

MIND & BODY

MINDSET
MATTERS
LEARNING TO
CULTIVATE AN

Anti-Cancer Mindset

Changing our thoughts on cancer brings us into a new sense of responsibility, empowerment

CONAN MILNER

Last year, COVID-19 deaths got all the attention. But we've lived for decades with a far deadlier killer: cancer.

In 2020, cancer claimed more than 600,000 lives in the United States. While that doesn't reduce the seriousness of 350,000 deaths attributed to COVID-19 nationwide, given cancer's prominence as a COVID-19 comorbidity, it does warrant concern. For many years, cancer has been a leading cause of death around the world, and experts expect the annual cancer death toll to rise even more in the years ahead.

Our complex relationship with cancer goes beyond the death count. One aspect is the particular attitude we hold toward this disease.

Cancer seems to inspire warlike terms like no other disease. People routinely talk of their battles with cancer, and

those who make their way to remission are known as survivors. In 1971, President Richard Nixon famously declared a "war on cancer" when he signed the National Cancer Act into law. The Act was a kind of retaliation toward cancer becoming the nation's second-leading cause of death by

1970, just after heart disease.

Fifty years later, the war rages on. But despite all the money spent on research and treatment on the battlefield, cancer remains the second-leading cause of death nationwide.

It's no wonder that so many see cancer as an enemy. The metaphor speaks not only to the number of casualties from cancer, but also to the brutal side effects that characterize treatment of the disease.

However, war isn't the only way to look at a cancer diagnosis. In fact, this warlike mindset may do more harm than good. According to author Bran-

don LaGreca, we can also view cancer as a powerful teacher, and a catalyst for change. In his new book, "Cancer, Stress, and Mindset: Focusing the Mind to Empower Healing and Resilience," LaGreca shares research and insights born of his clinical practice as a Chinese medicine doctor and cancer survivor. In 2015, he was diagnosed with stage 4 non-Hodgkin's lymphoma, and achieved full remission eight months later by following an integrative medicine protocol without the use of chemotherapy, radiation, or surgery.

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Despite all the money spent on research and treatment, cancer remains the second-leading cause of death nationwide.

CHERON JAMES/UNSPLASH



For some, cancer can lead to a transformed way of living.

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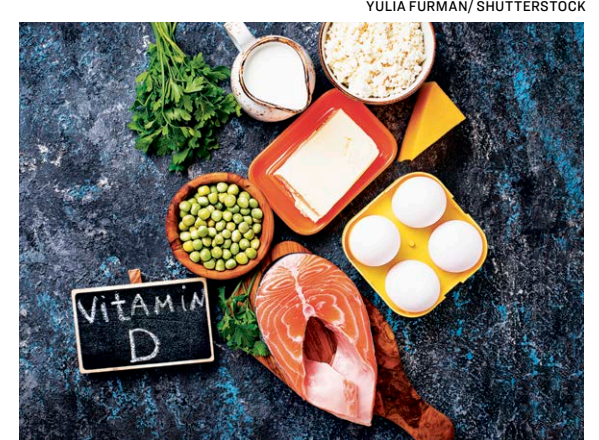
Natural Substances for Type 2 Diabetes

These 9 therapeutic substances offer diabetics safe, often delicious ways to combat insulin resistance

Type 2 diabetes develops when your body's ability to process glucose for fuel becomes impaired, resulting in too much sugar circulating in your bloodstream. Type 2 diabetics may require daily insulin injections to compensate for a lack of adequate insulin production in the pancreas, a dangerous condition if left untreated.

Formerly called adult-onset diabetes, this chronic condition has become so ubiquitous in the U.S. that it's now common in younger people. Type 2 diabetes symptoms may go undetected for years and can include:

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YULIA FURMAN/SHUTTERSTOCK

One of the more enjoyable ways to combat diabetes is to eat more foods rich in vitamin D.

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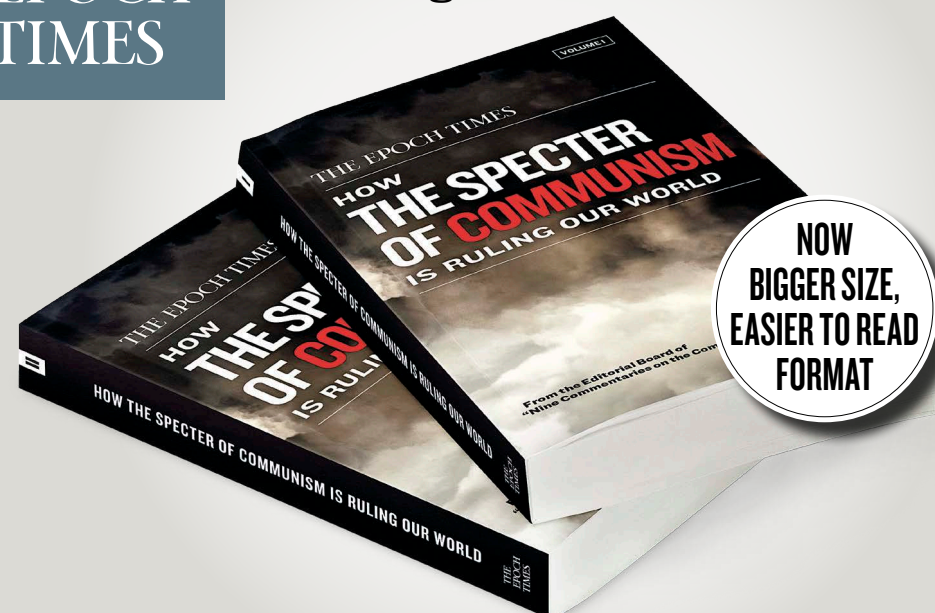
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CHINESE WISDOM FOR SEASONAL LIVING

Why It's Important to Stay Calm During Summer's Heat

'Summer Begins' (May 6–May 21)

MOREEN LIAO

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

Solar Term: 'Summer Begins'

2021 Dates: May 6–May 21

According to the traditional Chinese calendar, summer starts now (May 6, 2021). This is the time when the sun's heat finally warms the earth and prompts everything to grow and to move.

Naturally, insects and wild animals become very active during this time of year due to the increase in temperature and relative humidity, and crops start to grow rapidly.

If the heat is too strong, the plants will grow quickly, but their stalks will be weaker. Fast growth also affects their flavor.

Clever farmers in ancient China would use summer tea leaves in fruit or flavored tea blends, in mixes that included plum flowers, berries, orange, or jasmine. The fruits and flowers masked the taste of the less-flavorful tea leaves.

The heat from this solar term not only affects the earth; it also affects our bodies. Very hot weather can damage the heart. Thus, during the summer we need to take good care of our circulatory system. We can do this, in part, by staying calm and avoiding getting angry. It is also important to eat a healthy, cooling diet.

In ancient China, Emperor Qianlong from the Qing Dynasty (1711–1799) used to reduce his body heat by making summer teas from the morning dew of water lily leaves, and the green lotus seed sprouts from his palace gardens.

Both of these plants are considered extremely cold in the traditional Chinese medicine system of classification. This method classifies foods according to their nature, not by whether they are physically cold or warm to the touch.

According to a book written in the

Warring States period, "Yurling," women used to drink plum juice with wine, hoping to stay young forever. It is very good to eat plum at this time of the year to promote beauty.

The elderly, or people with weak health, often have a poor appetite around this time. Therefore, it is important to design a well-balanced diet for them and pay extra attention to their well-being.

This is also the season when young ones grow the most rapidly. Make sure they're getting enough nutrients and exercising gently.

Tips for Living in Harmony With the Season

Taking midday naps can be beneficial, as it helps to strengthen the heart.

Drink plenty of water.

Avoid exposure to wind after sweating.

Massage the temples by pressing firmly with the center of both palms. These two pressure points can help with eliminating water retention inside our bodies and protecting the heart.

Seasonal Foods to Beat the Heat

Avoid alcohol and strongly flavored or greasy foods. This protects the skin from rashes or irritation brought on by the increase in humidity.

Enjoy foods such as bean sprouts, celery, cucumbers, eggplants, eggs, fava beans, fish, millet, milk, oats, seaweed, spinach, tofu, tomatoes, wheat, and zucchini.

Enjoy fruits such as cherries, grapefruit, strawberries, lemons, melons, and passion fruit.

Enjoy any red-colored foods and avoid over-processed foods.

Sour is the perfect flavor for this time, as sour-tasting foods, especially vinegar, help maintain moisture levels inside the body and stimulate the appetite. Avoid or reduce bitter foods.

Seasonal Herbs

Good herbs to use at this time of year include coriander, dandelion, peppermint, jasmine, licorice, melissa, rose, and tender ginger.

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



Adapting to the season can be as pleasant as eating cooling foods like fresh strawberries.

Natural Substances for Type 2 Diabetes

These 9 therapeutic substances offer diabetics safe, often delicious ways to combat insulin resistance

Continued from Page 1

- Increased hunger and/or thirst
- Frequent urination
- Blurred vision
- Slow-healing sores and/or frequent infections
- Numbness or tingling of the hands and feet

While there is no prescribed cure, Type 2 diabetes is highly responsive to lifestyle changes such as losing weight, getting regular exercise, and making healthy dietary adjustments. We've compiled a list of nine natural substances for Type 2 diabetes that have been clinically shown to help improve the signs and potentially reverse the symptoms of this pervasive disorder.

1. Vitamin D

Vitamin D is a fat-soluble vitamin that is produced endogenously by your body when exposed to sunlight, and is present in certain foods and supplements. Vitamin D, which is actually a hormone, promotes numerous biological activities, including calcium absorption, bone growth and repair, and glucose metabolism. It is vitamin D's positive impact on blood sugar that makes it a must-have nutrient to support diabetics and pre-diabetics.

Type 2 diabetes has become so ubiquitous in the U.S. that it's now common in younger people.

A detailed meta-analysis of 37 studies found that vitamin D supplementation was associated with a significant improvement in fasting blood glucose and hemoglobin A1C in individuals with Type 2 diabetes, and an improvement in insulin resistance in Type 2 diabetics and pregnant diabetic women. Vitamin D may provide the added benefit of reducing inflammation in patients with Type 2 diabetes, according to a 2020 study.

2. Probiotics

Probiotics are a well-known gut-health supplement, but did you know they can support the health of diabetics? The subject of much research, probiotic supplementation has been shown to improve multiple biomarkers in diabetic patients, making probiotics, either from fermented foods or in supplement form, high on the list of safe adjunct therapies for Type 2 diabetics.

Published in the journal *Pharmacological Research*, a review and meta-analysis of randomized controlled trials on the effects of probiotic and prebiotic supplementation in diabetic patients found these substances significantly decreased C-reactive proteins that mark oxidative stress compared to placebos.

In addition, probiotic and prebiotic supplementation was found to increase total antioxidant capacity among patients with diabetes. Supplementation with a high-quality probiotic was associated in another study with significant improvement in glycated hemoglobin and fasting insulin levels in Type 2 diabetes patients.

3. Magnesium

It's estimated that 61 percent of U.S. adults are deficient in magnesium. Low intake of this critical nutrient is associated with increased risks for chronic diseases including cardiovascular disease, osteoporosis, and Type 2 diabetes. Type 2 diabetics may be even more sensitive to deficiency since magnesium is required by the pancreas in insulin production.

Expounding on research showing that higher dietary intakes of magnesium (Mg) seem to correspond to lower diabetes rates, a 2016 study reviewed eligible randomized controlled trials and found that magnesium treatment reduced fasting plasma glucose and improved insulin-sensitivity parameters in patients with diabetes and in those at risk of diabetes.

Other studies show that magnesium de-

ciency can worsen symptoms of diabetes, and high-dose supplementation can improve insulin resistance and may help prevent complications in Type 2 diabetic patients.

4. Vitamin C

Ascorbic acid, commonly known as vitamin C, is a powerful antioxidant that helps protect cells from free radicals, the unstable molecules that are believed to cause cellular damage linked to illness and aging. As with all vitamins and minerals, consuming the recommended daily allowance of vitamin C is key for optimal health, especially for Type 2 diabetics and those at risk of diabetes.

Vitamin C deficiency is linked to chronic inflammation, joint pain, and poor wound healing—symptoms that are also prevalent among Type 2 diabetics sufferers. Supplementing with vitamin C has been shown to improve glycemic control and blood pressure in people with Type 2 diabetes, and there is evidence to suggest that vitamin C intake is inversely associated with Type 2 diabetes.

Ensuring that you consume adequate amounts of this critical vitamin is both easy and delicious. Besides a high-quality supplement, citrus fruits and berries are loaded with vitamin C, as are red and green peppers, tomatoes, and greens like broccoli and kale.

5. Omega-3 Fats

Omega-3 fats play an important role in your body and may be especially important for Type 2 diabetics. These essential fatty acids provide structure to cell membranes and are found in the brain, retina, and sperm in high concentrations. Studies demonstrate that omega-3 fats may improve symptomatology associated with Type 2 diabetes by enhancing metabolism and lowering risks of comorbidities.

A study on Type 2 diabetic patients who were fed liquid nutrition found that those who consumed a formula rich in omega-3s had significantly lower blood glucose responses, compared with patients consuming the standard nutritional formula. They also demonstrated more energy with significantly lower insulin concentrations.

Foods like wild-caught fatty fish, flaxseed, and chia seeds are high in omega-3s. Walnuts are another great source and may even improve metabolic parameters in Type 2 diabetics.

6. Curcumin

There are at least 2,736 scientific abstracts on curcumin research on GreenMedInfo.com, ranking this super-spice as one of the most potent natural substances for disease prevention, including Type 2 diabetes. Curcumin is the main active ingredient in turmeric spice, responsible for the bright orange color and possibly for turmeric's notable anti-inflammatory effects.

A study from Japan found that curcuminoids and sesquiterpenoids (another terpene in turmeric) suppress increases in blood glucose levels in Type 2 diabetic mice. Another study published in the journal *Diabetes Care* found that curcumin may be an effective therapy to prevent Type 2 diabetes in prediabetic groups.

