize

There are some things we can have too much of—and others we can't thrive without

LISA AVELLAN

As minimalists, we strive for less stuff to experience more life. We learn how to detach from our possessions, limit technology, set boundaries with our commitments, and manage our finances with more intention.

Our schedules get pared down to the most important appointments, we open our calendars for family time, coffee with a friend, reading, or pursuing a passion. Simplicity leads to meaningful engagements.

We learn to ask ourselves important questions before adding any item to our life: "How can this make my life easier?" "Will this cause more freedom or hold me back?"

Simplicity takes more intention than renting a storage unit, so we learn to value the weight of every decision. The value of an item or experience becomes more than a price tag or a great story to tell at a cocktail party. Minimalism is not for the half-hearted.

Living with less should never mean less community.

Minimalism is a journey of heart and soul. Minimalism, in some ways, is a new word for the ancient insight that we must guard ourselves so material pursuits don't infringe upon our spirit.

Minimalism represents a deep dive into the core of what we believe about who we are, where we find value, our purpose, and our passion. These are incredibly personal and difficult mountains to climb. A compass and hatchet are necessary tools to make the journey.

This matter of the heart requires that we take great care to cut the nonessentials, and cultivate the things we should never

minimize. This is how we maximize the benefits of minimalism.

Here are nine things that should never fall victim to our minimalist pursuit:

1. Relationships

We should never commit so intently to this outlier way of life that we alienate our family, faithful friends, or the potential of new positive relationships. There may be a time when minimizing harmful or unhealthy relationships is appropriate, however, minimalism isn't about living a reclusive or withdrawn existence.

We minimize to un-clutter our lives from that which robs us of time and energy to invest in the most important people in our lives.

2. Community

Living with less should never mean less community. In fact, living with less opens our lives to more community and opportunity to live alongside others, minimalist or not. Our community, those outside our immediate family but who share in our activities around home, school, work, church, or neighborhood, should benefit from our life of less.

The amount of time we gain, the items that can be reused or repurposed by someone in need, and the hospitality we offer in less-crowded homes are practical ways to intentionally live in community.

3. Gratitude

I believe that the greatest expression of gratitude is minimalism. When one is truly grateful for what matters most, no number of possessions could raise that contentment. In fact, a room full of gadgets, toys, and forgotten impulse purchases usually steals our gratitude by complicating our lives.

To live a life of gratitude, we recognize that the essentials are enough and we can experience how they enhance our existence. Gratitude isn't just being thankful for what you have; it's believing and being thankful that what you have is enough.

4. Empathy

We don't like to admit it, but when we have a strong belief about the way we live, sometimes we minimize our empathy for those who live differently. Becoming minimalist is never a destination; it's a journey of minimizing the outside influences. But even if someone is pointedly not a minimalist, they are still a person. If we truly take material items lightly, we shouldn't focus on what other people own, but on the people themselves. They are potential inspiring mentors, faithful leaders, guides, and peacemakers.

Also, the way we treat others who struggle with the burden of stuff will either maximize or minimize our value to them. Choose wisely.

5. Generosity

Minimalism isn't an excuse to not be generous. It's the greatest excuse to be more generous. Ridding our lives of excess offers the obvious opportunity to donate or rehome our possessions that can be useful to someone.

But there are other, not-so-obvious reasons we should never minimize generosity: we create more space to offer our home, time, meals, service, and gifts to others. Our unburdened schedules allow more investments in relationships, more family building, and more financial resources. Our minds are free of stressors so we can create more and share more of our talents. Need less, give more.

6. Education

I spoke with a middle-aged woman recently who is, in her words, pursuing a "useless" graduate degree. I felt sad that she perceived her educational pursuit was for nothing. Education in any form, when applied, enriches our lives to greater understanding, empathy, and action.

To minimize our education is to minimize our potential to change the world. For any educational investment, we gain, at the very least, a deepened capacity to relate to the world bustling around us.

7. Dreams

Our passions and dreams often end up on the chopping block when we are overwhelmed with crammed calendars and closets. Minimalism should never stifle our life-giving joys. When we release our attachment to stuff and busyness, we can better hold onto our passions.

If we ever feel the need to minimize the very thing that makes us come alive, we've lost sight of who we are. Minimalism creates space for the development of our dreams and character. It helps us realize the burden our stuff brings with it.

8. Forgiveness

If you've ever been in any kind of relationship that has lasted more than a few days, you know that forgiveness is part of life. If we minimize our capacity to forgive, we can never hope to grow or change. Significant relationships grow unbreakable through repentance and forgiveness.

Ruth Bell Graham said, "Marriage is a union of two good forgivers." I believe that's true of any relationship. Minimizing the value of forgiveness will kill our capacity for genuine connection.

9. Joy

The absence of joy is often caused by our inaccurate source of value. The more we buy, the less happy we are. It may seem depressing to live a life with less, but that's only because we haven't freed ourselves from the chains of believing our value comes from what we own.

Less stuff is more joy. Minimalism offers a way to free ourselves from comparisons and the joy-killing value system of a broken world.

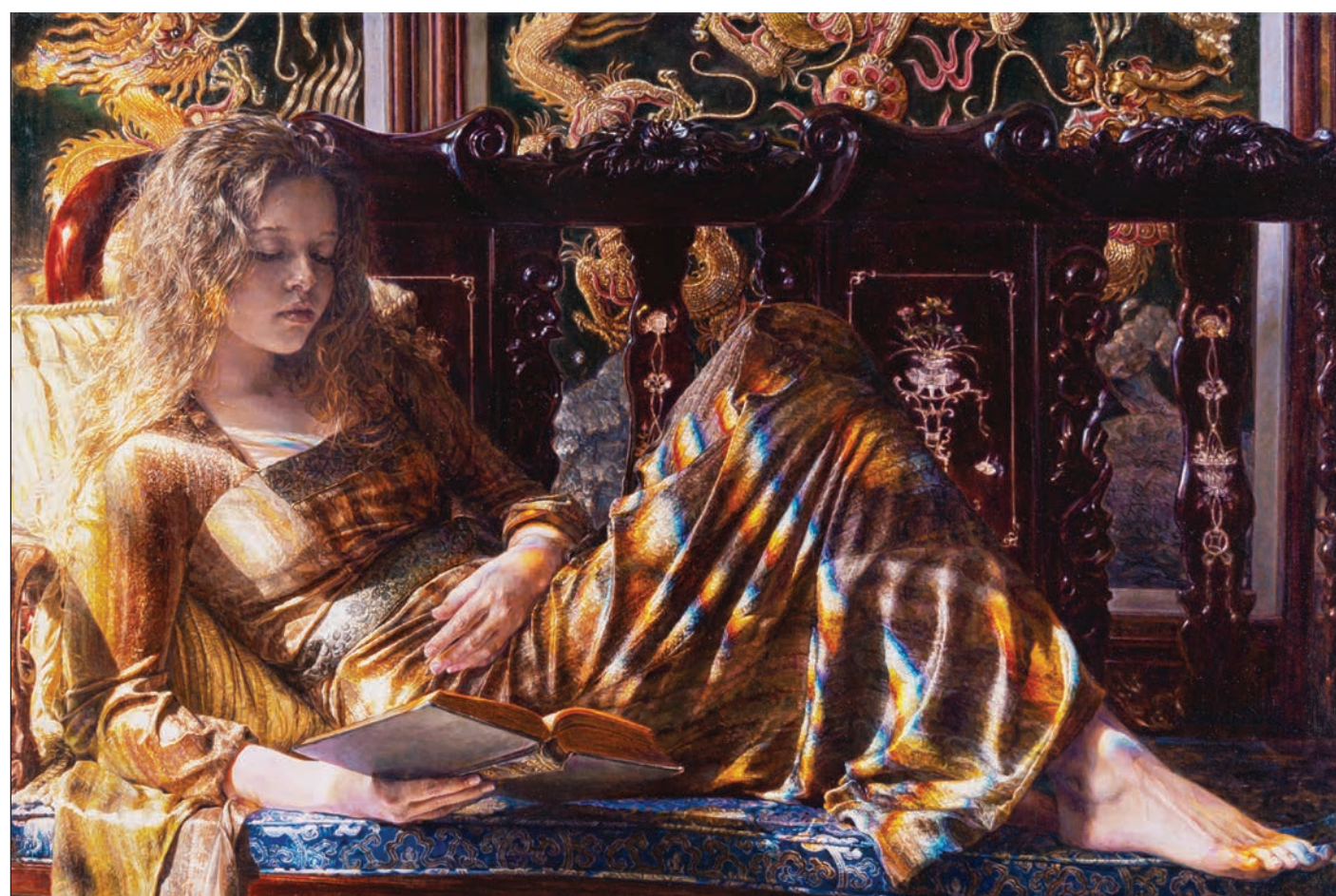
How are you maximizing the benefits of minimalism?

