

THE EPOCH TIMES

MIND & BODY

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How we view ourselves changes everything about our world.

The Ripple Effects of Self-Esteem

Taking steps to improve how you think of yourself can improve your health and happiness

JENNIFER MARGULIS

What do you think of yourself? How do you evaluate your own worth? If you struggle with feelings of low self-esteem, you're not alone. Even the most confident and outwardly successful among us experience what can sometimes be crushing self-doubt.

Self-esteem isn't static. Some studies have found that our feelings of self-worth change as we age—young adults and people in mid-life appear to have more self-esteem than people over 65. In fact, a 2010 study of Americans aged 25 to 104 published in The Journal of Personality and Social Psychology showed that self-esteem later in life declined, due mostly to downturns in finances and physical ability.

Experts say there are things you can do to improve your feelings about yourself and boost your self-esteem. Having better self-esteem, in turn, helps you cope with life's

inevitable challenges. When you feel more confident and more grounded, life becomes more enjoyable and interesting.

But it's not only about finding more joy: People with higher self-esteem usually live longer, healthier lives.

Low Self-Esteem and Loneliness

"People with low self-esteem are usually unhappy," says Dr. Robin Miller, an internal medicine and integrative physician based in Medford, Oregon. "When they're unhappy they're unhealthy."

Miller has been practicing medicine for more than 40 years and has recently started helping her husband—also a doctor—plant a vineyard and produce local wines. She recently did a deep dive into the research behind self-esteem for an online course she created that explores the science behind health and happiness.

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Statins Double Risk of Dementia, Are Linked to COVID Deaths

Research finds lowering cholesterol with statins does little for heart disease but may raise other risks

JOSEPH MERCOLA

The use of statin cholesterol-lowering medications has been on the rise for decades and they are among the most widely used drugs in the world. In the U.S., nearly 50 percent of U.S. adults over 75 years old take a statin to lower their cholesterol in the misguided hope of preventing heart disease, heart attacks, and stroke.

Not only is there strong evidence suggesting that statins are a colossal waste of

money, but their use may also harm your brain health—more than doubling your risk of dementia in some cases.

The benefit must clearly outweigh the risk when it comes to any drug treatment, but this is rarely the case with statins, which don't protect against cardiovascular disease and are linked to a number of health conditions including dementia, diabetes, and even increased risk of death from COVID-19.

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ROGER ASHFORD/SHUTTERSTOCK



Statins are prolifically prescribed but the costs—both financial and physiological—may outweigh the gains.

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What's in Wildfire Smoke?

A toxicologist explains the health risks and which masks can help

LUKE MONTROSE

Fire and health officials began issuing warnings about wildfire smoke several weeks earlier than normal this year. With almost the entire U.S. West in drought, signs already pointed to a long, dangerous fire season ahead.

Smoke is now turning the sky hazy across a large swath of the country as dozens of large fires burn, and a lot of people are wondering what's in the air they're breathing.

As an environmental toxicologist, I study the effects of wildfire smoke and how they differ from other sources of air pollution. We know that breathing wildfire smoke can be harmful. Less clear is what the worsening wildfire landscape will mean for public health in the future, but research is raising red flags.

In parts of the West, wildfire smoke now makes up nearly half the air pollution measured annually. A new study by the California Air Resources Board found another threat: high levels of lead and other metals turned up in smoke from the 2018 Camp Fire, which destroyed the town of Paradise. The findings suggest smoke from fires that reach communities could be even more dangerous than originally thought because of the building materials that burn.

Here's a closer look at what makes up wildfire smoke and what you can do to protect yourself and your family.

Smoke from wildfires contains thousands of individual compounds.

What's in Wildfire Smoke?
What exactly is in a wildfire's smoke depends on a few key things: what's burning—grass, brush, or trees; the temperature—is it flaming or just smoldering; and the distance between the person breathing the smoke and the fire producing it.

The distance affects the ability of smoke to "age," meaning to be acted upon by the sun and other chemicals in the air as it travels. Aging can make it more toxic. Importantly, large particles like what most people think of as ash don't typically travel that far from the fire, but small particles, or aerosols, can travel across continents.