In the study, subjects were prescribed either a curcumin supplement or placebo for nine months. After the treatment period, 16.4 percent of subjects in the placebo group were diagnosed with Type 2 diabetes, whereas no one in the curcumin supplement group met the criteria for diagnosis. Additionally, the curcumin supplement group showed a lower level of insulin resistance and had better cellular functioning according to the Homeostatic model assessment (HOMA).

7. Psyllium

Psyllium is a soluble plant fiber used to treat bowel disorders and encourage regularity, but it may also be a useful therapy for regulating both dietary cholesterol and blood sugar levels.



Fermented foods support our microbiome.

Benefits associated with the intake of these gel-forming fibers include reducing serum cholesterol and improving glycemic control in patients at risk for developing Type 2 diabetes, making a daily dose of psyllium an effective addition to a diabetes-prevention program.

A 2002 study on psyllium in Type 2 diabetics patients indicated a beneficial therapeutic effect on metabolic control, as well as a decreased risk of coronary heart disease. Researchers concluded that consumption of psyllium didn't adversely affect vitamin or mineral concentrations in patients, allaying a common fear that psyllium negates the benefits of vitamin and mineral supplements.

8. Ginger

Ginger root has been used in both culinary and medicinal preparations for thousands of years. It is a popular home remedy for ailments such as the common cold, nausea, and stomachache, but it can also be an aid for individuals with Type 2 diabetes.

An Iranian study on ginger supplementation found that taking three grams of powdered ginger daily for three months improved glycemic and lipoprotein indices and boosted total antioxidant capacity in prediabetic individuals.

Other studies support the use of ginger supplementation as an effective treatment for the prevention of Type 2 diabetes complications. Of course, you can add fresh or dried ginger root to smoothies, soups, and other recipes, but it may be difficult to consume therapeutic quantities of this spicy herb without the addition of a supplement.

9. Cinnamon

Cinnamon gained renown as a useful therapy for Type 2 diabetes when a 2003 study suggested that a small amount of cinnamon each day could lower fasting blood glucose levels. While traditional medicine is loath to promote natural substances for health maintenance, cinnamon's long history of use as an antidiabetic spice has forced science to recognize its potential.

A study published in the journal *Diabetes, Obesity and Metabolism* acknowledged this history as well as cinnamon's potential as an antidiabetic adjunct therapy.

A 2011 meta-analysis of clinical studies on the effects of cinnamon intake on people with Type 2 diabetes and/or prediabetes found that cinnamon consumption (whole or extract) results in a statistically significant lowering of fasting blood glucose levels. Cinnamon supplementation has also been found to significantly decrease systolic and diastolic blood pressure in patients with Type 2 diabetes.

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Psyllium improves glycemic control.

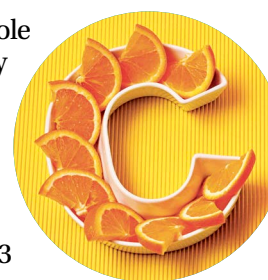


INGRID BALABANOVA / SHUTTERSTOCK



Ginger boosts total antioxidant capacity.

PHOTOGRAPHY/SHUTTERSTOCK



Vitamin C is an important antioxidant.

GARDONIA/SHUTTERSTOCK



Omega-3 fats help cell membranes and more.

NIKELSER KATE/SHUTTERSTOCK



Turmeric may combat diabetes onset.

NIKOLA/SHUTTERSTOCK

Influenza Vaccination Linked to Higher COVID Death Rates

A problematic form of viral interference appears to be a side-effect of widely promoted influenza vaccines

JOSEPH MERCOLA

Vaccines can in some cases trigger more serious illness when exposed to an unrelated virus, via a process known as virus interference.

A question that has lingered since the 2009 mass vaccination campaign against pandemic H1N1 swine flu is whether seasonal influenza vaccination might make pandemic infections worse or more prevalent. That concern has come into sharp focus as studies raise questions about vaccine rollouts for COVID-19 and research points to the potential of problematic viral interference.

To help understand that, it's helpful to first understand a more common, beneficial virus interference.

This kind can be a boost to our fight against invading pathogens. Normal viral interference occurs when a prior viral infection offers neighboring cells a kind of protection. In a way, the original invader blocks the subsequent viral invaders from taking hold.

A study published in March in the Journal of Infectious Diseases reveals one example. Researchers with the University of Glasgow Center for Virus Research and Imperial College London found that the common cold might offer some protection against SARS-CoV-2, the virus that causes COVID-19.

"Human rhinoviruses cause the common cold and are the most prevalent respiratory viruses of humans," notes the study abstract.

"We show that human rhinovirus triggers an interferon response that blocks SARS-CoV-2 replication. Mathematical simulations show that this virus-virus interaction is likely to have a population-wide effect as an increasing prevalence of rhinovirus will reduce the number of new COVID-19 cases."

Unfortunately, research has found that vaccines may produce a counterproductive type of viral interference that makes people more, rather than less susceptible to viruses besides the one they are being vaccinated against.

A 2010 review in PLOS Medicine, led by Dr. Danuta Skowronski, a Canadian influenza expert with the Centre for Disease Control in British Columbia, found the seasonal flu vaccine increased people's risk of getting sick with pandemic H1N1 swine flu and resulted in more serious bouts of illness.

People who received the trivalent influenza vaccine during the 2008-2009 flu

Researchers found the common cold might offer some protection against SARS-CoV-2, the virus that causes COVID-19.

DON EMMERT/APP VIA GETTY IMAGES



One study found an association between COVID-19 deaths and influenza vaccination rates in elderly people worldwide.

36 PERCENT

Service members who had received a seasonal flu shot during the 2017-2018 flu season were 36 percent more likely to contract a pre-COVID coronavirus.

season were between 1.4 and 2.5 times more likely to get infected with pandemic H1N1 in the spring and summer of 2009 than those who didn't get the seasonal flu vaccine.

To double-check the findings, Skowronski and other researchers conducted a follow-up study on ferrets. Their findings were presented at the 2012 Interscience Conference on Antimicrobial Agents and Chemotherapy. At the time, Skowronski commented on her team's findings, telling MedPage Today:

"There may be a direct vaccine effect in which the seasonal vaccine induced some cross-reactive antibodies that recognized pandemic H1N1 virus, but those antibodies were at low levels and were not effective at neutralizing the virus. Instead of killing the new virus it actually may facilitate its entry into the cells."

In all, five observational studies conducted across several Canadian provinces found identical results. These findings also confirmed preliminary data from Canada and Hong Kong. Australian infectious disease expert Peter Collignon warned of the problems associated with this in an interview with Australia's ABC News in 2011. "Some interesting data has become available which suggests that if you get immunized with the seasonal vaccine, you get less broad protection than if you get a natural infection."

"We may be perversely setting ourselves up that if something really new and nasty comes along, that people who have been vaccinated may in fact be more susceptible compared to getting this natural infection."

When it comes to COVID-19, Collignon's warning may have been particularly relevant.

Flu Vaccination Raises Unspecified Coronavirus Infection

A study published in the Jan. 10, 2020, issue of the journal Vaccine found people were more likely to get some form of coronavirus infection if they had been vaccinated against influenza.

The study, titled "Influenza Vaccination and Respiratory Virus Interference Among Department of Defense Personnel During the 2017-2018 Influenza Season," noted:

"Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as virus interference. ... This study aimed to investigate virus interference by comparing respiratory virus status among Department of Defense personnel based on their influenza vaccination status."

While seasonal influenza vaccination didn't raise the risk of all respiratory infections, it was in fact "significantly associated with unspecified coronavirus" and human metapneumovirus (hMPV10).

"Unspecified" means that the virus was

of the coronavirus family but not a specific type of coronavirus, like SARS-CoV-2, which was still unknown at the time this study was conducted.

Remember, SARS-CoV-2 is 1 of 7 different coronaviruses known to cause respiratory illness in humans. Four of them—229E, NL63, OC43, and HKU1—cause symptoms associated with the common cold.

OC43 and HKU1 are also known to cause bronchitis, acute exacerbation of chronic obstructive pulmonary disease, and pneumonia in all age groups, notes a 2013 study published in The Journal of Infectious Diseases. The other three human coronaviruses—which are capable of causing more serious respiratory illness—are SARS-CoV, MERS-CoV, and SARS-CoV-2.

Service members who had received a seasonal flu shot during the 2017-2018 flu season were 36 percent more likely to contract coronavirus infection and 51 percent more likely to contract hMPV infection than unvaccinated individuals, found the Department of Defense study.

Influenza Vaccination Linked to Higher COVID Death Rates

On Oct. 1, 2020, professor Christian Wehenkel, an academic editor for PeerJ, published a data analysis in that same journal, in which he reports finding a "positive association between COVID-19 deaths and influenza vaccination rates in elderly people worldwide."

In other words, areas with the highest vaccination rates among elderly people also had the highest COVID-19 death rates. To be fair, the publisher's note points out that correlation doesn't equal causation:

"What does that mean? By way of example, in some cities increased ice cream sales correlate with increased murder rates. But that doesn't mean that if more ice creams are sold, then murder rates will increase. There is some other factor at play—the weather temperature."

"Similarly, this article should not be taken to suggest that receiving the influenza vaccination results in an increased risk of death for an individual with COVID-19 as there may be many confounding factors at play (including, for example, socioeconomic factors)."

That said, one of the reasons for the analysis was to double-check whether the data would support reports claiming that seasonal influenza vaccination was correlated with lower COVID-19 mortality—including one that found regions in Italy with higher vaccination rates among elders had lower COVID-19 death rates. "A negative association was expected," Wehenkel writes in PeerJ.

But that's not what he found:

"Contrary to expectations, the present worldwide analysis and European sub-analysis do not support the previously reported negative association between CO-



Studies suggest that vaccines can have unintended consequences on our immune system's response to other viral infections.

VID-19 deaths (DPMI) [COVID-19 deaths per million inhabitants] and IVR [influenza vaccination rate] in elderly people, observed in studies in Brazil and Italy," the author noted.

The study looked at data sets from 39 countries with more than a half-million inhabitants and used a sophisticated ranking to mitigate the effects of confounding variables, including geographical and socioeconomic variables as well as variables related to non-pharmaceutical intervention.

"The results showed a positive association between COVID-19 deaths and IVR of people ≥65 years-old. There is a significant increase in COVID-19 deaths from eastern to western regions in the world. Further exploration is needed to explain these findings, and additional work on this line of research may lead to prevention of deaths associated with COVID-19."

What Might Account for Vaccination-Mortality Link?

In the discussion section of the paper, Wehenkel points out that previous explanations for how flu vaccination might reduce COVID-19 deaths aren't supported by the data he collected.

For example, he cites research attributing the beneficial effect of flu vaccination to improved prevention of influenza and SARS-CoV-2 coinfections, and another that suggested the flu vaccine might improve SARS-CoV-2 clearance.

These arguments "cannot explain the positive, direct or indirect relationship between influenza vaccination rates and both COVID-19 deaths per million inhabitants and case fatality ratio found in this study, which was confirmed by an unbiased ranking variable importance using Random Forest models," Wehenkel says. Random Forest refers to a preferred clas-

sification algorithm used in data science to model predictions.

Instead, he offers the following hypotheses: "The influenza vaccine may increase influenza immunity at the expense of reduced immunity to SARS-CoV-2 by some unknown biological mechanism, as suggested by Cowling et al. (2012) for non-influenza respiratory virus."

"Alternatively, weaker temporary, non-specific immunity after influenza viral infection could cause this positive association due to stimulation of the innate immune response during and for a short time after infection."

"People who had received the influenza vaccination would have been protected against influenza but not against other viral infections, due to reduced non-specific immunity in the following weeks, probably caused by virus interference."

"Although existing human vaccine adjuvants have a high level of safety, specific adjuvants in influenza vaccines should also be tested for adverse reactions, such as additionally increased inflammation indicators in COVID-19 patients with already strongly increased inflammation."

The Flu Vaccine Paradox

Since Wehenkel's analysis focuses on the flu vaccine's impact on COVID-19 mortality among the elderly, it can be useful to take a look at information presented at a World Health Organization workshop in 2012. On page 6 of the workshop presentation in question, the presenter discusses "a paradox from trends studies" showing that "influenza-related mortality increased in U.S. elderly while vaccine coverage rose from 15 percent to 65 percent."

On page 7, he further notes that while a decline in mortality of 35 percent would be expected with that increase in vaccine uptake, assuming the vaccine is 60 percent

The study looked at data sets from 39 countries with more than a half-million inhabitants and used a sophisticated ranking to mitigate the effects of confounding variables.



Public health campaigns present the flu shot as a risk-free, highly effective treatment.

to 70 percent effective, the mortality rate has risen instead, although not exactly in tandem with vaccination coverage.

On page 10, another paradox is noted. While observational studies claim the flu vaccine reduces winter mortality risk from any cause by 50 percent among the elderly, and vaccine coverage among the elderly rose from 15 percent to 65 percent, no mortality decline has been seen among the elderly during winter months.

Seeing how the elderly are the most likely to die due to influenza, and the flu accounts for 5 percent to 10 percent of all winter deaths, a "50 percent mortality savings [is] just not possible," the presenter states. He then highlights studies showing evidence of bias in studies that estimate influenza vaccine effectiveness in the elderly. When that bias is adjusted for, vaccine effectiveness among seniors is discouraging.

Interestingly, the document points out that immunologists have long known that vaccine effectiveness in the elderly would be low, thanks to senescent immune response, i.e., the natural decline in immune function that occurs with age. This is why influenza "remains a significant problem in elderly despite widespread influenza vaccination programs," the presenter notes.

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

For links to the studies referenced in this story, please find it online at TheEpochTimes.com/author-dr-mercola

More Kids With Borderline Behaviors Are Being Diagnosed With ADHD

New research reveals problems associated with diagnosing challenging but normal behaviors as ADHD

LUISE KAZDA

During my daughter's challenging first year of school, we discovered how much effort it took her to sit and learn.