Lisa Avellan writes at Simple & Soul, helping you simplify life so you can uncover your soul and live joyfully just as you are. This article was republished from BecomingMinimalist.com

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Child Suicide

Becoming an 'International Epidemic'

Lockdowns are leaving a psychological injury that will be felt for years to come.



The damage we're inflicting on children is too devastating to be waved away in the name of public health

BRAD POLUMBO

Billions of people across the globe continue to live under COVID-19 lockdowns or heavily restricted life. And for almost all of us, life amid the pandemic in 2020 was an isolating and difficult year.

Now, doctors are warning that children, in particular, are experiencing grave mental health consequences as a result of the lockdowns—leading to an "international epidemic" of child suicide.

The Associated Press interviewed Dr. David Greenhorn on the subject, who works in the emergency department at England's Bradford Royal Infirmary. The number of mental health crises he has seen, such as suicide attempts, has gone from a couple per week pre-pandemic to now several per day.

"This is an international epidemic, and we are not recognizing it," Greenhorn said.

"We sometimes have children of 9 who already want to die. And it's not simply a provocation or a blackmail via suicide. It is a genuine wish to end their lives."

Dr. Richard Delorme, the head of the psychiatric department at one of the largest children's hospitals in France

"In an 8-year-old's life, a year is a really, really, really long time. They are fed up. They can't see an end to it."

Dr. Richard Delorme heads the psychiatric department at one of the largest children's hospitals in France, and he offered a similar warning to the AP.

Delorme pointed out that it's clearly COVID restrictions and lockdowns taking this toll on children that end up in his hospital. "What they tell you about is a chaotic world, of 'Yes, I'm not doing my activities anymore,' 'I'm no longer doing my music,' 'Going to school is hard in the mornings,' 'I am having difficulty waking up,' 'I am fed up with the mask.'"

Delorme's hospital went from seeing roughly 20 suicide attempts per month involving patients 15 or younger, the AP reports, to more than double that—and, disturbingly, more determination than ever before in the attempts.

"We are very surprised by the intensity of

the desire to die among children who may be 12 or 13 years old," Delorme said. "We sometimes have children of 9 who already want to die. And it's not simply a provocation or a blackmail via suicide. It is a genuine wish to end their lives."

Merely typing out this story flooded my eyes with tears. But the life-threatening unintended consequences of drastic pandemic measures are too important to overlook.

Government restrictions that would've been unthinkable two years ago have been forced through amid the fear and uncertainty of the pandemic. Advocates undoubtedly hoped to save lives. Yet government restrictions have proven dubious in their effectiveness, with both studies and real-world examples demonstrating little clear relationship between lockdown stringency and COVID deaths.

Continued on Page 11

Are Lectins in Food Good or Bad for You?

MICHAEL GREGER

Might lectins help explain why those who eat more beans and whole grains have less cancer?

Lectins are proteins in plants that bind to carbohydrates. Plants use them to defend against microorganisms and some of those useful properties make lectins toxic and hard to digest.

Lectins are to blame for the great "white kidney bean incident" of 2006 in Japan. One Saturday evening, a TV program in-

troduced a new method to lose weight. The method was simple: toast some dry, raw, white kidney beans in a frying pan for three minutes, grind the beans into a powder and then dust it onto rice.

Within days, a thousand people fell ill, some with such severe diarrhea and vomiting that they ended up in the hospital. Why? Lectin poisoning. Three minutes of dry heat isn't enough to destroy the toxic lectins in kidney beans. If you don't pre-soak them, you need to boil large kidney beans for a full hour to completely destroy



Beans have important nutrients, but try to skip the cans, they leach chemicals.

all the lectins, though if you first soak them overnight, 98 percent of the lectins are gone after boiling for just 15 minutes and all are gone in a half-hour.

And, indeed, when researchers tested the white beans, they found that toasting them for three minutes didn't do a thing. It's no wonder people got sick. But, 95 percent of the lectins were inactivated after boiling them for three minutes and completely inactivated after 10 minutes of boiling.

Continued on Page 12

What People Are Saying



I read The Epoch Times daily. I still like hard papers [...] and I still like to grab that paper in my hand, but I get more printed versions of stories than ever before. You guys have done an amazing job, and really—I think there's such a void in media, especially newspapers. They slant so solidly one way that **there are very few papers that I can really feel that I can rely on, and The Epoch Times is one.**

SEAN HANNITY
Talk show host



I congratulate you and The Epoch Times for the work you are doing, especially with regard to keeping the menace of the communist threat in front of us.

DR. SEBASTIAN GORKA
Military and intelligence analyst and former deputy assistant to the president



I rely on The Epoch Times newspaper for factual and unbiased news coverage.

LARRY ELDER
Best-selling author, attorney, and talk show host



The Epoch Times is a great place where you can understand traditional values in a way and in a tone and through content that is accessible. It's smart.

CARRIE SHEFFIELD
Columnist and broadcaster



It's our favorite paper. It's the first one we read. Thank you so much for your reporting of the news.

PAUL GOSAR
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THE EPOCH TIMES

TRUTH AND TRADITION



Many doctors will overprescribe statins because of a focus only on LDL cholesterol levels.

Overprescribing Statin Drugs

My doctor was acting on out-of-date information when he tried to prescribe statins

BRANDON LAGRECA

I recently met with a new primary care physician. At the close of the appointment, the doctor ordered a lipid panel to check cholesterol levels. After the results were posted, his nurse called to report that the doctor had prescribed a statin (cholesterol-lowering) drug that he would like me to start right away.

There was no discussion and no further testing.