Smoke from wildfires contains thousands of individual compounds, including carbon monoxide, volatile organic compounds, carbon dioxide, hydrocarbons, and nitrogen oxides. The most prevalent pollutant by mass is particulate matter less than 2.5 micrometers in diameter, roughly 50 times smaller than a grain of sand. Its prevalence is one reason health authorities issue air quality warnings using PM2.5 as the metric.

The new study on smoke from the 2018 Camp Fire found dangerous levels of lead in smoke blowing downwind as the fire burned through Paradise, California. The metals, which have been linked to health harms including high blood pressure and developmental effects in children with long-term exposure, traveled more than 150 miles on the wind, with concentrations 50 times above average in some areas.

What Does That Smoke Do to Human Bodies?

There is another reason PM2.5 is used to make health recommendations: It defines the cutoff for particles that can travel deep into the lungs and cause the most damage.

The human body is equipped with natural defense mechanisms against particles bigger than PM2.5. As I tell my students, if you have ever coughed up phlegm or blown your nose after being around a campfire and discovered black or brown mucus in the tissue, you have witnessed these mechanisms firsthand.

The really small particles bypass these defenses and disturb the air sacs where oxygen crosses over into the blood. Fortunately, we have specialized immune cells present called macrophages. It's their job to seek out foreign material and remove or destroy it. However, studies have shown that repeated exposure to elevated levels of wood smoke can suppress macrophages, leading to increases in lung inflammation.

Dose, frequency, and duration are important when it comes to smoke exposure. Short-term exposure can irritate the eyes and throat. Long-term exposure to wildfire smoke over days or weeks, or breathing in heavy smoke, can raise the risk of lung damage and may also contribute to cardiovascular problems. Considering that it is the macrophage's job to remove foreign material—including smoke particles and pathogens—it's reasonable to make a connection between smoke exposure and the risk of viral infection.

Recent evidence suggests that long-term exposure to PM2.5 may make the coronavirus more deadly. A nationwide study found that even a small increase in PM2.5 from one U.S. county to the next was associated with a large increase in the death rate from COVID-19.

What Can You Do to Stay Healthy?
Here's the advice I would give just about anyone downwind from a wildfire.

Stay informed about air quality by identifying local resources for air quality alerts, information about active fires, and recommendations for better health practices.

If possible, avoid being outside or doing strenuous activity, like running or cycling, when there is an air quality warning for your area.

Be aware that not all face masks protect against smoke particles. Most cloth masks will not capture small wood smoke particles. That requires an N95 mask that fits and is worn properly. Without a proper fit, N95s don't work as well.

Establish a clean space. Some communities in western states have offered "clean spaces" programs that help people take refuge in buildings with clean air and air conditioning. However, during the pandemic, being in an enclosed space with others can create other health risks. At home, a person can create clean and cool spaces using a window air conditioner and a portable air purifier.

The Environmental Protection Agency also advises people to avoid anything that contributes to indoor air pollutants. That includes vacuuming that can stir up pollutants, as well as burning candles, firing up gas stoves, and smoking.

Luke Montrose is an assistant professor of community and environmental health at Boise State University. This article was first published on The Conversation.

Unmasking Masks

We upended our world with ineffective policies that have unintended consequences

PETER WEISS

I admit, I was nervous. I had about 30 minutes before I was needed in the operating room. My patient had active COVID-19, but needed emergency surgery. This was back in August 2020, pre-vaccine and mid-hysteria. I pushed the button for the basement. I hate basements.

As I walked in, the nurse was ready for me. I had to be form-fitted for my N95 mask. Form-fitting is critical for preventing any viral particles from sneaking in from the sides of the mask. I put the first one on. She then had me put a plastic hood over my head and upper body. She hooked up a tube and asked me to let her know if I sensed any bad smell or had any sour taste in my mouth. Within five seconds, I was sick from the sour taste in the back of my throat. She quickly stopped and we repeated the same test with another N95. This time, it took 30 seconds. Luckily the third N95 fit, with no sour taste or smell even after three full minutes.