She was the youngest in her class, placing her at higher risk of being diagnosed with attention deficit hyperactivity disorder (ADHD).

While she struggled with attention and hyperactivity, her problems were always more frustrating than truly impairing. Still, constant battles over finishing tasks, the amount of time (and nerves) spent on a child that needs that extra bit of attention, and the anger or sadness on her face made me wonder if we should try to get some support.

Maybe a diagnosis could be a straightforward fix to the problem?

What's the Problem?

Increasing awareness of ADHD has led to consistent rises in the number of children diagnosed with and treated for it. This would be good if it meant we were getting better at finding, diagnosing, and helping children impaired by inattention or hyperactivity.

However, my newly published study in JAMA Network Open finds these increases in ADHD diagnoses may be largely due to children like my daughter, whose behaviors fall within a normal (but frustrating) range. I conducted this research with colleagues from the University of Sydney and Bond University.

Our study concluded these children are unlikely to benefit from being labeled with ADHD and may, in fact, be harmed by it.

This surge in diagnoses also results in limited resources being stretched thinner among more children, ultimately taking away from those with severe problems who would benefit from more support.

Our study concluded these children are unlikely to benefit from being labeled with ADHD and may, in fact, be harmed by it.

What Is ADHD?

And Why Is It So Controversial? ADHD is a "persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development."

It's one of the most common childhood disorders, affecting about 5 to 7 percent of children. Over the past decades, debate on the appropriateness of diagnoses has grown in line with the rate of diagnosis.

Allen Frances, a prominent American psychiatrist, has been one of the most vocal critics of the trend. He describes it as the medicalization of "everyday experiences that are part of the human condition."

However, others suggest the increases in diagnosed children are largely due to improved detection in previously undiagnosed children.

Both sides of the debate claim to have proof. But we were surprised to discover no one had ever summarized the scientific evidence for the key reasons behind increasing diagnosis rates.

So we reviewed the results from more than 300 studies on ADHD over the past 40 years to determine which children are

being newly diagnosed and if they benefit. Our study design allowed us to summarize a huge variety of studies in a way not done before.

What We Did and What We Found

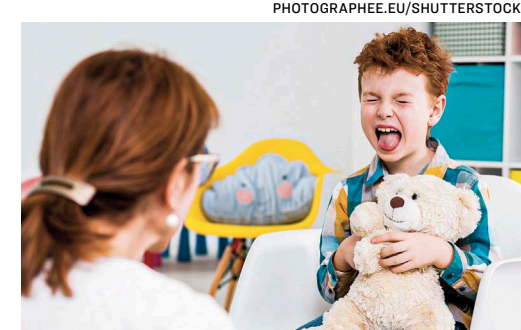
We found that since the 1980s, increasing numbers of school-aged children and adolescents around the world have been diagnosed with ADHD and medicated for it. We know ADHD-related behaviors exist on a spectrum with no or minimal hyperactivity and inattention on one end and severe ADHD on the other.

Many children can get distracted easily, are forgetful, or find it difficult to sit still or wait their turn. In most children, these behaviors are mild enough to not interfere with a "normal" life.

However, there is no clear biological cut-off point above which someone just "has" ADHD. Ways of diagnosing ADHD also vary between countries and change over time, with criteria generally becoming less stringent.

Together, this ensures many potentially new cases could be discovered, depending on how low the bar is set.

In the United States, for example, almost half of all children diagnosed with ADHD have mild symptoms, with only around 15 percent presenting with severe problems. Only about 1 percent of all children in an Italian study had severe ADHD-related behaviors. And, in general, children to-



Difficult kids that are misdiagnosed with ADHD diagnosis may receive expensive and unhelpful medication.

day are no more hyperactive or inattentive than 20 years ago.

All this led us to conclude a substantial proportion of these additional diagnoses (children who wouldn't have been diagnosed 20 years ago) are, at best, borderline cases.

For example, one study shows while diagnoses increased more than five-fold over 10 years in Sweden, there was no increase in clinical ADHD symptoms over the same time. This means that with the lowering of the diagnostic bar, children diagnosed with ADHD are, on average, less impaired and more similar to those without an ADHD diagnosis.

As a result, children like my daughter, who are the youngest in their class, are at risk of being labeled with ADHD because their relative immaturity can be enough to push them over the threshold into the zone of "abnormal" behavior.

Why It's Important to Get It Right

For children with mild symptoms

Children with mild ADHD symptoms are unlikely to benefit from a diagnosis. They (and their families) also incur substantial costs as well as potential harms from the diagnosis and treatment. That's because:

- Instead of drumming up extra support, an ADHD label can have negative social, psychological, and academic effects, when compared to similar young people without a diagnosis.
- Medication reduces symptoms to a lesser extent in children with mild ADHD (however it is beneficial in many severe cases).
- Medication for young people with milder symptoms also has no positive, but a potential negative, effect on academic outcomes (such as math and reading scores) when compared to unmedicated young people with similar behavior. Also, medication doesn't reduce the risks of injuries, criminal behavior, and social impairment as much as in those with severe symptoms.

For children with severe symptoms

It's also important that children with more severe ADHD symptoms are correctly diagnosed so they don't miss out on much-needed support.

With ever-increasing diagnosis rates of ADHD, schools are increasingly struggling to

adequately support every child with a diagnosis; the slice of funding and support every child can receive gets smaller and smaller, the more children are included.

In turn, this often means those with the most severe problems get left behind.

What Can We Do?

In light of the potential risks associated with diagnosing a child with milder ADHD symptoms, we recommend doctors, parents, and teachers work together following a "stepped diagnosis approach." This ensures swift and efficient diagnosis and treatment in severe cases. For those with milder symptoms, taking some time to watch and wait may mean many of them won't need to be labeled or treated.

Not only will this avoid potential harm for individual children, it also ensures resources are allocated where they are needed most and will be most effective.

Co-authors of this article were: Alexandra Barratt, professor of public health, University of Sydney; Katy Bell, associate professor in clinical epidemiology, Sydney School of Public Health, University of Sydney; and Rae Thomas, associate professor, Bond University.

Luise Kazda is a doctoral candidate at the University of Sydney in Australia. This article was first published on The Conversation.

KINGA/SHUTTERSTOCK



Facing cancer can offer critical motivation to address habits and environmental factors that contribute to the disease.

MINDSET MATTERS

Learning to Cultivate an Anti-Cancer Mindset

Changing our thoughts on cancer brings us into a new sense of responsibility, empowerment

Continued from Page 1

LaGreca offers patients a new perspective on the numerous challenges that come with a cancer diagnosis.

LaGreca doesn't claim to have a cure. Nor does he urge patients away from conventional treatment, or their oncologist's advice. Rather, he asks both patients and caregivers to spend some time looking beyond the battle, past the factors we can't control, to a contemplation of the factors we can.

The Epoch Times talked to LaGreca about his book, and how something as simple as a change in perspective can help us heal.

The Epoch Times: The conventional mindset is to view cancer as an enemy that we fight in battle. Does this mentality serve us in any way?

Brandon LaGreca: Not at all. We're basically waging war on ourselves. Not very helpful in the long run.

It's ironic, because of all the diseases we could possibly suffer from, we promote this war mentality with cancer. We're not talking about an infection that really is truly externalized—something that goes into the body and invades it. We're talking about our body's own cells that, through some genetic mishap, develop into malignancy.

Unlike infections that invade the body, cancer is a result of our body's own cells becoming malignant.

To me, adopting war terminology is a major misalignment of priorities in terms of how we have to think about and treat it. The main reason is that this particular mindset promotes the idea that this is something that is foreign to me, and because of that, I just need to:

1. Cut it out (surgery),
2. Burn it out (radiation), or
3. Poison it out (chemotherapy).

With the exception of surgery, these things can have massive systemic side effects, which everyone is well aware of.

We can't treat this in the conventional paradigm without having fairly massive collateral damage to our body. Cancer is simply our body's own response to the



IVAN SAMKOV / PEXELS

environment. We encounter carcinogens. Those carcinogens cause mutations. Those mutations either localize into a tumor or spread and metastasize. But anyway you could possibly spin this, we're still only dealing with our body's response to the environment through the cancer formation process.

It doesn't do anyone any favors to just cut, poison, and burn, and not take on the much larger and much more important mindset of what you can do to treat this holistically.

The Epoch Times: So how do we shift our perspective from cancer as an enemy, to cancer as a teacher or even a blessing?

Mr. LaGreca: The main obstacle for people adopting this mindset is they have to shift away from victim consciousness or victim mentality and into an empowered one.

I've noticed over the years that for a lot of patients that's a really tough nut to crack, because they have to face a lot of their own demons when they do so.

Stress is very much a part of this thesis. Much of the book is devoted to the evidence of the connection between stress and cancer. It makes a case for a very common, yet still overlooked cause of cancer.

One of the reasons why stress has a connection to cancer is because oftentimes, we self-medicate for stress with very destructive habits. You don't have to think any further than smoking and drinking, both of which are known carcinogens.

We have carcinogens that we have very personal relationships with that we are choosing to put into our body, because

we have certain stresses or traumas that we're self-medicating from. The only reason those are there in the first place is because of the history of that trauma and stress.

For us to go all the way back to the source of whatever that stress or trauma is, we have to confront very uncomfortable things. We have to uncover childhood trauma, or chronic stress that we can't necessarily get out of. Maybe, it's a job or a relationship. Whatever they are, it's more difficult to face those things than to actually make that change.

There is also the notion that we need somebody else to fix us. Go back to the conventional paradigm where we see this as something external to us. We just need to cut, poison, or burn it out. All I need is someone to do that job for me. I don't need to take any personal responsibility.

We're doing the car mechanic thing. If our car is broken, we take it to someone else to fix it. If there's a lump in my

breast, I need to go to the oncologist and get it surgically removed. I'm done. I don't have to do any personal stuff or any lifestyle changes. I don't need to think about my diet or any of the other environmental factors.

My first book on EMF radiation is a great example. How many people are addicted to their devices? And how many people are willing to give them up even if they've had a brain cancer diagnosis that they were staring down? My assertion is that it's probably very few. Even with mounting evidence that this might be a very key carcinogen for that particular kind of cancer, our addictions run deep. That's one of the things that we're up against.

The Epoch Times: The war paradigm is a popular one, but some patients are very receptive to a more holistic perspective. Why do you think people resonate with it?

Mr. LaGreca: Because those who are willing to accept it realize that they have

Cancer treatment takes a toll, but you can help your body recover.

“One of the reasons why stress has a connection to cancer is because oftentimes, we self-medicate for stress with very destructive habits.”

Brandon LaGreca, author, Chinese medicine doctor, and cancer survivor

IVAN SAMKOV / PEXELS



a role in their own healing. There is great power with someone discovering their own agency within the process. It can light a fire within them so that they can then start making those changes.

There's your own personal experience, and there's also the experience of the people around you. A friend or family member will say, "This is something that helped with this side effect," or "This has helped me sleep better through this process."

It just takes a few stories, because we're social creatures. Homo sapiens should be homo storyteller. It's our nature. We're a species that sits around the fire and shares information. We externalize our brains in some respects. And that's how we get the best of what others have to learn from. We learn from each other. Doing that gives us a lot of good clarity about natural remedies, or states of mind.

They're extremely effective, extremely helpful, and really move the needle in a positive way.

The Epoch Times: Our understanding of medicine is typically driven primarily by whatever the science says. But it sounds like personal stories of triumph and discovery hold a lot more weight than we might give them credit for.

Mr. LaGreca: Yeah, and here's why: Science is really good at figuring out the average. That is what a trial is supposed to do. Any kind of clinical trial for any kind of intervention or drug is looking to see what the average response is, and to make it the most predictable and the most scalable for a broad group of people. That's really different than individualized care.

This is not a criticism of science. We love that reductionist science is able to give us a baseline approach. But the true art of medicine is tweaking that for the individual patient's needs, and making it personalized.

The Epoch Times: Could you talk about your personal journey with cancer? How did it change you, and what kind of insight does it lend you when you're helping patients?

Mr. LaGreca: I was diagnosed in 2015 with stage 4 lymphoma, and when I heard the doctor say those words I had two colliding thoughts that went in my mind at the same time. One was just shock and disbelief. How could this possibly be? I thought, at that point, I was living the healthiest lifestyle that I could to the best of my awareness and knowledge. And I thought I was a paragon to my patients for eating healthy and exercising.

The second thought was that I could do this. I could figure this out. I knew what I needed to do.

For me, one of the main insights of getting through the process was to make the best out of the situation. Obviously, this is a cruddy hand to be dealt, but I decided to use this for a launch point with which to help other people.

I wasn't thinking in that moment that I was going to write books or give talks. I just knew at the very least that I was going to be able to help patients through this process.

At any given time in my clinic, I always have a handful of cancer patients that

A better mindset can help someone facing cancer make better decisions and stay engaged in the treatment process.

“Cancer is simply our body's own response to the environment. We encounter carcinogens. Those carcinogens cause mutations.”

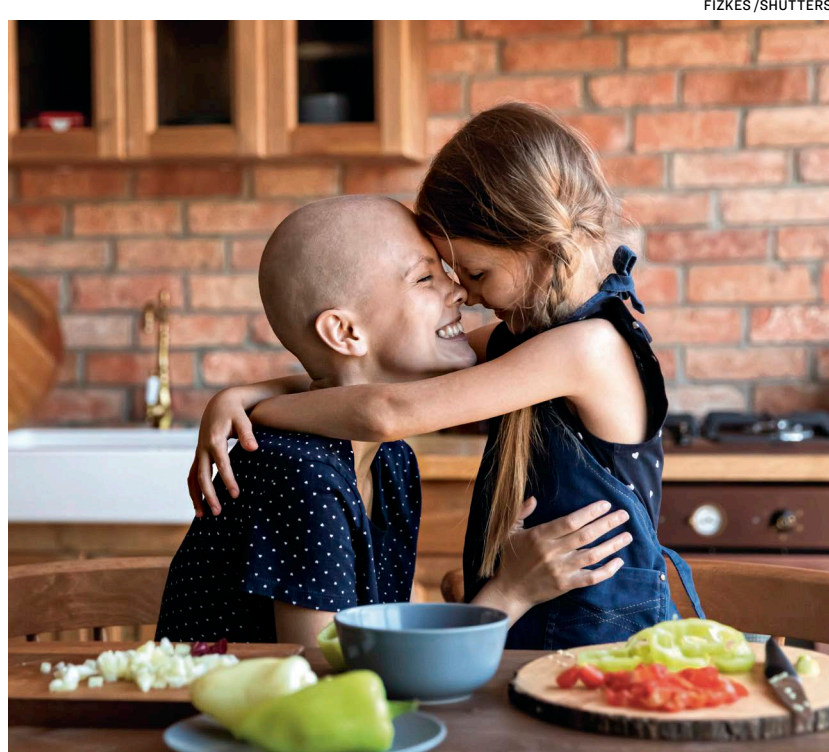
Brandon LaGreca, author, Chinese medicine doctor, and cancer survivor



Many household chemicals have known carcinogens which increase our risk of developing cancer.