What was this horrific cholesterol level that prompted such an emergent response? Here are my results paired with the standard range in parentheses for reference:

TOTAL CHOLESTEROL	285 mg/dL (< 200 mg/dL)
TRIGLYCERIDES	69 mg/dL (< 150 mg/dL)
HIGH-DENSITY LIPOPROTEIN (HDL)	77 mg/dL (> 40 mg/dL)
LOW-DENSITY LIPOPROTEIN (LDL)	194 mg/dL (< 99 mg/dL)
CHOLESTEROL TO HDL RATIO	3.7 (3.5–5.0)

The metrics considered elevated are LDL, the so-called “bad” cholesterol, and total cholesterol. The nurse didn't say a single word about my stellar triglycerides or exemplary cholesterol-to-HDL ratio.

I sheepishly admit that I gave the poor nurse an earful. I first inquired as to what other risk factors indicated heart disease risk—and got no response. I then questioned the wisdom of being concerned about heart disease in a patient who received a stage 4 cancer diagnosis in his mid-30s. That's when the stuttering on the other end of the line began.

The nurse hadn't read my chart and had zero context for the prescribing of the drug to an actual person with a medical history, instead relaying a doctor's reaction to a small set of lab numbers. (For the record, I showed the results to my oncologist, who was unconcerned and didn't encourage taking a statin.)

If my now-fired doctor (or his nurse) had bothered to ask about my medical history, I would have told them that my cholesterol has been elevated my entire adult life. A previous physician deemed it genetic (familial hypercholesterolemia) and not clinically relevant for treatment, provided I had no other signs of or risk factors for heart disease.

A more comprehensive evaluation of heart disease risk could include measuring homocysteine, calcium score, high-sensitivity C-reactive protein, and blood sugar markers, while factoring in other risk factors such as blood pressure, weight, and smoking history. Moreover, the notion of “bad” LDL is heavily nuanced—more on that in a moment.

The central problem is that statin drugs (like all drugs) aren't a free ride on the human physiology train. They come at a cost to the body with side effects that accrue over time. For statins,

this includes muscle pain and weakness due to their depletion of the essential nutrient coenzyme Q10, as well as low libido, depression, and loss of mental clarity due to their excessive depletion of cholesterol.

A growing body of research questions the science that purports the benefits of statin drugs for primary prevention, that is, prescribed to a patient to prevent heart disease. That debate is beyond the scope of this discussion. The salient point is to question the assumption that high cholesterol is a major risk factor for cardiovascular disease.

Elevated cholesterol and LDL were the only factors influencing my doctor's decision to proceed with cholesterol-lowering treatment as a preventative strategy. Yet research suggests that high cholesterol doesn't neatly correlate with heart disease, particularly when half of all heart attacks occur in patients with normal cholesterol.

Advancements in lipid science have led to the development of the Cardio IQ Ion Mobility profile to rectify this clinical observation. This profile breaks down the so-called bad LDL into subtypes based on particle size. Small and dense LDL is considered to be the atherogenic subtype of LDL. In addition to the percentage of dense LDL, an LDL particle number is reported.

Together, these numbers are a better predictor of heart disease risk than overall LDL.

This means we can no longer state that elevated LDL is categorically “bad” as a risk factor for heart disease. For a patient with elevated LDL reported on a traditional lipid panel but displaying low dense LDL and an LDL particle number within the normal range on a Cardio IQ Ion Mobility profile, the risk of heart disease (barring other cardiovascular risk factors) is lower than conventionally thought.

The central problem is that statin drugs (like all drugs) aren't a free ride on the human physiology train.

In my humble opinion, it's medically negligent to prescribe a statin drug to a patient who has elevated LDL on a standard lipid panel but low atherogenic risk as documented on a Cardio IQ Ion Mobility profile. The health care practitioner who pushes for statin use, given the weight of this evidence, is acting out of sync with current medical research.

A portion of this blog post was excerpted from Brandon's monograph, “How to Order Your Own Bloodwork and Why You Should,” available on Amazon.

Brandon LaGreca is the founder and director of East Troy Acupuncture, an integrative medical clinic serving southeast Wisconsin, where he specializes in whole-food nutrition, ancestral health, and environmental medicine.

MADE TO MOVE

Short Bursts of Exercise Slow Cognitive Decline

Exercise shown to help stave off Alzheimer's—even after a lifetime of inactivity

Want to keep your brain sharp as you age? Exercising for as little as 10 minutes a few times per week can help stop mental decline in its tracks.

We already know that engaging in regular exercise is one of the healthiest habits you can adopt, regardless of your age or current physical condition. Studies have shown that moderately intense aerobic exercise, like taking a brisk walk, is safe for most people and can strengthen bones and muscles, reduce your risks for disease and even improve brain health, forestalling the cognitive decline associated with aging.

A study published in the journal Alzheimer's Research and Therapy suggests that exercising more than once per week for at least 10 minutes can significantly reduce the risk of developing Alzheimer's disease in individuals already suffering from mild cognitive impairment (MCI).

MCI may be diagnosed when a person experiences greater-than-average memory loss or confusion but hasn't begun experiencing the personality changes or more severe memory loss associated with Alzheimer's disease (AD). MCI is considered one of the leading risk factors for developing Alzheimer's.

Can Exercise Keep Your Brain Young?

Researchers from Yonsei University College of Medicine, Republic of Korea, investigated the association between continual exercise and the risk of developing dementia in patients with MCI. The study analyzed data gathered between 2009 and 2015 for nearly 1 million MCI patients via a national health insurance database.

Individuals under the age of 40 were excluded from the study, as were those who were diagnosed with dementia or who hadn't received a medical examination within two years of their MCI diagnosis. Written informed consent was obtained for each patient included in the study and physical activity data was obtained via self-report questionnaires. The final cohort of 247,149 patients was divided into four groups based on their frequency of physical activity (PA):

- Never-PA group—those who didn't engage in regular physical activity
- Initiation-PA group—those who began



No gym required. No equipment needed. Ten minutes will do.

an exercise program after MCI diagnosis

- Withdrawal-PA group—those who ceased physical activity after diagnosis
- Maintenance-PA group—those who consistently performed physical activity

The physically active patients were further subdivided into “irregular-PA” for those who engaged in physical activity on an irregular basis and “regular-PA” for those who engaged in vigorous physical activity more than three days per week, or moderate PA more than five days per week.

There are currently no approved treatments for MCI that effectively alter the path of disease progression, making physical activity one of the most important interventional strategies for the prevention of Alzheimer's-type dementia. Prior studies have shown that high-intensity physical activity has a more protective effect against dementia than low-intensity exercise, and that duration and frequency of PA are important factors affecting the risk of cognitive decline. Accordingly, the Never-PA group was set as the benchmark for the risk of developing AD.

Risk of Dementia Correlates to Physical Activity

Physical activity for the cohort was defined as vigorous or moderate PA lasting more than 10 minutes, conducted more than one day per week. Vigorous activities included running, aerobics, biking fast, and carrying heavy objects. Moderate activities included brisk walking, bike riding at normal speed, doubles tennis, and carrying light objects.

Of the 247,149 patients analyzed, 23,015 patients converted to dementia over the six-year study period, with 77 percent of this group (17,733) diagnosed with Alzheimer's-type dementia. Compared to the never-PA group, the risk of dementia was reduced in both groups that engaged in physical activity (initiation-PA group and maintenance-PA group).