GREEN LEAF / SHUTTERSTOCK

Developing a hopeful, engaged, and proactive mindset will improve the effectiveness of cancer treatment.



FIZKES/SHUTTERSTOCK

Wherever someone is in their journey, mindset has something it can offer.

MONGKOLCHON AKESIN / SHUTTERSTOCK



they're leading with that, they're going to have a better outcome, and I don't care what therapy they ultimately decide on.

The Epoch Times: But what if your good intentions fall short? I've heard feelings of guilt among cancer patients who try to change their mindset and fail. Their meditation and positive thoughts don't put their cancer in remission, or perhaps their condition gets even worse. It makes me wonder: Are we asking too much from a change in mindset? And what should we expect?

Mr. LaGreca: I don't want to assign to mindset anything that it cannot do. But I would say that a person with a proper mindset makes very different decisions than someone who does not. To me, the gift of mindset is to make somebody engaged in the process.

This is the analogy I use with patients: It's like we're playing catch. I throw the ball to you, and you have a choice. You can be engaged, looking at where the ball is coming from and try to catch it. There's no guarantee you're going to catch it, but we're much more likely to connect.

You can also be looking off in the distance somewhere and completely miss the ball.

What I want is that engaged person. I want someone who is on top of their own health choices and making better choices for themselves. It doesn't guarantee anything, but it gives you a lot better chance.

Mindset just gives someone the opportunity to make better decisions for themselves. Even if someone gets to the point in their treatment where they're ultimately going to succumb to cancer, you still have the opportunity in that moment to practice forgiveness, or resign to your mortality and be okay with that. That's still a choice. It's a mindset. It's something where you can choose to be comforted as opposed to approaching it with despair.

Wherever someone is in their journey, mindset has something it can offer.

The Epoch Times: The biggest lesson I got from your book is that the ultimate goal isn't remission, but to reflect on my imbalances, and see how I can change my life going forward. It made me realize that healing isn't the absence of symptoms, but about finding meaning.

Mr. LaGreca: That's the difference between healing and curing. Curing is stopping the disease process. Healing is becoming a stronger, more empowered person on the other side of it.

Healing is always an option. Even when you're on your deathbed, you still have the opportunity to heal. In a perfect world, maybe healing and curing align. And maybe healing, through your own efforts and mindset, promotes or predisposes you to cure. But, to me, I think it's a lost opportunity to adopt a cure and not realize the healing of mindset because there is no change.

If someone gets a breast cancer diagnosis and goes on with their unhealthy lifestyle, grief, despair, or anger in their life, they haven't fundamentally become an empowered person.

Curing is important. We need drugs, medicine, and surgery, but we also need people who are alive and willing to be on this planet as the beautiful, inspired souls that they are.

Calm a Distressed Mind by Changing Your Environment

A new book offers tools to help you avoid being overwhelmed by negative thoughts and feelings

KIRA M. NEWMAN

One of the biggest contributors to our happiness is something we barely pay attention to: the voice inside our own heads.

As psychologist Ethan Kross describes in his new book "Chatter: The Voice in Our Head, Why It Matters, and How to Harness It," that voice is constantly analyzing the situations we're in, reflecting on the past and future, and telling us who we are. While sometimes friendly and optimistic—it's OK, everything's going to work out—it can also be critical and downbeat. Our inner voice can berate us for mistakes or decide our life is ruined. It can ruminate on negative emotions and experiences, dredging them up without any kind of constructive resolution.

One of the biggest contributors to our happiness is the voice inside our own heads. And while we control this voice internally, we can shape our environment to help.

According to Kross, there are three main ways we can turn down the chatter in our heads: shifting our perspective so we're not so immersed in our problems, talking with others to get support, and changing the environment around us.

The first two approaches work in the moment of distress: Kross offers tips on how to step back and gain some distance, and then share our problems with others. But changing our environment is something we can do proactively, to make us less likely to ruminate in the first place.

"We're embedded in our physical spaces, and different features of those spaces activate psychological forces inside us, which affect how we think and feel," writes Kross. "If we make smart choices about how we relate to our surroundings, they can help us control our inner voice."

Here are three suggestions from Kross's book to optimize your environment for a calmer mind.

Surround Yourself With Nature

Plenty of research suggests that nature makes us feel good and improves our health, too, whether we're taking a nature walk, living in areas with more green space, or just looking at trees.

Nature also seems to help buffer against the stress we experience in life. For example, one study in the United Kingdom found that being exposed to green spaces protected people from the harmful effects of poverty on their health. In another study, poor residents in urban public housing felt that the obstacles in their life were less severe and more solvable when their apart-

ment looked out onto greenery, rather than a cityscape.

Why is nature so soothing? A 2015 study provides a clue. When participants spent 90 minutes walking through grasslands, they reported ruminating less than those who walked through busy city streets. Not only that, but their brain scans showed less activity in networks that support rumination. Being around nature may actually influence our habitual thought patterns.

Even if you don't have many trees on your street, this research is still relevant. In fact, other studies suggest that you can get some of the attention-improving and stress-reducing benefits of nature just by looking at nature photos or listening to birds and rain—and plants help, too.

Create Opportunities for Awe
Being in nature, in the face of tall trees or breathtaking views, we often experience a sense of awe: the feeling of being in the presence of something vast that challenges our understanding of the world.

But nature isn't the only thing that can evoke awe, Kross explains. We can also feel awe when we read poetry or listen to music, or watch great athletic feats or our toddlers' memorable firsts.

"Awe is considered a self-transcendent emotion in that it allows people to think and feel beyond their own needs and wants," Kross writes. "The operative power of awe is its ability to make us feel smaller, nudging us to cede control of our inner voice to a greater grandeur."

This is reflected in the brain: When we feel awe, we show less activity in brain areas involved with self-focus and mind-wandering. Awe almost automatically makes our problems feel smaller and gives us that broader perspective, without us having to engage directly with the problems at all. For example, one study that took volunteers on a river-rafting trip found that the more they experienced awe, the better the improvements in their stress, post-traumatic stress disorder, happiness, and sense of belonging.

So, what does an awe-inspiring environment look like? It's probably different for everyone, but it might mean putting up art or photographs on your walls, playing music that transports you, or being sure to unplug from your technology to notice the beauty in the people around you.

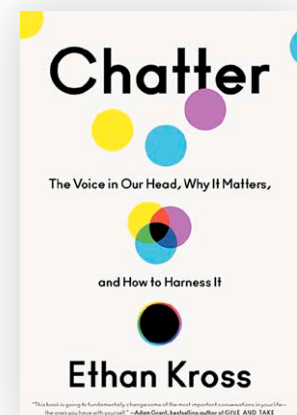
Clear the Clutter

When our thoughts and feelings seem out of control, one way we can get a grip is to exert a sense of control over our environment—by decluttering.

"Seeing order in the world is comforting because it makes life easier to navigate and more predictable," Kross writes. Even just reading about how the world is an orderly place can make us less anxious, one study suggests.

There's also evidence that when we feel out of control—when we think about a situation where we were helpless, or when we're exposed to loud noises we can't turn down—we're more drawn to visual patterns and structured images, as we try to impose order on our external world.

Decluttering might also just make us



"Chatter: The Voice in Our Head, Why It Matters, and How to Harness It"

Crown, 2021, hardcover 272 pages

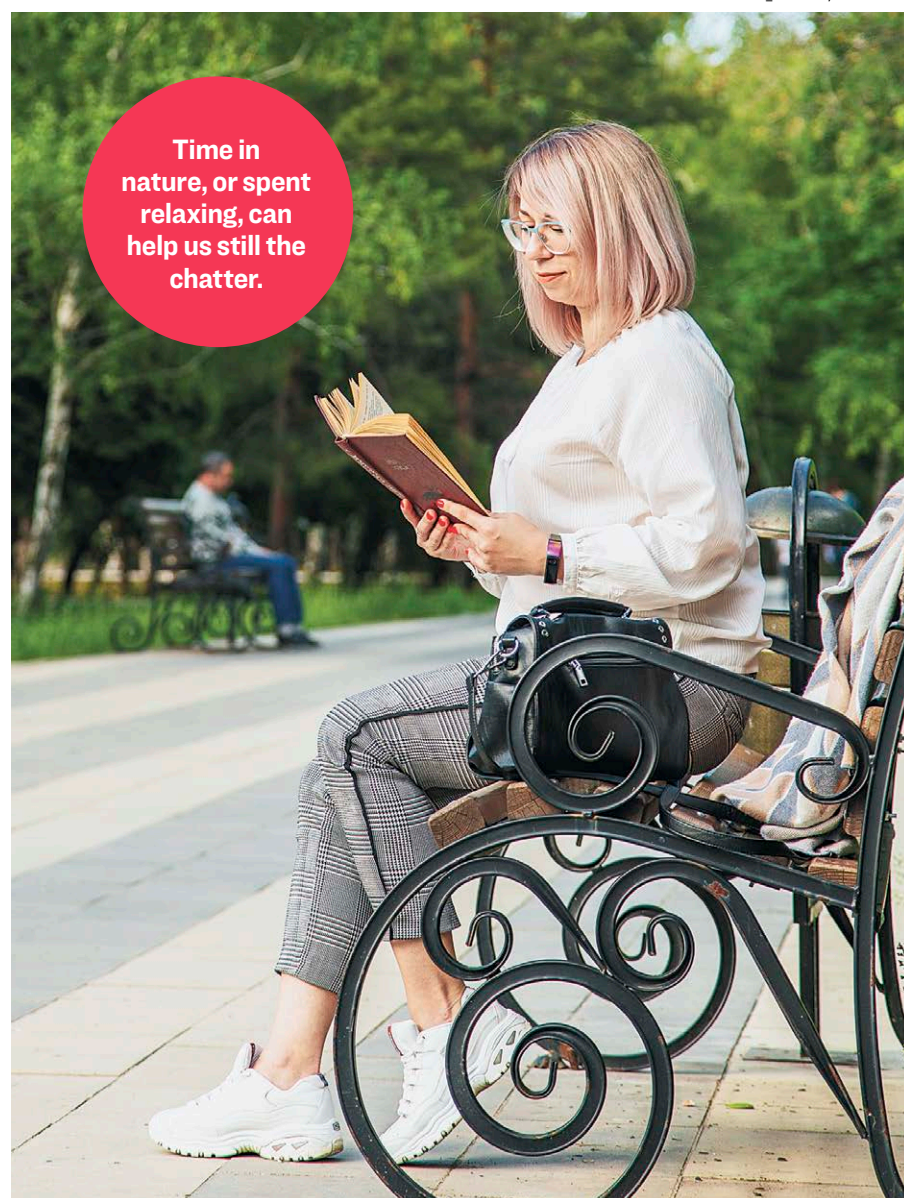
happy. According to a new study, people who have a more positive experience of the clutter in their home—who are less ashamed, upset, or inconvenienced by their clutter—tend to experience more positive emotions, better relationships, and more meaning in life.

Like the other two strategies, decluttering can be done proactively, but it may also soothe you in a moment of stress—as anyone who's ever done any "procrastinating" knows.

Of course, even with the most verdant, awe-inspiring, Marie Kondo'd home, we won't be able to avoid rumination entirely, and that's where Kross's other strategies come in. His book ends with a helpful list of 26 tools to pull out when you start to feel overwhelmed by repetitive negative thinking. And his own personal experiences, shared throughout the book, remind us that even a researcher with expertise on the topic isn't immune to freaking out every now and then.

While the voice in our heads may seem like our enemy sometimes, there are lots of ways we can turn that conversation in a productive direction.

Kira M. Newman is the managing editor of Greater Good. Her work has been published in outlets including The Washington Post, Mindful magazine, Social Media Monthly, and Tech.co, and she is the co-editor of The Gratitude Project. This article was originally published on the Greater Good online magazine.



AIROSOVA, MARINA/UNESPLASH

Protect Your Brain

With These Natural Substances

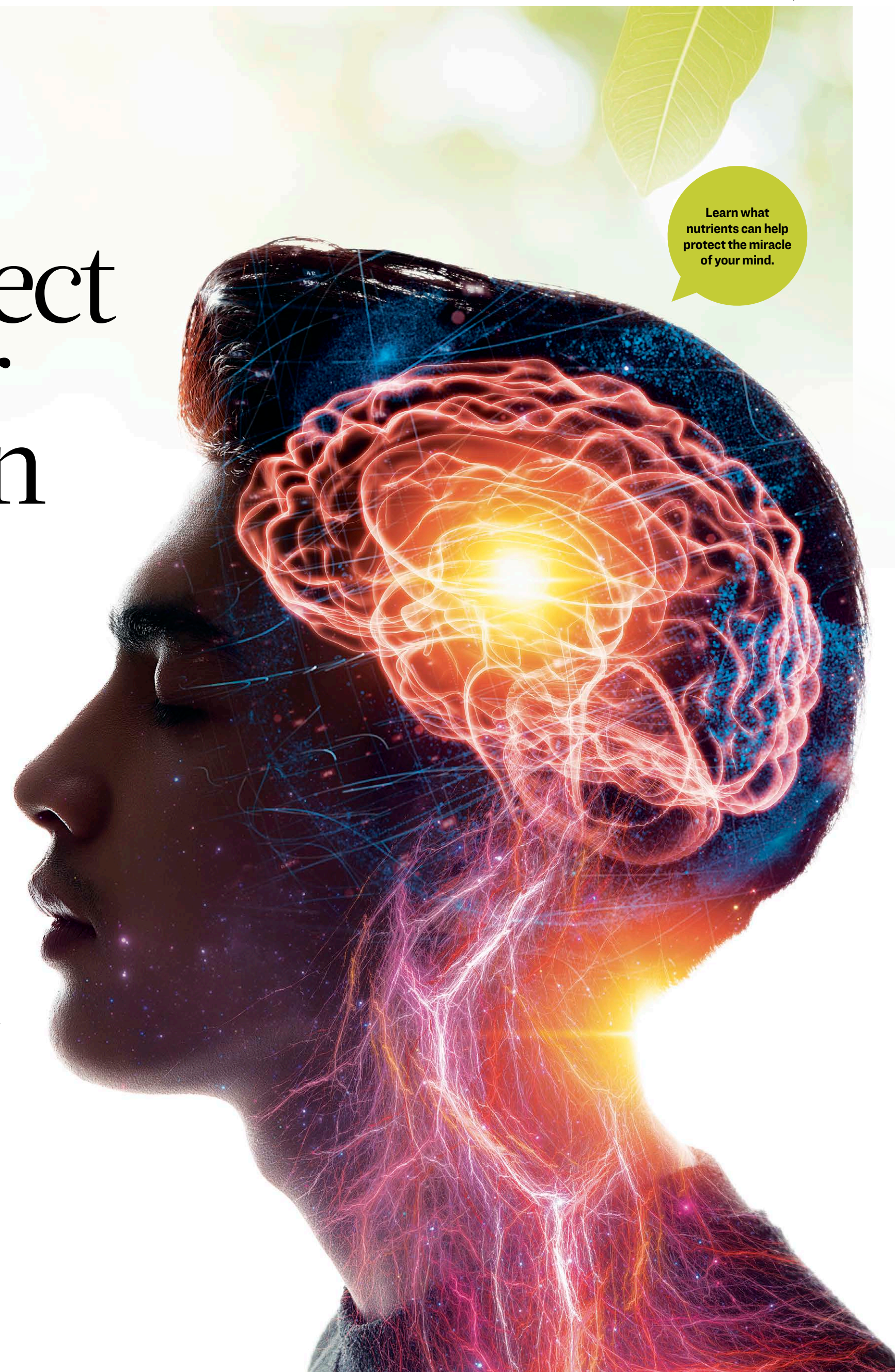
Several plant compounds have been shown to prevent or treat neurological decline

Your brain is command central for nearly all your body's normal waking functions.

It's the most complex organ in the human body, possessing around 100 billion neurons (nerve cells) and more than 100,000 miles of blood vessels. It's responsible for controlling such functions as walking, talking, thinking, and breathing. Therefore, protecting the brain is a matter of life and breath.

A healthy brain is crucial at any age, but it is particularly important to safeguard when the brain is still forming (up to age 25) and in older adults.

Continued on Page 10



Learn what nutrients can help protect the miracle of your mind.

Should You Get an Annual Health Checkup?

Research reveals that the benefits may not be worth the risk

MICHAEL GREGER

What are the risks and benefits of getting an annual checkup from your doctor?

Physicians and patients have come to expect the annual checkup as a routine part of care.

"However, considerable research has not demonstrated a substantial benefit," notes a discussion paper published in the Annals of Internal Medicine. The result is a revolt against the tradition of the periodic checkup. "Even the Society for General Internal Medicine advised primary care physicians to avoid 'routine general health checks for asymptomatic adults,'" the paper notes.

As I discuss in a video made on this topic, routine checkups do seem to make sense. But, historically, medical practice has included all sorts of interventions that seemed to make sense, but were later to have significant side effects. One example is hormone replacement therapy for menopause, which was later found to increase risks of breast cancer, blood clots, heart disease, and stroke. "History repeatedly shows that good

Checkups can lead to overdiagnosis, overtreatment, and injury from invasive tests.

intentions and 'common sense' kill in the name of prevention (for example, prone sleeping recommendation for infants)," notes an article on health checkups in the UK published in BMJ Clinical Research in February 2015.

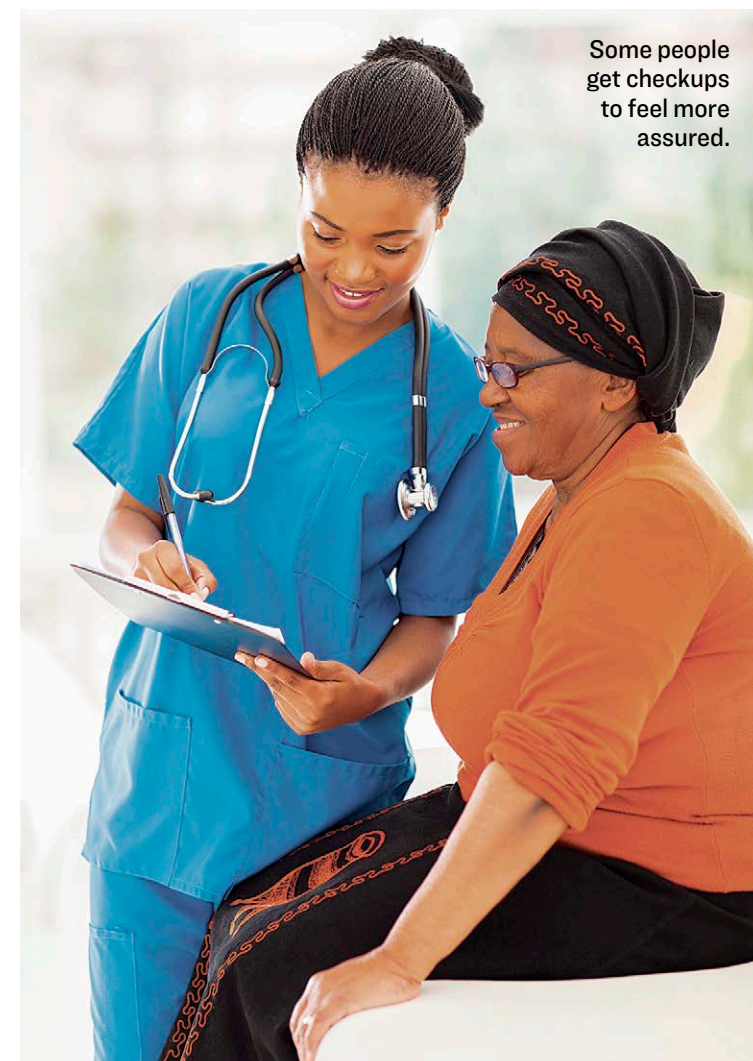
Indeed, doctor advice led to the death of some infants by making the so-called common-sense recommendation that infants sleep on their tummies. We now know sleeping face up is safer and public health campaigns tell parents "Face Up to Wake Up."

"We should always demand evidence rather than succumb to delusion," the BMJ article notes.

We have been told to check our cars regularly, so why wouldn't we apply the same principle to our bodies. Well, unlike cars, our bodies have self-healing properties. To see if the benefits outweigh the harms, Danish researchers did a meta-analysis of available research on the topic in 2019.


"What are the benefits and harms of general health checks for adult populations?" they asked.

Continued on Page 13



Some people get checkups to feel more assured.

MICHAEL JUNG/SHUTTERSTOCK




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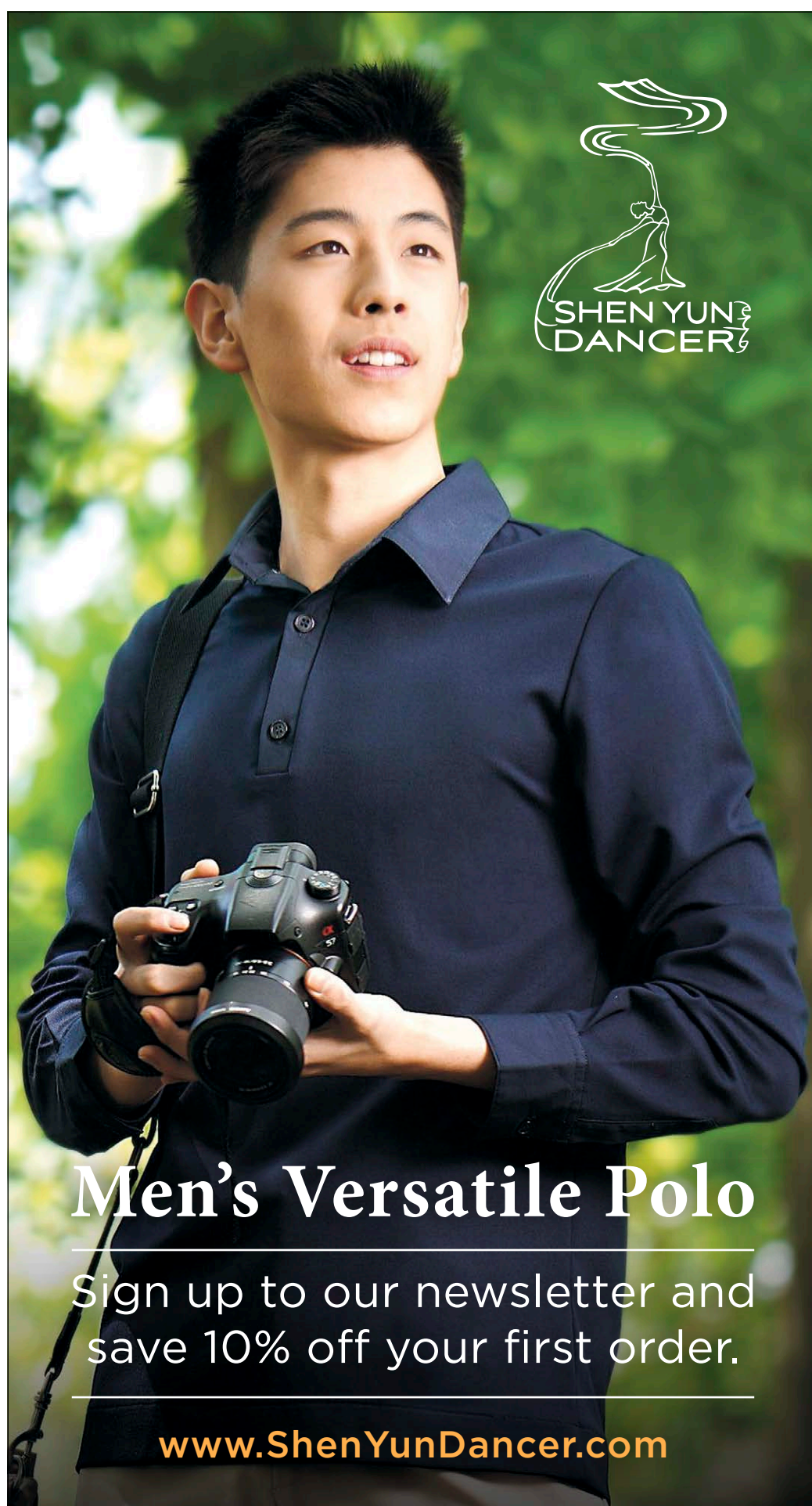


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Protect Your Brain

With These Natural Substances

Continued from Page 9

If you're having lapses in memory and attribute it to "senior moments," the signs of mild cognitive decline (MCD) may already be in effect.

But don't worry—numerous studies have linked specific natural substances to delaying and even reversing MCD. Read on and learn how to protect your all-important brain with these six naturally neuroprotective substances.

Curcumin

The natural plant compound responsible for turmeric's bright orange color, curcumin is a powerful antioxidant linked to dozens of beneficial health effects. One purported benefit that has been extensively researched is curcumin's ability to protect the aging brain, an important effect at any age, especially when symptoms of dementia are present.

A 2012 study published in *Ayu* on the effects of turmeric on Alzheimer's disease patients with severe behavioral and psychological symptoms of dementia showed that patients "improved remarkably" as a result of consuming 100 milligrams (mg) of curcumin daily for 12 weeks.

Symptoms such as agitation, anxiety, apathy, and urinary incontinence began improving after patients were prescribed turmeric powder capsules, without any adverse reactions noted. After three months of treatment, neuropsychiatric scores showed that symptoms were less acute and the burden on caregivers had lessened. After one year on the turmeric supplement, patients had not experienced a return of prior symptoms

of dementia.

Ginsenosides

While you may not be familiar with their name, ginsenosides are potent plant compounds that have been isolated from a plant called Panax, which is widely known for its healthy roots—ginseng. Responsible for the pharmacological effects of ginseng, ginsenosides play a critical role in the body's inflammatory and disease responses and are featured in a deepening catalog of research that may help prevent and treat inflammatory diseases, including those affecting the brain.

A recent study published in *Frontiers in Pharmacology* explored the effects of ginsenosides and their probable neuroprotective mechanisms in ischemic strokes, the most common type of stroke. These strokes occur when a blood vessel leading to the brain is obstructed.

After an exhaustive meta-analysis evaluating the effects of ginsenoside-Rb1, researchers concluded that ginsenosides have a potential neuroprotective effect that works through an array of mechanisms, including attenuating brain water content, promoting neurogenesis, reducing cell death, and providing antioxidative, anti-inflammatory effects. G-Rb1 also supplemented energy and enhanced cerebral circulation.

Ginkgo Biloba

Ginkgo biloba has a long history as a natural health aid, with anecdotes describing its use for asthma and bronchitis as far back as 2600 B.C. Most ginkgo biloba supplements are made from the leaves of the ginkgo tree, one of the longest-lived

tree species on the planet, dating back more than 200 million years. A single ginkgo tree can live for as long as 1,000 years, so is it any wonder these trees may help improve your memory?