Of all groups, the maintenance-PA group (consistently performed physical activity) showed the lowest risk of dementia, with 18 percent fewer dementia conversions than the never-PA group.

The frequency of physical activity was another important takeaway from this study. After adjusting for age, gender, and vascular risk factors, the risk of developing dementia was 15 percent lower for those who engaged in regular physical activity compared to irregular PA.

Ceasing exercise proved to be as deleterious as never exercising, with the risk of developing dementia being the same for the never-PA group and the withdrawal-PA group. However, initiating an exercise regimen after MCI diagnosis provided an 11 percent lower risk for developing Alzheimer's disease compared to not exercising at all.

According to the study authors, regular exercise may increase blood flow to the brain, increasing survival of neurons and preventing brain shrinkage associated with dementia.

Researchers at Stanford University also found that one exercise session leads to changes in a remarkable 9,815 molecules in your blood. That means the biochemical effects of exercise could be profound and wide ranging.

Due to the low risk and high potential for benefit, regular exercise should be recommended to patients with mild cognitive impairment, even if they didn't exercise prior to their diagnosis. Even short bursts of moderate physical activity conducted a few times per week could significantly lower their risks of developing Alzheimer's disease.

Reducing Alzheimer's Risk With Exercise

According to the National Institute on Aging, Alzheimer's disease is currently

ranked as the sixth leading cause of death in the United States, however, due to underreporting, it may be the third-highest cause of death for the elderly. With no known cure, conventional medicine is at a loss for reversing this blight on human health.

Studies on exercise have produced significant evidence that this all-natural intervention may be so effective it could cut your risk of developing AD in half. Published in the Journal of Alzheimer's Disease, researchers from four major institutions followed 876 adults over a 30-year span, keeping detailed records of the amount and type of exercise that was engaged by each participant. Mental health exams were conducted along with MRI brain scans to determine the amount of gray matter in the brain, as well as mental cognition.

Results of the study showed that higher levels of exercise correlated to a substantial increase in gray matter, when compared to less active adults. Additionally, those who engaged in the highest levels of exercise experienced a whopping 50 percent reduction in risk for Alzheimer's when compared to the most sedentary participants.

For more information about the therapeutic benefits of exercise, consult GreenMedInfo.com, the world's most widely referenced, evidence-based natural medical resource.

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Child Suicide Becoming an ‘International Epidemic’

The damage we're inflicting on children is too devastating to be waved away in the name of public health

Continued from Page 9

In the meantime, lockdowns and other restrictions have harshly curtailed social interaction and catalyzed a youth mental health crisis. Here in the United States, the Centers for Disease Control and Prevention reported that 25 percent of young adults considered suicide during the lockdowns, while overall mental health and suicide rates appear to have spiked as well.

Child suicide is only the latest mortifying revelation showing just how big a toll these policies have taken on us. We must factor this human damage into our analysis when it comes to ending pandemic restrictions; not just COVID case counts.

Like any policy, public health orders must be evaluated on their outcomes. As Nobel Prize-winning economist Milton Friedman said, “One of the great mistakes is to judge policies and programs by their intentions rather than their results.” Pandemic lockdowns may have stemmed from an earnest desire to protect the public, but their consequences have done the opposite.

Why? Well, any government action, particularly sweeping mandates, has not just its intended effect, but its second- and

third-order unintended consequences. “Every human action has both intended and unintended consequences,” economist Antony Davies and political scientist James Harrigan explained for FEE.org. “Human beings react to every rule, regulation, and order governments impose, and their reactions result in outcomes that can be quite different than the outcomes lawmakers intended.”

When it comes to lockdowns, we've extensively documented the unintended consequences at FEE, including isolation, depression, suicidality, unemployment, drug abuse, domestic violence, and more. Such severe second-order effects offer a painful reminder of why policymakers should be humble in the scope of their actions. Sweeping lockdowns are anything but humble: They presume that bureaucrats in an office somewhere can save society with top-down orders and nothing will go wrong.

Governments the world over must consider more than mere COVID case counts when evaluating current and future lockdown policies. The damage we're inflicting on children is too devastating to be waved away in the name of public health—it's an

emergency in its own right.

If you or someone you know needs help, call the National Suicide Prevention Lifeline at 800-273-TALK (8255). You can also text a crisis counselor by messaging the Crisis Text Line at 741741.

Brad Polombo is a libertarian-conservative journalist and opinion editor at the Foundation for Economic Education. This article was originally published on FEE.org



While very young children may not be suicidal, the impacts of the lockdown will affect them throughout their lives.

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Bleeding Gums May Indicate Vitamin C Deficiency



Treating bleeding gums with oral hygiene may ignore the root cause

JOSEPH MERCOLA

If your gums bleed easily when you brush your teeth, you may need more vitamin C, according to a study by University of Washington (UW) researchers.

Bleeding gums can be a warning sign of periodontal disease, also known as gum disease, that results from infection and inflammation in your gums and the bone supporting your teeth. Your gums may bleed even during the early stages of the disease, known as gingivitis.

However, according to Philippe Hujuel, a dentist and professor of oral health sciences with the UW School of Dentistry, if your gums are bleeding, the first thing you think about shouldn't be brushing and flossing more—even though this is what the American Dental Association recommends—it should be figuring out why your gums are bleeding, and a nutrient deficiency could be to blame.

Low Vitamin C Levels Linked to Bleeding Gums

The recommended daily vitamin C intake set by the World Health Organization was based on scurvy prevention, but according to the UW study, this may be too low to achieve the full benefits that vitamin C has to offer. One such benefit is the prevention of microvascular fragility, a condition that can manifest as bleeding gums or retinal hemorrhaging.

Using data from 15 trials spanning six countries, the researchers found that vitamin C supplementation reduced the tendency for bleeding gums in people with vitamin C levels below 28 μmol/L. Vitamin C levels are considered normal when they're greater than 28 μmol/L, while vitamin C depletion is diagnosed at 11 to 28 μmol/L and a deficiency at less than 11 μmol/L.

For those with vitamin C levels greater than 48 μmol/L, vitamin C supplementation did not reduce bleeding gums in all cases. However, both retinal hemorrhaging and bleeding gums increased when vitamin C levels fell to the 11 to

28 μmol/L range, which is considered adequate for protection against scurvy.

They concluded that vitamin C requirements intended to prevent scurvy may lead to vitamin C levels in the body that are too low to prevent bleeding gums. Further, the tendency for bleeding gums and retinal hemorrhaging is associated with low vitamin C levels and could be an indication of systemic microvascular pathology, including bleeding in the brain, heart, or kidneys, that could be reversed by increasing daily vitamin C intake.

Vitamin C, even in small quantities, protects proteins, lipids and even DNA and RNA in your body from reactive oxygen species that are generated during metabolism and toxin exposure.

This isn't the first time the link between vitamin C and gum bleeding has been discovered. Paul Robertson, the former dean of the UW School of Dentistry, conducted studies in 1986 and 1991 that also found a connection. According to the study's lead author Philippe Hujuel:

"There was a time in the past when gingival bleeding was more generally considered to be a potential marker for a lack of vitamin C. But over time, that's been drowned out or marginalized by this overattention to treating the symptom of bleeding with brushing or flossing, rather than treating the cause."