A 2015 meta-analysis published in the *Journal of Pharmaceutical Health Care and Sciences* looked at the efficacy and safety of ginkgo biloba extract for the treatment of dementia. It found that taking a 240-mg daily dose of ginkgo biloba extract is effective and safe in the treatment of patients with Alzheimer's disease complicated by dementia, as well as vascular and mild forms of dementia.

A human trial on healthy, active young men found that six weeks' supplementation with ginkgo biloba provided a boost in athletic performance, endurance, and antioxidant capacity. The study, published in *Archives of Medical Science* in 2015, found ginkgo also elicited better neuroprotection through increased exercise-induced production of brain-derived neurotrophic factor, a biomarker that serves to modulate brain activity and plays a part in neuroplasticity, the ability of the brain to regenerate in a healthy manner.

Resveratrol

Like curcumin, resveratrol is a natural plant polyphenol responsible for the deep color of wine, grapes, and red and blue berries. Known to pack an antioxidant punch, resveratrol has been synthesized into supplement form with promises to remedy everything from overweight to heart disease. But what does science say about this trendy panacea when it comes to brain health?

A 2017 Australian study tested whether chronic supplementation with resveratrol could improve brain function, cognition, and mood in post-menopausal women. Eighty women aged 45 to 85 years were randomized to receive resveratrol or placebo for 14 weeks. Effects on cognitive performance, cerebral blood flow, and arterial stiffness in the middle cerebral artery were measured.

Cerebrovascular responsiveness (CVR) to both cognitive testing and hypercapnia (excessive carbon dioxide in the blood) were also assessed, and mood questionnaires were administered. Compared to placebo, resveratrol elicited 17 percent increases in CVR to

both hypercapnic and cognitive stimuli. Performance on cognitive tasks for verbal memory significantly improved, as did overall cognitive performance.

Mood also improved in multiple measures, indicating that regular consumption of a modest dose of resveratrol may enhance both cerebrovascular function and cognition. Researchers posited that resveratrol supplementation could potentially reduce the heightened risk of accelerated cognitive decline in post-menopausal women and offers a promising therapeutic treatment for this population group.

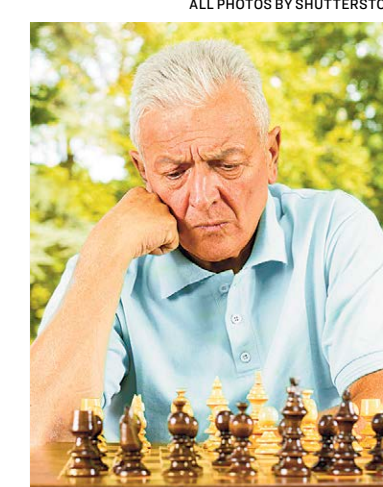
Melatonin

Melatonin has garnered fame as a natural sleep-aid, but did you know that it also protects the brain? A naturally occurring hormone that helps regulate the sleep-wake cycle, melatonin is a neuroprotective agent that may hold therapeutic promise for brain disorders such as Alzheimer's, Parkinson's, and stroke.

Secreted by the pineal gland in the brain, melatonin can also be taken as a supplement. Supplementation has been shown to reduce the incidence of delirium in older adults. A 2018 meta-analysis of both human and animal studies provided clinical evidence that melatonin treatment after traumatic brain injury (TBI) can significantly improve both pathological and behavioral outcomes in TBI patients. Observed results, published in *BMC Geriatrics* include reduced size of contusions and cerebral edema, and enhanced cognition.

The *Journal of Neural Regeneration Research* published a 2021 animal study on the effects of melatonin on rats with induced Alzheimer's disease. Rats were administered 30 mg of melatonin per kilogram (kg) of body weight for 13 consecutive days.

Melatonin supplementation ameliorated learning and memory impairments on maze tests, improved the morphology and density of microvessels in the brain, alleviated pathological injuries of cerebral neurons, and decreased the expression of vascular endothelial growth factor and its receptors. Researchers concluded that melatonin supplementation can improve the cognitive function of patients with Alzheimer's disease.



Keeping our brain in healthy form lets us stay engaged in the world and the things we enjoy.

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Cannabidiol

Cannabidiol, or CBD as it's commonly known, is an isolated active compound in the cannabis plant that has been shown to effectively treat insomnia, pain, and brain disorders such as anxiety and epilepsy. Despite demonstrating such powerful effects on the brain, CBD is non-psychoactive, meaning it won't get you high. But according to the latest medical science, it may possess strong neuroprotective properties to support your brain as you age.

Studies on CBD as an adjunct treatment for Parkinson's disease patients have yielded promising results. Published in the *Journal of Psychopharmacology*, a 2009 study tested six Parkinson's patients and found that doses of CBD ranging from 150 mg to 400 mg over four weeks produced significant improvements in psychosis episodes and symptoms.

Researchers concluded that melatonin supplementation can improve the cognitive function of patients with Alzheimer's disease.

In 2014, researchers conducted a double-blind trial with a group of 21 Parkinson's patients receiving either CBD at 75 mg/day, 300 mg/day, or placebo for six weeks. Increases in well-being and quality of life were observed in the 300 mg/day group versus the placebo group. Researchers hypothesized that these improvements may have been due to cannabidiol's "anxiolytic," "antidepressant," "anti-psychotic," and "sedative" properties.

CBD isn't the only active plant compound in the cannabis plant (collectively called "cannabinoids") that is proving its value to medical researchers. THC, the cannabinoid that conveys marijuana's psychoactive properties, has been found to be superior to prescribed drugs in the treatment of Alzheimer's disease. In their findings, published in *Molecular Pharmacology*, researchers attribute this compelling discovery to a "previously unrecognized molecular mechanism through which cannabinoid molecules may directly impact the progression of this debilitating disease."

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
U.S. representative for Arizona

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THE EPOCH TIMES

TRUTH AND TRADITION

Remedies for Dry Skin

Rejuvenate your largest organ with natural, time-tested remedies

TATIANA DENNING

The skin is the largest organ of the body and is ever-changing. It exists to protect us from the harshness of the surrounding environment, help regulate body temperature, gather sensory information, and also plays an important role in the body's immune function.

With summer getting closer, we may roll up our sleeves only to find our skin is a bit worse for wear, especially with so much time inside where the air tends to be dryer or if we live in an area with low humidity. Our skin may be dry, itchy, and cracked. In short, our skin needs a little TLC.

A Look Through the Microscope

The skin consists of three layers: the subcutaneous tissue, the dermis, and the epidermis.

The subcutaneous tissue is the innermost and deepest layer of the skin. It consists of fat, blood vessels, connective tissue, and nerves. It serves to store energy, provide insulation, and protect what lies underneath from injury, acting as a sort of shock absorber. Its thickness varies depending on location, being thickest on the buttocks, and thinnest on the palms of the hands and soles of the feet.

The dermis is the middle layer of the skin and sits atop the subcutaneous tissue. It contains smaller blood vessels and nerve endings, sweat and oil glands, hair follicles, and two types of corpuscles that act to transmit the sensations of touch and pressure to the brain. The dermis is made up of three different types of tissue, one of which is collagen, and its thickness also varies by location.

The outermost layer of the skin is the

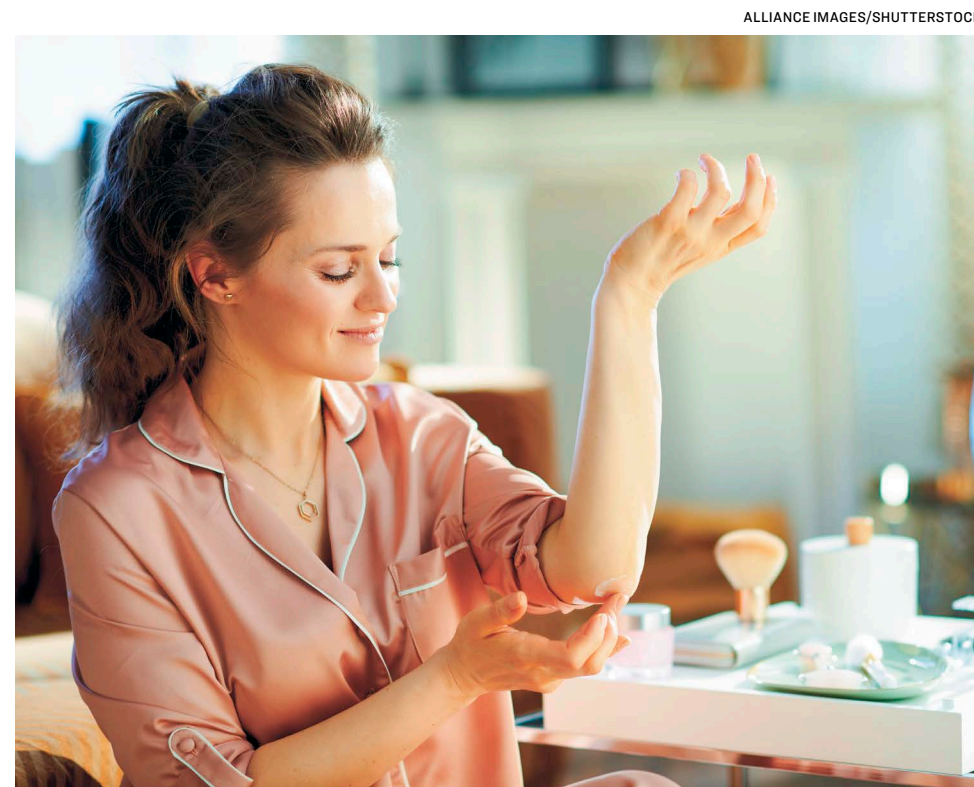
epidermis, which consists of five layers of stacked cells. New cells are created on the bottom layer, and are gradually pushed upward toward the surface until they finally reach the outermost layer, where dead skin cells then slough off. The cycle of producing new cells and shedding dead cells takes approximately a month to complete. Millions of dead skin cells are shed every day, adding up to a total loss of approximately 1 to 1.5 pounds of dead skin each year.

Over-the-counter ingredients often have a lot of ingredients in them, including alcohol and fragrances, some of which may irritate or dry out the skin.

The epidermis contains strengthening proteins, called keratinocytes, as well as three types of specialized cells: melanocytes, which produce melanin, or the skin's pigment, Langerhans cells, which act as the skin's first line of immune defense, and Merkel cells, whose function is not yet well understood. The thickness of the epidermis also varies, ranging from 0.5 millimeters on the eyelids to 1.5 millimeters on the palms of the hands and soles of the feet.

It's the epidermis that takes the most abuse, and the layer that can become dry (a condition known as xerosis), itchy, and cracked—all due to a loss of water.

Let's take a look at some simple, natural, and effective things that you can do



The best time to apply a moisturizer is after a shower when the skin is damp. Rub it on liberally to help keep moisture in the skin.

to help remedy dry skin.

Moisturize

Moisturizing means adding water to the skin and locking it in.

Moisturizing should be a daily part of your skincare routine. To help seal in moisture, the best way to apply a moisturizer is to rub it liberally into damp skin following a shower or bath. Over-the-counter ingredients often have a lot of ingredients in them, including alcohol and fragrances, some of which may irritate or dry out the skin.

There are some great home remedy options for moisturizing, and natural oils are among some of the best. Coconut oil has been shown in studies to be a safe and effective option for treating dry skin, while sunflower seed oil has also been shown in studies to offer improved hydration. Interestingly, the latter study showed that olive oil significantly damaged the skin barrier, however, other studies have shown benefit. Just be aware that not all natural oils make good choices for hydration.

ALLIANCE IMAGES/SHUTTERSTOCK

alternated with dry outdoor air, the skin can be stripped of its natural oils.

Running a humidifier is a great way to soothe and prevent dry, itchy, irritated skin. Options include cool mist, warm mist (not ideal due to bacterial overgrowth), and ultrasonic, and you can choose from whole-house, room, desk, and even car humidifiers. Whatever your choice, be sure to clean your humidifier weekly to prevent the growth of things such as bacteria, mold, and yeast.

Recommendations vary, but on average, keeping moisture levels somewhere between 50 to 60 percent should be sufficient to help dry skin. As an added bonus, humidifiers may help with snoring, prevent dry mucous membranes and nose bleeds, and improve allergies. More moisture in the air can even help prevent the spread of airborne viruses.

Be Gentle

Since they're formulated to remove oil, many soaps can actually pull moisture from the skin. It's a good idea to use facial cleansers and body washes that are either unscented or for sensitive skin, and to avoid deodorant soaps and products with alcohol and perfumes. In addition, using laundry detergents and fabric softeners that are free of perfumes and dyes can help prevent and improve dry skin.

It's also important to avoid scrub brushes, and to be gentle when using washcloths or sponges; otherwise you may damage your already at-risk skin. For the same reason, it's a good idea to pat-dry your skin rather than rub. This also allows the skin to remain damp, which is ideal for applying moisturizer.

You may also want to be mindful of the clothes you wear in colder months. While cozying up in a wool sweater or coat may keep you warm, wool can irritate some people's skin, especially those with dry skin. If this is you, be sure to wear a soft cotton shirt underneath, or consider opting for a cotton sweater instead.

And although it may be tempting, avoid scratching dry skin. Scratching not only irritates the skin, but could cause microtears that can introduce

bacteria beneath the skin's surface.

Develop Skin-Friendly Bathing Habits

Be warned that long, hot showers actually contribute to dry skin. According to the American Academy of Dermatology, it's best to take a warm shower or bath, and to generally limit the time to no more than 10 minutes; otherwise, the skin's oily layer may be stripped away, causing it to lose moisture. Following the tips above while in and out of the shower also helps.

Another way to help moisturize and relieve dry skin is to add one cup of plain oatmeal in a tub of warm water and soak for about 15 minutes once a week. Oatmeal has a high protein content and can leave a protective layer on the skin to help lock in moisture. Oatmeal is also great for soothing eczema.

If you do opt for an over-the-counter moisturizer, choose something with as few ingredients as possible, and ideally, with ingredients that look familiar.

By employing some of these simple tips, you can keep your skin healthy, hydrated, and ready for the warmer weather to come.

Tatiana Denning, D.O., is a preventive family medicine physician and owner of Simpura Weight Loss and Wellness. She believes in empowering her patients with the knowledge and skills necessary to maintain and improve their own health through weight management, healthy habits, and disease prevention.



Extended periods of time spent focused on short distances contribute to myopia increases.

How the COVID-19 Pandemic Is Damaging Children's Vision

A rise in nearsightedness could grow worse as children spend more time indoors on devices

DEBBIE JONES & KATE GIFFORD

Eye doctors had planned to celebrate 2020 as the year of vision (as in seeing 20/20). Instead, it will be known as the year that worsened the world's vision for decades to come. Scientists are attributing this latest health issue—one that is hidden in plain sight—to the pandemic.

Rates of myopia, also known as nearsightedness or shortsightedness, have been increasing worldwide for decades. Half of the world's population is predicted to be myopic by 2050.

The length of time children spend viewing digital screens has been exacerbated by a massive increase in remote schooling, directly contributing to further increases in childhood myopia. Home-schooled children of the COVID-19 era are at risk of becoming the visually compromised population of tomorrow.

A recent study of more than 120,000 children in China demonstrated that 6- to 8-year-olds who were in lockdown for the first six months of 2020 are more myopic than their counterparts from previous years.

Myopia Risks

For a child with myopia, distance vision is

There is an increasing number of options available to slow down the progression of myopia and reduce the risk of developing sight-threatening complications in later life.

blurry while near vision remains clear. In the past, the increase in myopia diagnoses from year to year was given little thought, since it was correctable with glasses or contact lenses. However, eye-care professionals now know that the younger a child becomes myopic, the higher their prescription may eventually become, and high prescriptions are bad news for eyes.

There is an established link between high myopia and increased lifelong risk of devastating eye diseases. Someone who has a prescription of more than six corrective units, or dioptres, (a prescription of -6.00) has a 90 percent likelihood of being visually impaired by the age of 75.

A number of eye conditions are more prevalent in highly myopic adults including cataract, glaucoma, retinal detachment, retinal degeneration, and other ocular diseases that can have a lifelong impact on their vision. These complications typically happen in later life, so concern for children may seem irrelevant or premature. However, there are other more immediate effects of high prescriptions.

A child or teenager with a fairly high prescription will be visually debilitated when not wearing their glasses or contacts, making them totally dependent on their vision correction. As an example, someone who has 10 dioptres of myopia sees anything beyond half an arm's length as blurred. And don't think that laser vision correction will save the day once they're old enough. That degree of myopia may leave them ineligible or subject to a less successful outcome.

Screen Time

The question then turns to what causes myopia in the first place, and what can be done about its onset and progression.

The biggest factor that can't be changed is parental myopia. A child is extremely likely to become myopic if both parents are myopic.

One factor that is modifiable is the amount of time children spend on "near tasks," those that involve viewing things closer than 40 centimeters from their eyes.

Extended periods of time spent focused on short distances contribute to myopia increases. Digital screens have been tar-



Playing outside lets children look upon a larger vista.

getted as the reason, but is it the electronic display itself or that a child holds a tablet or phone very close for extended periods? While there is some debate, the short focusing distance is the more likely culprit.

Even with the digital onslaught, all is not lost. Parents and caregivers can help prevent children from becoming nearsighted and slow down the rate at which the condition progresses.

Simply spending more time outside can delay the onset of myopia. Direct sunlight

plays a part, as well as the long-range focusing while playing outdoors. Restricting screen time is helpful and following optometrist-endorsed recommendations relating to screen times for children can help safeguard eyesight.

For children schooled at home where limits aren't practical, ensure that the screen isn't being held or positioned too closely to a child, encourage regular breaks, and use the 20-20-20 rule: Look 20 feet away every 20 minutes for 20 seconds. Some re-

searchers have found that children who go to bed later are more likely to be myopic—an added incentive for parents who are looking for reasons to call it a night.

A child's myopia usually continues to progress until around the age of 16, but about 10 percent of myopic patients' vision keeps worsening into their early 20s.

Treatment and Prevention

Many options exist for vision correction, but more importantly, there is an increasing number of options available to slow down the progression of myopia and reduce the risk of developing sight-threatening complications in later life. They range from contact lenses and glasses specifically designed to slow down myopia progression to precisely formulated eye drops.

Home-schooled children of the COVID-19 era are at risk of becoming the visually compromised population of tomorrow.

These can be discussed with your eye-care practitioner, who will recommend the best path based on each child.

More than anything else, don't assume a child can see well. There is no substitution for an examination with an eye-care professional. The pandemic has already caused widespread hardship. By acting now, parents can minimize its impact on the vision and ocular health of generations to come.

Debbie Jones is a clinical professor at the School of Optometry & Vision Science and clinical scientist at the Centre for Ocular Research & Education at the University of Waterloo in Canada, and Kate Gifford is a visiting research fellow in Optometry and Vision Science at the Queensland University of Technology in Australia. This article was first published on The Conversation.

Opioid After Dental Work Ups Entire Family's Risk of Overdose

Research reveals that the prescription of unnecessary opioids is having fatal consequences

KARA GAVIN

Overdose rates were two-and-a-half times higher among patients who filled a prescription for an opioid medication after a dental procedure, compared with those who didn't, according to a new study.

Overdose rates were also higher among the family members of these patients—possibly from misuse of the leftover pills.

For the study, researchers used data from 8.5 million dental procedures in teen and adult patients between 2011 and 2018. The dental care was covered by Medicaid or private dental insurance. Nearly 27 percent of these patients filled a prescription for an opioid such as hydrocodone or oxycodone.

The researchers identified 2,700 overdoses that occurred in the 90 days after a tooth extraction or 119 other dental procedures. That works out to about three overdoses for every 10,000 dental procedures. The rate was 5.8 per 10,000 among those who filled an opioid prescription within three days of their procedure, compared with 2.2 per 10,000 among those who didn't.

The researchers note that other data has shown that in 2016 alone, dentists wrote 11.4 million prescriptions for opioids. The findings suggest that 1,700 overdoses a year could be happening because of dental opioid prescriptions.

The study also used data from 3.5 million privately insured dental procedure patients to examine overdoses within 90 days in the patients' family members. The rate of overdose was 1.7 per 10,000 procedures in family members of privately insured patients who filled opioid prescriptions, compared with 1 per 10,000 procedures among those who didn't.

In the study, 400 family members of patients were treated for opioid overdoses in the 90-day period after the dental patient's procedure. In all, 42 percent



The overprescription of opioids, even when safer painkillers are adequate, leads to some people becoming trapped in addiction.

AH_DESIGNS/SHUTTERSTOCK

of these overdoses were in the child of the patient who had a procedure, and another 25 percent were in a spouse; the rest were in parents and siblings.

"Our paper shows that when patients fill dental opioid prescriptions, the risk of opioid overdose increases both for themselves and their family members," said lead author Kao-Ping Chua, a pediatrician at Michigan Medicine, health care researcher at the Susan B. Meister Child Health Evaluation Research Center, and a member of the University of Michigan Institute for Healthcare Policy and Innovation (IHPI).

"This underscores the importance of avoiding dental opioid prescribing when nonopioids like ibuprofen and acetaminophen are effective options for pain control, as is the case for the majority of dental procedures.

"Our finding of increased overdose risk in family members also shows the importance of emphasizing safe storage and disposal when prescribing opioids to dental patients."

"To me, this is one of the most powerful truths we've unlocked in our 'big data' research on dental opioid prescribing," said senior author Romesh Nalliah, associate dean for patient services at the University of Michigan School of Dentistry and a member of IHPI.

"That when a dentist, like me, prescribes an opioid to a patient, I am putting their entire family at risk of overdose. Dentists should consider, if the family concerned was yours, would you take that risk?"

The authors are part of the Michigan Opioid Prescribing Engagement Network, which has developed guidelines for dentists and surgeons to reduce or eliminate the prescribing of opioids for many procedures and operations, while still providing effective pain relief. Michigan OPEN recommends that dentists avoid prescribing opioids for most dental

procedures because nonopioids are just as effective for pain.

The study also identifies specific groups of dental patients who are at a higher risk of opioid overdose after receiving opioid prescriptions. Those groups include patients with diagnosed mental health conditions and substance use disorders, and those with Medicaid health coverage.

“Our finding of increased overdose risk in family members also shows the importance of emphasizing safe storage and disposal when prescribing opioids to dental patients.”

Kao-Ping Chua, study lead author and pediatrician

This knowledge could help dentists and oral surgeons choose the pain treatment for their patients more carefully, and include a prescription for the overdose treatment naloxone if they prescribe opioids to someone with a higher risk of overdose.

The study appears in the American Journal of Preventive Medicine.

The Benter Foundation, Substance Abuse and Mental Health Services Administration, University of Michigan Precision Health, and the National Institute on Drug Abuse funded the work.

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Should You Get an Annual Health Checkup?

Research reveals that the benefits may not be worth the risk

Continued from Page 9

After reviewing 17 trials, they concluded that "Health checks have little or no effect on total mortality" and that checkups were "not associated with lower rates of all-cause mortality, mortality from cardiovascular disease, or mortality from cancer," meaning they weren't associated with living longer or a lower risk of dying from heart disease, stroke, or cancer.

It turns out, general checkups have a side effect. While they may not reduce disease rates or death rates, they do increase the number of new diagnoses and those diagnoses can have their own consequences.

"Harmful effects of some tests and subsequent treatment could have balanced out possible beneficial effects of others," the researchers concluded.

In an earlier analysis the same researchers did in 2012 that looked at 16 prior studies, they found possible harms from checkups included "overdiagnosis, overtreatment, distress or injury from invasive follow-up tests, distress due to false-positive test results, false reassurance due to false-negative test results, possible continuation of adverse health behaviors due to negative test results, adverse psychosocial effects due to labeling, and difficulties with getting insurance."

"Take diabetes, for example. Wouldn't it be great if we detected cases of diabetes earlier? Perhaps not, if you were one of the people given Avandia, the No. 1 diabetes drug that was then pulled off the market because instead of helping people, it appeared to be killing them. Adverse drug events are now one of our leading causes of death. When it comes to lifestyle diseases like Type 2 diabetes, maybe we should focus instead on creating healthier food environments. This is what one of my favorite organizations, Balanced, does to help prevent the diabetes epidemic in the first place.

How many times have you tried to inform someone about healthy eating and



Annual check ups are a tradition in the modern world and yet this routine doctor visits offer limited benefits and may pose additional risks, researchers find.

evidence-based nutrition, only to have them say, "No, I don't have to worry. My doctor reassured me I'm fine. I just had a checkup, and everything's normal." As if having normal cholesterol is okay in a society where it's normal to drop dead of a heart attack, the number one killer of men and women. It would be one thing if you went to see a lifestyle medicine doctor who spent the checkup giving you the tools to prevent 80 percent of chronic disease, but given the way medicine is currently practiced, it's no wonder why the history of routine checkups "has been one of glorious failure, but generations of well-meaning clinicians and public health physicians struggle to allow themselves to believe it." But, "policy should be based on evidence..."

As an editorial in the British Medical Journal proclaims: "The history of health promotion through routine health checks has been one of glorious failure, but generations of well-meaning clinicians and public health physicians struggle to allow themselves to believe it."

Another editorial in The Medical Clinics of North America warns diet may be "on par with tobacco smoking as the

most common actual causes of death," yet the medical profession is inadequately trained in nutrition. Worse, nutrition education in medical school appears to be declining. If you can believe it, there is actually a "shrinking of formalized nutrition education" among health professionals, reports the Journal of Parenteral and Enteral Nutrition.

That means that despite overwhelming research indicating that proper nutrition is the most critical component to healing the leading causes of death in our time, doctors don't have the education to understand it, let alone prescribe it.

For many people facing disease or illness, the most trusted source of information is their doctor, but that potential education is sharply limited.

"And screening appointments should not be regarded as a form of 'health education,'" an editorial reads in Maturitas, which absorbed the European Menopause Journal. "People who are obese know very well that they are, and if we have no means of helping them... then we should shut up." Well, if you really have nothing to say that will help them, maybe you should shut up, especially doctors who have not been taught what

constitutes a 'healthy' diet—although everyone should know that veggies, fruit, and nuts are a good start.

Won't a checkup allow your physician to do a comprehensive physical exam and routine blood testing? That depends, as does the value of that testing. Patients may want that testing, but it often does little more than making the patient feel better. Unfortunately, many tests are more likely to indicate false positives and set the patient on the course to unnecessary treatment and additional tests.

For most people, what they really need from their doctor visit is a meaningful treatment of lifestyle medicine.

This is an exciting growing field of medicine aimed at treating the causes of disease. If your doctor seems uninterested, visit NutritionFacts.org to learn more about it in our video "Convincing Doctors to Embrace Lifestyle Medicine." If you are looking for a doctor, make sure he or she is a member of the American College of Lifestyle Medicine—and even better if they are certified by the American Board of Lifestyle Medicine.

And for your own sake, continue to learn more about why an ounce of prevention is worth a ton of cure. Unfortunately, physicians and patients alike wildly overestimate the benefits of pills and procedures due to limited understandings about the actual benefit of diet versus treatments with drugs.

The fact is physicians may be missing their most important tool.

Michael Greger, MD, 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



Shared meals are associated with healthier eating and better mood.

Family Meals Are Good for Grown-Ups, Too, Not Just the Kids

Eating together is linked to a long list of mental, physical, and social benefits that can carry forward to the next generation

ANNE FISHEL

For all the parents feeling exhausted by the cooking, cleaning, and planning of a million meals during the pandemic, there's some good news. Commensality, or the sharing of food with others, is beneficial for your physical and mental health.

Most parents already know that family mealtimes are great for the bodies, brains, and mental health of children. More than two decades of studies reveal that kids who eat with their families do better in school and have bigger vocabularies. They also have lower rates of depression, anxiety, and eating disorders, as well as healthier diets and better cardiovascular health.