This is problematic because by focusing only on brushing and flossing, the systemic damage caused by the nutrient deficiency continues. The study noted:

"A default prescription of oral hygiene and other periodontal interventions to 'treat' microvascular pathologies, even

if partially effective in reversing gingival bleeding as suggested in this meta-analysis, is risky because it does not address any potential morbidity and mortality associated with the systemic microvascular-related pathologies."

Why Your Body Needs Vitamin C Vitamin C, also known as ascorbic acid, is a water-soluble vitamin found in abundance in fruits and vegetables. Is an essential nutrient that humans must get from their diet or supplements. It has powerful antioxidant properties because

Getting adequate amounts of vitamin C can go a long way toward keeping gums healthy.



Are Lectins in Food Good or Bad for You?

Continued from Page 9

Evidently, "Do not eat raw beans" is a traditional admonition in Japan to prevent intestinal problems—and now we know why.

While canning may completely eliminate lectins from most canned beans, some residual lectin activity may remain in canned kidney beans, though apparently not enough to result in toxicity. And, ironically, one study published in Food Chemistry in 2015 found low doses of lectins "may be beneficial by stimulating gut function, limiting tumor growth, and ameliorating obesity."

What? I thought lectins were toxic.

For as long as people have speculated that dietary lectins are harmful, others have conjectured that they may be protective. Interest in a purported antitumor effect of plant lectins started with the discovery in 1963 that lectins could distinguish between cancer cells and normal cells. Researchers at Massachusetts General Hospital found a substance in wheat germ—the lectin in whole wheat—that appeared to be "tumor cell specific," clumping together around tumor cells, while the normal cells were left almost completely alone.

In fact, it's so specific that you can take a stool sample from someone and, based on lectin binding to the colon lining cells that get sloughed off into the feces, effectively predict the presence of polyps and cancers.

Subsequently, it was discovered that lectins could not only distinguish between the two types of cells, but also extinguish the cancer cells, while largely leaving the normal cells alone. For example, that same white kidney bean lectin was found to almost completely suppress the growth of human head-and-neck cancer cells, liver cancer cells, breast cancer cells, and cervical cancer cells (at least most of the way), within about three days—but that was in a petri dish.

Those petri dish studies are largely the basis of the evidence for the antitumor activity of plant lectins. How do we even know dietary lectins are absorbed into our body?

Colorectal cancer is one thing. The fact that lectins can kill off colon cancer cells in a petri dish may be applicable, since lectins we eat may come in direct contact with cancerous or precancerous cells in our colon, "providing a mechanism" by which bean consumption may

A study published in Food Chemistry in 2015 found low doses of lectins 'may be beneficial by stimulating gut function, limiting tumor growth, and ameliorating obesity.'

help in "the prevention and treatment of colorectal cancer." Even more exciting is the potential for effectively rehabilitating cancer cells.

The "loss of differentiation and invasion are the histological hallmarks of malignant cells," meaning that when a normal cell transforms into a cancer cell, it tends to lose its specialized function. Breast cancer cells become less breast-like, and colon cancer cells become less colon-like. What these researchers showed—for the first time—is that the lectin in fava beans could take colon cancer cells and turn them back into looking more like normal cells.

Before exposure to the fava bean lectins, the cancer cells were growing in amorphous clumps. But, after exposure to the fava bean lectins for two weeks, those same cancer cells started to go back to growing glandular structures like normal colon tissues. Therefore, dietary lectins or putting them in a pill "may slow the progression of colon cancer," potentially helping to explain why dietary consumption of beans, split peas, chickpeas, and lentils appears to reduce the risk of colorectal cancer based on 14 studies involving nearly 2 million participants.

of an ability to donate electrons to oxidized molecules.

Vitamin C, even in small quantities, protects proteins, lipids, and even DNA and RNA in your body from reactive oxygen species that are generated during normal metabolism as well as due to toxin exposure, such as cigarette smoke and air pollution.

Vitamin C is also involved in the biosynthesis of collagen, carnitine, and catecholamines, according to Rhonda Patrick, and as such, "vitamin C participates in immune function, wound healing, fatty acid metabolism, neurotransmitter production, and blood vessel formation, as well as other key processes and pathways."

Vitamin C's anti-cold effects are also among its most-studied uses, and research suggests that using vitamin C prophylactically as well as therapeutically at the onset of cold symptoms may reduce symptoms and cold duration.

It may also be useful against COVID-19. As noted by Dr. Andrew Saul, editor-in-chief of the Orthomolecular Medicine News Service, at extremely high doses, vitamin C acts as an antiviral drug.

Oral Health Is Part of Your Overall Health

If your gums are bleeding or you're having any other problem with your oral health, seeking the foundational cause is key, as what happens in your mouth doesn't stay there.

"Your teeth are organs that are connected to your whole nervous system and basically are part of your brain, kind of like your eyes," biological dentist Dr. Dominik Nischwitz said during our

If your gums are bleeding or you're having any other problem with your oral health, seeking the foundational cause is key, as what happens in your mouth doesn't stay there.

2020 interview on holistic dental care. "You have this massive brain nerve there called the trigeminal nerve. It's one of the 12 cranial nerves and takes up 50 percent of the space of all the other ones, so it's quite important."

While it's true that brushing and flossing are important, they're not going to correct a low vitamin C level, for instance, if that's what's causing your gums to bleed. Nischwitz also focuses on nutrition and has developed a Bone Healing Protocol that includes certain micronutrients and focuses on high doses of vitamin D3.

Vitamin D levels, for example, should ideally be above 60 nanograms per milliliter (ng/mL), and if your levels are low to begin with, you may need to take a supplement for several months before any further treatments begin. The protocol also stresses magnesium, vitamin K2, vitamin C, and B vitamins.

Nutrients for Gum and Oral Health

Just as it's important to optimize the bacteria in your gut, it's important to optimize the bacteria in your mouth. Your oral microbiome is negatively affected by antibacterial mouthwash, fluoride-containing toothpaste, and fluoridated water, so stopping the use of these items is the first step to a healthier mouth.

"In the mouth, you don't want to have a 'scorched earth policy,' nuking all bacteria and hoping the good bugs come back," says biological dentist Dr. Gerry Curatola, founder of Rejuvenation Dentistry. "Good bugs basically have a harder chance of setting up a healthy-balanced microbiome when you disturb them, denature them or dehydrate them with alcohol-based products."

Curatola describes your mouth as your "gateway to total body wellness." He is among those who recommend specific nutrients to support gum and overall health. In addition to vitamin C, he recommends coenzyme Q10 (CoQ10), as bleeding gums are often a sign of CoQ10 deficiency.

There are also a number of homeopathic tissue salts that can be beneficial for oral health, including silica, calcarea fluorica (calcium fluoride), calcium phosphate, and calcium carbonate.

Oil Pulling for a Healthier Mouth, Reduced Bleeding

A gentle way to reduce plaque, bad breath, and gingivitis while improving oral health and hygiene is oil pulling using coconut oil. According to Ayurvedic tradition, swishing oil in your mouth may improve more than 30 systemic diseases including reduced inflammation and bleeding.