But what may come as unexpected news to beleaguered parents is that these same shared meals are also good for adults. Across the life span, from young parents eating with toddlers to parents talking about pandemic-coping strategies with their school-age kids, and Medicare-eligible adults eating with younger generations, shared meals are associated with healthier eating and better mood.

Healthy for All Adults, but Especially for Parents

For adults, both with and without children, there are numerous health benefits to eating with others. Even unrelated adults such as firefighters have enhanced team performance when they cook and eat together as they await the call to action.

On the flip side, researchers have found that eating alone is associated with an increased likelihood of skipping meals and the downstream effects—lower intakes of nutrients, reduced energy, and poorer nutritional health.

Regardless of parental status, adults who eat with others tend to eat more fruits and vegetables and less fast food than those who eat alone. Even when a home cook isn't particularly focused on healthy cooking, home-cooked meals lower the odds that adults will be obese. Large portion sizes, the embrace of fried foods, and a heavy hand with butter are more common at restaurants than in a civilian's kitchen.

That said, adults who park their dinner plates in front of the television may have a greater chance of weight gain. There is also evidence from the United States, Sweden, Finland, and Portugal that supports a connection between obesity and kids' eating dinner while watching TV.

Just as it is for children, family dinner is the most reliable time of the day for adults to slow down and talk to others.

When kids are present at mealtime, parents may eat more healthily, perhaps to model good behavior and provide the best nourishment they can to their kids.

Regardless, social dining offers additional boosts for adults who eat with their children—and they pertain equally to mothers and fathers. When kids are present at mealtime, parents may eat more healthily, perhaps to model good behavior and provide the best nourishment they can to their kids. When there is plenty of conversation, with kids chiming in, the pace of eating slows down, allowing the brains of those eating to register fullness and signal that it's time to put down their forks and knives.

For kids, eating more family meals is associated with lower rates of obesity. The act of eating with others does not correlate with reduced weight gain in adults, though—unless their dining companions include children. Parents who dine with their kids also tend to report less dieting and binge-eating behavior. Parents may dial back some of these destructive behaviors when they know their kids are watching and ready to imitate.

A Boost for Mental Health

It may seem counterintuitive that a process that demands so much time and resources—the energy to plan the meal, shop for it, prepare it, serve it, and clean up after—could also lead to boosts in mental health. Much more obvious is how kids would benefit from their parents' demonstrating their love and care by providing nightly dinners.

But researchers have found that having frequent family meals is associated with better mental health for both mothers and fathers, despite mothers' carrying more of the burden of meal prep. Compared with parents who rarely ate family meals, parents who regularly dined with their kids reported higher levels of family functioning, greater self-esteem, and lower levels of depressive symptoms and stress.

And mental health benefits don't depend on a slow-roasted pork shoulder or organic vegetables. Since it's the atmosphere at the dinner table that contributes most significantly to emotional well-being, takeout or prepared food eaten at home will work nicely too.

In an earlier study of parents of infants and toddlers, couples who attached more meaning and importance to family meals were more satisfied with their marital relationship. It's unclear in which direction the causality goes. Is it that those in more satisfying marriages gravitate toward creating daily rituals? Or that enacting daily ritu-

als leads to more robust relationships? Or something else that affects this dynamic? In any case, the establishment of meaningful rituals, like shared mealtime, during early stages of parenthood may add some predictability and routine at a time of life that can be very busy and fragmented.

Just as it is for children, family dinner is the most reliable time of the day for adults to slow down and talk to others. It's a time to step away from video calls, emails, and to-do lists, and instead, connect face to face. Dinnertime often allows for a few laughs, a time to decompress, and conversations that can solve logistical problems and review the day's events or plan for tomorrow.

A COVID Habit to Keep

For parents taking the long view, there is another perk to family dinner. When adolescents grow up having regular family dinners, they are much more likely to replicate that practice in their own homes when they become parents. Adults who reported having had six to seven family meals a week as a child went on to have frequent family meals with their own children. Family dinner and its benefits may be an heirloom you pass along to future generations.

As people now tiptoe back to living more expansively, many are reflecting on what they learned during the pandemic that might be worth holding on to. There is some evidence that more families ate more meals together during the COVID-19 pandemic than ever before. Some families who didn't prioritize eating together pre-pandemic may emerge from the past year with a new appreciation of the joys of commensality. Of course, others may already be bookmarking all their favorite restaurants, eager to have chefs cook for them after feeling depleted by so much home labor.

But parents may want to remember that the science suggests shared mealtime is good for the mental and physical health of each member of the family. As people start to heal from this past year of loss, disruption and anxiety, why not continue to engage in nourishing practices that are helpful to all? In my family therapy practice, it will be a top recommendation.

Anne Fishel is an associate clinical professor of psychology at Harvard Medical School, Harvard University. This article was first published on The Conversation.



MINDSET MATTERS

Why We Can't Stop Thinking About the Same Problems

How to stop chasing the same thoughts down the same rabbit holes

NANCY COLIER

Have you ever noticed how frequently your mind returns to problems and situations that cause you pain, and insists on rehashing what's wrong? It's a strange phenomenon really, our addiction to thinking about problems. Even when we don't want to think about what's bothering us, still, we keep thinking about it. Why do we do this, and how can we break this thinking addiction?

We return to painful situations because, at the root, we believe that more thinking (about our problem), will fix it. We imagine that every problem can be figured out with more thinking. We are conditioned from the time we're born to trust that thinking is the solution to everything that ails us. And so, painful though it may be, we keep thinking over the same issues, believing that we can think up a way to make the problem not a problem.

Ultimately, we are trying to make ourselves feel better, but the solution we have come up with—more thinking—actually makes us feel worse.

Simultaneously, we keep rehashing our problems because it feels like thinking about the situation is a way of empathizing with our pain. Going over the difficulty again and again is our attempt to offer ourselves compassion. We keep repeating (to ourselves), "Can you believe this, how could they do this, isn't this crazy?" We do this so we can feel heard and known, even

if it's just inside our own head.

Furthermore, we keep returning to what hurts because if we let it go, stop thinking about it, then it's as if we will be dishonoring how much it hurts. To stop thinking about our problems would be (we imagine) to behave as if our pain doesn't matter. In essence, to abandon ourselves. In this way, our obsessive thinking is an attempt to award our suffering with importance and care.

How to Let Go of Thoughts on Repeat

So, with all these reasons to keep thinking about our problems, how then can we stop and unstuck from these stickiest of all thoughts?

The first step in any change process is always the same: awareness. We can't change anything if we're not aware of it. So, we have to notice how and when we are yet again rehashing a problem or difficult situation. We have to become a witness to our own mind and see how it keeps drawing our attention back down the rabbit hole—into suffering.

Once we become aware, we must be willing to consider the idea that we, as we are, cannot figure out this problem. And therefore, we have to give up the fantasy and delusion that more thinking about it will solve it and make us feel better. We have to accept that there is no diamond at the bottom of this rubble of thought, no magic bullet in this latest round of thinking that wasn't there in the last 9,000 rounds.

▲ We return to painful situations because, at the root, we believe that more thinking will fix it.

▲ **As crazy as that might sound, try out the reality that you simply cannot figure out this problem, not with what you know and who you are right now.**

In essence, we have to give up the hope that more thinking will deliver us to peace. And instead, we need to be open to the possibility that the way to peace may well be in turning away from the problem and thinking less. Surrendering to not being able to figure it out—rather than trying harder to figure it out—may indeed be our refuge.

Furthermore, in order to stop the constant ruminating on our pain, we need to remember that our pain comes with us, whether we are thinking about it or not. What we've suffered is woven into who we are; it's part of us. We don't need to keep thinking about our pain in order to make it matter, take care of it, or keep it with us. We don't have to keep thinking our pain into existence in order for it to exist.

Just for today, try noticing your own thoughts, where your attention is going, and what tapes are playing in your mind. Become aware of when you are returning, yet again, to a problem you've visited many times before. Try noticing what returning to this problem does to your mood and how it makes you feel.

▲ **The first step in any change process is always the same: awareness.**

Finally, we are addicted to thinking about our problems because we identify with our suffering. Who we are (or think we are) is a tapestry of what we've lived through, endured, and survived. We derive our identity, in large part, from what we suffer. That said, when we dive into what's bothering us, what's not OK, it feels like we're coming home, returning to some fundamental aspect of ourselves. Rehashing our difficulties allows us to feel alive. We can feel our own existence, our self, when the mind is gnawing on a problem. There's nothing, in fact, that makes us feel more here than when we have a problem to figure out.

Consider this: Maybe you cannot figure out this problem, not in the way you normally try, not with more thinking about it. As an exercise, contemplate the possibility that the way to peace and feeling better might be something ultra-radical, like not thinking about it, like turning away from the problem and leaving it there—unfixed and un-figured-out. As crazy as that might sound, try out the reality that you simply cannot figure out this problem, not with what you know and who you are right now.

Just for today, instead of moving into the problem yet again, searching for that diamond in the rubble, do something revolutionary: Turn your attention away from the problem and back to your present moment. Opt out of what's wrong and move toward what's here now. With the simple intention to not do what you've always done, and therefore, not end up with the same result you've always ended up with, try out the reality that you simply cannot figure this out, that you have to leave it undone. So too, know that you will not find peace through more thinking. If you're looking for peace, be willing to try a different route.

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

Relationship Management

COVID has pushed us closer—sometimes too close for comfort

MAT LECOMPTÉ

Relationships can be one of the biggest stressors there are, and that's been highlighted by the pandemic. Whether you're sharing a one-bedroom apartment with your partner or a four-bedroom house, it can be difficult to avoid stress and carve out space.

There is such a thing as spending too much time together, regardless of whether it's with your husband or wife, best friend, or even your children.

Finding ways to identify and manage stressful relationship periods can help protect your heart and overall health, as well as improve your most-valued relationships.

The first thing you can do is

identify why there may be a lack of peace, understanding, and general comfort within the home at times. The pandemic has added a significant cause of stress. It's hard enough remaining in close quarters when outlets exist, but now there is almost nowhere to go. Social isolation, normal stressors, and generational differences can all help fuel the fire.

You can, however, find ways to get along. One of them is to cut your partner some slack and remember how stressful things are at the moment. If they get mad at you for something minuscule, remember it's likely the result of



▲ Take the time to seek out reasons why there may be a lack of peace and understanding within the home.

existential stress.

Take it and move on. On the other hand, it's also worth recognizing if you're the one unnecessarily snapping or using little things to address bigger issues. Finding ways to communicate better what's bothering you is a great way to ease relationship tension.

When you do communicate, avoid accusatory tones. Don't blame your partner; rather, tell them what you're struggling with so you can better understand each other. Use "I" instead of "you." Seek distance and create boundaries. Even if it's retreating to another room for most of the day, make sure to carve out alone time. Schedule together times for meals or a walk but respect each other's need for space. Put simply, balance closeness and distance.

Remember that getting annoyed

with each other or wanting time apart does not mean there is a problem with the relationship. People are people, and things happen.

▲ **Don't blame your partner; rather, tell them what you're struggling with so you can better understand each other. Use 'I' instead of 'you.'**

Managing relationship stress can help protect your heart and reduce the risk of chronic illness. Adjust expectations and try to implement strategies that strengthen your closest bonds.

Mat Lecompte is a health and wellness journalist. This article was first published on Bel Marra Health.

WISE HABITS

Pick Your Way to Simplify Today

Choose one of these 5 ways to simplify your life and try it right away

LEO BABAUTA

Living a life of simplicity can be a beautiful thing, yet the process of simplifying can seem overwhelming at first.

So I recommend simplicity in your simplifying.

Instead of trying to simplify your whole life at once—tossing out all your clutter and paring your schedule to just meditation and writing your novel—how about just starting with one thing?

Simplifying one thing is doable. You don't have to tackle everything today—you've got ages to do all of that.

Try picking one of the ideas below and implement it today. If it works well, continue it tomorrow. Or try one of the other ideas. And try not to think of it as a chore but rather an enjoyable new adventure.

Single-Task It

The next thing you choose to do, do only that. Close everything else, put your phone away, close all other tabs on your computer, and just focus on that one task. If you're reading this article, stay with it and do nothing else until you're done reading. When you decide to check social media, check one at a time and do it fully and with mindfulness. When you go for a walk, have nothing to listen to or look at, other than the nature all around you.

One thing at a time: wash one dish, just write, just eat. This is such a simple idea, and it's doable right now.

Use In-Between Spaces as Mini-Meditations

When you're done with one thing, instead of rushing to the next thing, take a moment and pause. Enjoy this in-between space.

Notice how you're feeling, what's around you, what you just did, what your intention is for what you're about to do. When you're going somewhere else, whether it's just another part of

Simplifying one thing is doable. You don't have to tackle everything today.



When we have too much going on, it can be difficult to cope. Try focusing on a single task at a time.



Pick someone today to be fully present with. Put aside anything else on your mind and open your heart.

the office or another part of your city, just enjoy this time fully, as if it's just as important as anything else you do. Don't rush past it.

Let Go of One Commitment

Our lives are so full because we say yes to so much, and our commitments pile up over time. You can greatly simplify your life by letting go of one commitment. What isn't fulfilling you? What can you get out of today by telling them you just don't have space for it? Practice saying no with confidence and love.

Be Present With Someone

Pick someone today to be with fully. Put away your phone, let go of anything else you're thinking about, and just be with them. Listen to them. Try to fully see them. Open your heart to them. Send them your love. If you do this with one

person each day, which is such a simple thing to do, your life will become better through better relationships and deeper social connection.

Clear One Space

Find one little area in your workspace or home and declutter it. Just the amount of space that you can hug. For example, just a little space on your desk or kitchen counter. Let this be the blissful oasis of peace and simplicity that will ripple outward to the rest of your life.

These are five little things you can do no matter what you have going on today. Don't do all five things, but just pick one.

And enjoy the simplicity that comes with the doing.

Leo Babauta is the author of six books and the writer of *Zen Habits*, a blog with over 2 million subscribers. Visit ZenHabits.net

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