While tending to your oral health via diet and lifestyle changes is essential, oil pulling is a sensible addition to your daily oral hygiene routine. Coconut oil is an ideal oil for oil pulling due to its antimicrobial effects. Coconut oil is antibacterial and antiviral and contains 92 percent saturated fats, 49 percent of which is the anti-inflammatory and antimicrobial medium-chain saturated fat lauric acid.

It may also be effective against gingivitis. In a pilot study of 20 people with plaque-

induced gingivitis, coconut oil was used as a mouthwash daily for 30 days. A control group carried out normal daily oral health procedures but without coconut oil. Both plaque and bleeding decreased in the groups, but the coconut oil group had a more significant decline, showing promise for reducing plaque formation and gingivitis.

Another study also added coconut oil pulling to the normal oral hygiene procedures of middle-aged adults with plaque-induced gingivitis. The group that used oil pulling in addition to regular brushing had a significantly greater decline in gingivitis and plaque after six weeks.

UK researchers also conducted a systematic review to look into the effect of oil pulling with coconut oil on oral health, finding that coconut oil pulling worked as well as chlorhexidine mouthwash for plaque score, gingival index score, and bleeding-on-probing.



Just as it's important to optimize the bacteria in your gut, it's important to optimize the bacteria in your mouth.

The Best Way to Boost Your Vitamin C

If you struggle with bleeding gums, it's essential to optimize your vitamin C levels. Certain populations, including people who smoke, consume alcohol, or have inflammatory bowel disease, may need increased intake of vitamin C, but some research suggests vitamin C deficiency may be more common than realized.

"Interestingly, a population-based cross-sectional study of nearly 150 patients admitted to a large teaching hospital in Canada found that 60 percent of the patients had suboptimal plasma vitamin C levels and 19 percent were deficient, with levels approaching those associated with scurvy," Patrick noted.

Fortunately, a wide variety of foods are high in vitamin C, including red pepper, parsley, broccoli, kiwi, strawberries, guava, tomato, and all citrus fruits. You can get significant amounts of vitamin C from your diet if you eat these foods on a daily basis. If you're deficient or you want to treat illness, vitamin C in supplement form, either liposomal or IV, may be needed.

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

Okay, but what about cancers outside of the digestive tract?

"Although lectin-containing foods," such as beans and whole grains, "are frequently consumed cooked or otherwise processed, these treatments may not always inactivate the lectins. ... For example, lectins have been detected in roasted peanuts." Peanuts are legumes, and we don't tend to eat them boiled but just roasted or even raw. Are we able to absorb the lectins into our system? Yes. Within an hour of consumption of raw or roasted peanuts, you can detect the peanut lectin in the bloodstream of most people. Same with tomatoes. Some of the non-toxic lectin in tomatoes also makes it down into our gut and into our blood.

Wheat germ agglutinin, the wheat lectin known as WGA, doesn't seem to make it into our bloodstream, though, even after apparently eating the equivalent amount of wheat germ in more than 80 slices of bread. And, if you ate something like pasta, the boiling in the cooking process might wipe out the lectin anyway.

In terms of phytochemicals in the fight against cancer, according to a 2016 study published in Pathology Oncology Research, lectins are able to "resist digestion resulting in high bioavailability," potentially allowing "the cellular mechanisms of the host to utilize the full potential of the ... dramatic anti-cancer

benefits" lectins have to offer. But these dramatic benefits have yet to be demonstrated in people.

We do know, according to a review of previously published studies, however, that population studies show "that the consumption of a plant-based diet is strongly associated with a reduced risk of developing certain types of cancer," according to a paper published in Critical Reviews in Food Science and Nutrition. People eating a plant-based diet could just be eating fewer carcinogens, but plants do have all those active components that seem to protect against cancer.

So maybe lectins are one of those protective compounds. We know that people who eat more beans and whole grains tend to get less cancer overall, but we're just not sure exactly why.

Michael Greger, M.D., FACLM, is a physician, New York Times bestselling author, and internationally recognized professional speaker on a number of important public health issues. He has lectured at the Conference on World Affairs, the National Institutes of Health, and the International Bird Flu Summit, testified before Congress, appeared on "The Dr. Oz Show" and "The Colbert Report," and was invited as an expert witness in defense of Oprah Winfrey at the infamous "meat defamation" trial. This article was originally published on NutritionFacts.org



Lectins found in beans may offer dramatic anti-cancer benefits.



Children grow more innovative when left to entertain themselves.



ALL PHOTOS BY UNSPLASH

BECOMING MINIMALIST

How to Parent Like a Minimalist

When parents step back, children have a chance to step up

DENAYE BARAHONA

When I was pregnant with my first child, I had big ideas. I wanted to give my children the world. Like most new parents, I had the best of intentions.

Every generation wants to give their children more than they had themselves. My intention was no different—I wanted to give my children more. More love. More protection. More opportunities. More toys.

More, more, more.

This desire for more was rooted in love. After I had children and they began to grow, there was a shift. This desire for more became rooted in fear.

If I didn't play with them enough, would they be unhappy? If I didn't stand at least two feet from them at all times on the playground, would they fall? If I didn't land a spot in a top preschool, would their education be impacted?

In the words of Erin Loechner, "No one ever told me how much fear is hidden in love."

My desire to give my children more left me feeling less.

All this fear, camouflaged as love, quickly started to take a toll on me. Trying to be everything and do everything for my children left me depleted.

My desire to give my children more left me feeling less.

Less energy. Less joy. Less calm. Then, I found minimalism.

Minimalism is more than just getting rid of all your stuff (although I am on that

bandwagon, too). It's about filtering out the noise to focus your energy on what's important.

Families of today have noisy lives. I experience this in both my personal life and my professional life. I have a doctorate in child development with a specialty in family wellness. I work with families to find calm amongst the noise.

In families, the calm lies in balancing the needs of each individual while simultaneously tightening the strings that hold them all together.

Sounds tricky, right?

Less Is More

Fortunately, minimalism has a secret formula for parents: Less is more. Here are some lessons I've learned on my journey toward a simpler family life:

1. Hover less and your children will live more.

We spend so much time protecting our children, we forget to let them live. When we hover over them and perpetuate over safety, our fears can undermine a child's confidence. These fears rob them of their independence. Instead of hovering, let's instill a sense of responsibility and natural curiosity for the world.

Allow your children to live life to the fullest. Even if that means climbing to the top of the jungle gym without a spotter.

2. Entertain less and your children will innovate more.

In many ways, Pinterest is a trap. The abundance of art, craft, and activity ideas that abound leaves us feeling as though we need to do more to entertain our kids. Wouldn't it be easy if we could just flip a switch and provide unlimited entertainment for our kids?

Oh wait, we can. We can limit screen time for our kids.

When we provide endless varieties of entertainment for our children, we leave them with very little opportunity to create and explore new ideas on their own.

So hear me out: Follow my lead and skip the Pinterest activities. Then cut back on the screen time. Let kids be bored. Give them space. The innovation that results will astound you.

3. Schedule less and your children will rest more.

As humans, we need to rest our bodies and minds. This is particularly true of small bodies that are growing and maturing rapidly. Research shows us that childhood anxiety is a rising epidemic in this generation. A child who grows up with anxiety is significantly more likely to be plagued with mental health challenges throughout their adult years.

Do you know what our children need? Rest.

Do you know what we need? Rest.

Stop making rest a luxury—make it a priority. The mental and physical health of your family depends on it.

4. Referee less and your children will problem solve more.

As parents, we wear many hats. One hat we need to hang up is that of the referee. Parents have the tendency to jump in and solve any disputes and challenges that children come across. It's easier to be the referee than watch two kids awkwardly settle their own disagreement. It's easier to jump in and help than wait ten minutes for a kid to fumble through shoe tying.

After you hang up that hat, get comfort-

able sitting on the sidelines in silence. Kids need a lot of practice to learn how to problem solve—so let's give them many chances to do it for themselves.

5. Buy less and your children will seek more.

Research shows that clutter is associated with higher levels of stress in families. Have you yelled at your kids to clean up their rooms recently? If your home has less inside, it is easier to clean up. It's easier to take good care of fewer things.

Stop making rest a luxury—make it a priority.

Do you know what doesn't have a long-term impact on a child's happiness? The latest hit toy. Buy your children less, and as a result, they will be able to better filter out the noise and focus on the important things.

Studies tell us that family vacations and togetherness have a long-term impact on a child's happiness. Let's teach our children to value "stuff" less and experience more.

What are you doing less of to help your kids get more out of life?

Denaye Barahona, Ph.D., is a mother of two and the founder of Simple Families, a podcast and community for families interested in minimalism with kids, family wellness, and positive parenting. Barahona holds a doctorate in child development and has over a decade of experience in coaching parents to more harmonious lives with children. This article was first published by Becoming Minimalist.

MINDSET MATTERS

One Decision That Can Transform Your Family

How to create more harmony in your closest relationships with one change in thought

NANCY COLIER

If you're a parent, you probably know the experience of telling your child to do something and getting no response—over, and over, and over. You might become frustrated and raise your voice, at which point your family might accuse you of being a nag, or just plain crazy.

Or perhaps you've tried to organize a vacation or family outing (that everyone will later enjoy) and have to battle to get everyone's schedules lined up. You painstakingly plan activities, make reservations, and take care of all the advanced planning, and are then told you are a control freak who can't relax.

found, and nourishing elements of the human experience, it also offers some of the most challenging and painful.

Since summer is coming, I've been thinking a lot about family and, specifically, what makes a family work. What increases the experience of love and joy, and what decreases suffering and frustration?

So I asked, what is the one practice that we could implement as a family that would radically improve our experience of being together? Can we set intentions and expectations that come from the highest part of ourselves, and actually try to meet them? And what intentions do we want to set about relating to one another?

Here's what I came up with: What if, as a family, we made a deal with each other that no matter what happens (within a healthy context), we won't throw each other under the bus? That is, regardless of the current situation or what another person is doing or saying, whether we like it or not, we will stay on each other's sides.

When someone does something we don't like, rather than following the habitual reaction of blaming and criticizing, what if we agreed to pause and consciously insert empathy? We would instead try to imagine what the other's deeper intentions, struggles, or longings were in that moment.

What if we agreed to not rush to judge or negatively label each other? And most radically, what if we asked ourselves whether there is any way we could help the other person receive what they actually need in that moment?

Changing the Story

We are conditioned to respond to another's words and behaviors based on our opinion of them and whether they support our ideas about the world and ourselves. We make up all sorts of narratives and interpretations about the other based on



When we align with those in our life and seek their growth and happiness, we find greater joy in their presence and prosperity.

our opinions. But our thoughts and opinions about the other aren't necessarily the truth of that other.

To live in an environment of empathy in a family (or any relationship) means trying to understand the other person—what they're living inside themselves. In order to love another human being fully, we have to let go of our ego and stop defending our version of reality. We must be willing to consider their deeper intentions, fears, and longings, and in so doing, refrain from feeding our stories about them.

The challenge is to care about and for the other's experience, no matter how different from our own. Fundamentally, our responsibility to each other as family is to not become yet another force that our loved ones have to work against in order to get what they really need. That means that we must assume the responsibility of doing what we can to lessen their suffering and help them resolve their deepest longings.

Our tendency as human beings is to defend ourselves, which includes our thoughts, our version of reality, and our identity—that giant, yet fragile, "I." And yet, paradoxically, when we genuinely empathize and try to know another person's truth, we often discover that the "I" we were defending, which had all these ideas about what should be happening, simply drops away without much ado. At that moment, we experience ourselves as an unconditionally loving presence. We get to feel the full force of love.

Every time we respond to another's behavior with kindness, it's like we take a step into the divine—into bliss. The choice to look out through another's eyes and heart fills our own hearts with love.

In order to love another human being fully, we have to let go of our ego and stop defending our version of reality.

Setting this intention is a profound event in the lifespan of a family or a relationship. Try the "taking each other's side" or "no throwing each other under the bus" challenge with those you love. Put a sign up on your fridge or a picture of a bus with a big "X" through it. No matter what's happening in the moment, see the situation as if looking out through the other's heart. Live this difficult moment through the other's most vulnerable place—their pain, fear, or weakness—and through the child within them. Know that, just like you, they are trying to create happiness, find peace, and feel OK.

One important caveat: This practice applies to healthy family dynamics only. It isn't to be used in abusive or dysfunctional, destructive contexts. This practice isn't an opportunity to excuse abusive behavior of any kind. Abuse shouldn't be tolerated in any context.

Nancy Colier is a psychotherapist, interfaith minister, author, public speaker, and workshop leader. For more information, visit NancyColier.com



When the people in our lives know that we are on their side, rather than contending with them, they can also focus on being on our side, rather than contending with us.

'Microbreaks' Keep You Engaged on Tough Work Days

MATT SHIPMAN

Research shows people are more likely to take "microbreaks" at work on days when they're tired—but that's not a bad thing.

Microbreaks seem to help tired employees bounce back from their morning fatigue and engage with their work better over the course of the day, the researchers found.

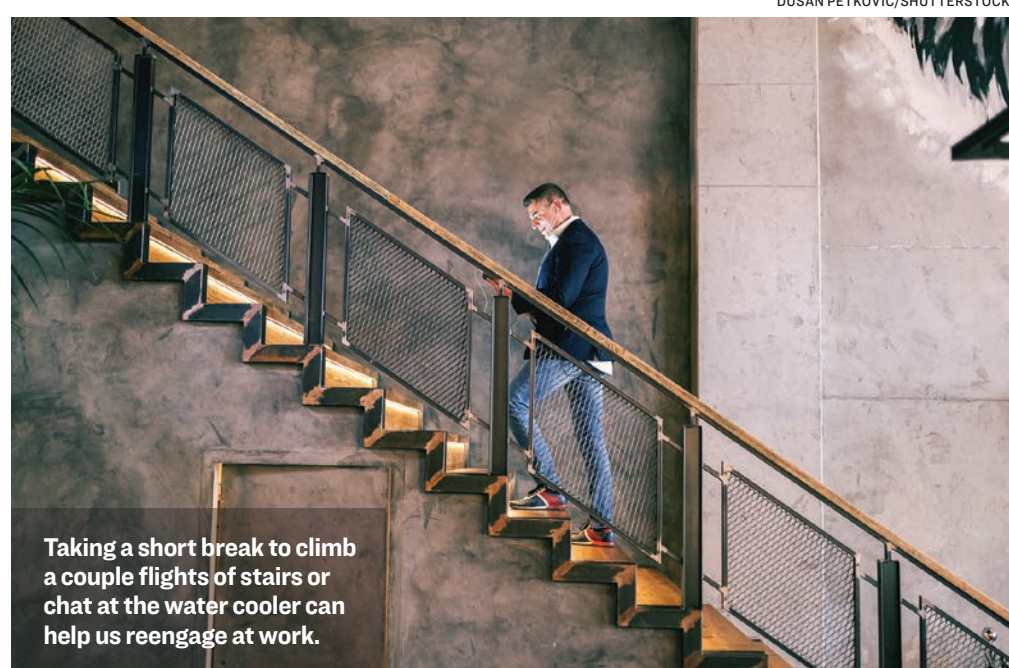
Microbreaks are short, voluntary, and impromptu respites during the workday. Microbreaks include discretionary activities such as having a snack, chatting with a colleague, stretching, or working on a crossword puzzle.

"A microbreak is, by definition, short," said Sophia Cho, co-author of a paper on the work and an assistant professor of psychology at North Carolina State University. "But a five-minute break can



It is in a company's best interest to give employees autonomy in terms of taking microbreaks when they are needed—it helps employees effectively manage their energy and engage in their work throughout the day.

Sophia Cho, co-author of a paper



Taking a short break to climb a couple flights of stairs or chat at the water cooler can help us reengage at work.

DUSAN PETKOVIC/SHUTTERSTOCK

be golden if you take it at the right time. Our study shows that it is in a company's best interest to give employees autonomy in terms of taking microbreaks when they are needed—it helps employees effectively manage their energy and engage in their work throughout the day."

The new paper is based on two studies that explored issues related to microbreaks in the workday. Specifically, the studies were aimed at improving our understanding of how people boost or maintain their energy levels throughout the day in order to engage with work even when they start the day already exhausted. The studies also examined which factors might play a role in determining whether people took microbreaks, or what they did during those microbreaks.

The first study surveyed 98 workers in the United States. Study participants were asked to fill out two surveys per day for 10 consecutive workdays. The surveys were completed in the morning and at the end of the workday. The second study

Microbreaks include discretionary activities such as having a snack, chatting with a colleague, stretching, or working on a crossword puzzle.

included 222 workers in South Korea. This study had participants complete three surveys per day for five workdays. Study participants completed the surveys in the morning, after lunch, and at the end of the workday.

Survey questions in both studies were aimed at collecting data about each study participant's sleep quality, levels of fatigue, as well as their engagement with their work and their experiences at the workplace that day. In the studies, the researchers analyzed the survey data with statistical tools to examine day-to-day fluctuations in sleep quality, fatigue, work behavior, and engagement in varying types of microbreaks.

The results were straightforward: on days that people were already fatigued when they arrived at work, they tended to take microbreaks more frequently. And taking microbreaks helped them maintain their energy level. This, in turn, helped them meet work demands and engage with work better.

"Basically, microbreaks help you manage your energy resources over the course of the day—and that's particularly beneficial on days when you're tired," Cho said.

In addition, the researchers found that people were more likely to take microbreaks if they felt their employer cared about the health and well-being of the workers.

"When people think their employer cares about their health, they feel more empowered to freely make decisions about when to take microbreaks and what type of microbreaks to take," Cho said. "And that is ultimately good for both the employer and the employee."

The paper appears in the *Journal of Applied Psychology*. Additional co-authors are from the National University of Singapore and the University of Illinois-Urbana-Champaign.

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WISE HABITS

Staying at the Edge of Uncertainty

We grow when we seek the periphery of our comfort zone

LEO BABAUTA

When we get into a situation that feels uncertain, most of us will immediately try to get to a place of certainty.

Instead of writing a blog post, I'll find myself wanting to check emails or my favorite websites.

Instead of having a difficult conversation, we'll stay in a bad situation for longer than we need to.

Instead of putting our art out into the world, we'll hide it in the safety of obscurity.

When things feel chaotic and overwhelming, we look for a system that will feel ordered and simple.

All of us do this in most areas of our lives. Sometimes, we are able to voluntarily stay in uncertainty, but those times are relatively rare, and usually, we don't like it so much.

Here's the thing: The edge of uncertainty and chaos is where we learn, grow, create, lead, and make incredible art and new inventions.

The edge of uncertainty is where we explore, go on adventures, get curious, and reinvent ourselves.

The edge of uncertainty is where we can find unexpected beauty, love, intimacy, vulnerability, and meaning.

Everything we truly crave is at the edge of uncertainty, but we run from it.

Fortunately, there is a trick to staying put.

The Edge, Not Deep in the Pit

I say the "edge of uncertainty" because most of us are unprepared to be fully in uncertainty without some kind of ground under our feet. We need some certainty, some safety. Without it, we feel like we're spinning out of control.

When our lives become untethered, we need some kind of ground to stand on. When we're lost in depression or trauma, we need to feel the ground of our basic



ARTMANNWITTE/SHUTTERSTOCK

Learning a new skill or taking on a new challenge requires us to extend ourselves beyond what is familiar and predictable.

We are creatures of comfort and security, but stasis doesn't compel our growth. However, engaging with the chaos that life inevitably delivers certainly does.

goodness, of knowing that there are others here with us.

So I don't recommend letting go of all certainty. Let your life be mostly stable.

But once you have a little stability, let yourself get to the edge of uncertainty.

It's the place where you're learning, but not completely lost. Where you are exploring, but not freefalling. Where you're creating something new, but not without some grasp of what came before you.

Stay at the edge, and then let yourself rest in some kind of comfort. Go to the edge, then come back and take a breather.

How to Train at the Edge

If you'd like to get good at staying in uncertainty, I highly recommend daily training.

And no, it's not enough to say, "My life is all uncertainty, I'm already doing it!" I mean, that's probably true, but it's not deliberate practice. It's what's happening to you, but you're not deliberately training to stay at your edge.

So I recommend daily deliberate practice:

1. Set aside a time. It's not usually helpful to say that you'll do it sometime. You already have enough of those things in your life, adding one more won't be helpful. So pick a time and set multiple reminders.
2. Pick something you're avoiding or feel overwhelmed or afraid of. Writing that book or report, marketing, giving honest feedback, dealing with new technology, making calls, recording videos, etc. It should make you feel somewhere around a 7 out of 10 resistance. Have a good reason to do this task, not just because it's hard. Are you doing it for something meaningful to you? For someone you care about?
3. Do it for a short time. Just 10 minutes is fine, or 15. Work up to 30 minutes a day. You just need to stay there a little while, not forever.
4. Learn to embrace the uncertainty. Notice how you feel like doing something else. Let yourself feel the uncertainty, as a physical sensation in your body. Let yourself stay there, but bring curiosity instead of complaint to the uncertainty. See if there can be any kind of openness, gratitude, even joy in the middle of the uncertainty.
5. Be kind to yourself. Notice if you're beating yourself up about not doing more or doing better, and let go of some of that. Be kind. If you're trying to force yourself to do something you hate, give yourself encouragement. Cultivate a friendly attitude toward yourself in this training.

It also helps to have accountability, or to do it with others (on a video call, for example).

I highly recommend training with others who are trying to do their meaningful work, in my Fearless Training Program.

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

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