I was ready. I donned a form-fitted N95 mask, a bubble suit, double gloves, and goggles. It felt like I was in a bad movie, but this was really happening.

It's now a year later and what have we learned about masks? Everything and yet nothing.

I was a co-author of a paper on N95 masks that was published in 2007 in the American Journal of Public Health. It was written by my brothers and niece, as well as myself. Yes, we're all physicians. Dr. Martin Weiss was the lead author. It was titled "Disrupting the Transmission of Influenza A: Face Masks and Ultraviolet Light as Control Measures."

One takeaway message from that article, which was written during the H1N1 scare, was that N95 masks can block 95 percent of particulate aerosols from penetrating into the mask, and we need to manufacture them now. They can block particles as small as 300 nanometers in size, which would block the COVID-19 virus. The sad part is that our call for mass production of these masks back in 2007 went unheeded. We also stated that the goal is vaccines and therapeutics. While we have vaccines, therapeutics are lagging far behind. Even discussing therapeutics is frowned upon now.

Today, we're constantly bombarded by recommendations and even orders to wear masks when indoors. Los Angeles County, New York, and St. Louis all are implementing indoor mask mandates—again.

There was a time when we were told to wear them outside, even if alone. I've even seen people driving alone in a car wearing a mask!

The problem with the best of intentions is that they can often lead to poor judgment. What constitutes a mask in the setting of COVID-19 restrictions? It's worth unmasking masks.

Let's start with N95, as I described above. To be effective, it has to be form-fitted. Not all N95s fit properly, and they can leak viral particles. They're actually called respirators, not masks. A mask mainly keeps the wearer from ejecting droplets or spray that affect others. A respirator provides two-way protection and can keep the wearer from catching aerosol particles from others. There is even an N100, which does what it implies.

N95 respirators aren't comfortable, and I have trouble wearing them for long periods of time. You really don't want your surgeon uncomfortable. A number of colleagues and I have had to stop surgery to wipe our faces and readjust our masks.

Surgical masks are made of three plied layers of synthetic microfibers and extra-fine synthetic fibers, which block out much larger particles, but do a poor job of blocking the much smaller particles associated with COVID-19 viral transmission. The COVID-19 virus is extremely small, 60-140 nanometers, which is 1/1000th of a micron. A paper, "Filtration Performance of FDA-Cleared Surgical Masks," stated that "The results suggest that not all FDA-cleared surgical masks will provide similar levels of protection to wearers against infectious aerosols in the size range of many viruses."



It was published in the Journal of International Society of Respiratory Protection in 2009.

Surgeons wear surgical masks for two reasons. First, we don't want any blood or bodily fluid to hit us in the mouth, and second, we don't want our saliva or drool to spill into the wound. We don't wear them for viral protection. To be fair, there are a

few articles that claim some surgical masks can minimally prevent viral transmission, but that's assuming that droplets are the main cause of transmission when they're not—aerosol spray is.

Those studies also assume that there's no leakage from ill-fitting masks, since those were controlled environment studies. Aerosol spray is the extremely small viral particles that an infected person would give off when breathing. Droplets would be slightly larger, but still minuscule, and found in the kind of spray you see in a

sneeze or when someone is speaking or coughing. (A side note: Masks with ties are more effective than masks with loops since they give a better seal.)

We hear a lot about "droplets." Droplets aren't some raindrop-size spit coming out of a person. Scientists usually mean something less than five microns (1/5,000 of an inch). The vast majority of COVID-19 is spread in much much smaller aerosol spray of 1/1,000 of a micron.

We're beset by misinformation and confusing recommendations.

Dr. Kevin Fennelly published a paper in The Lancet in 2020, stating that most viral pathogens are found in small particles. This conflicts with the view that larger droplets are responsible for most viral transmission. There have been other studies showing that very small particles (under 5 microns in size) may contain as much as nine times as much virus as larger particles (droplets). It's also postulated that these smaller particles may be more dangerous, since they can penetrate deeper into the lungs. As a side note, when a droplet falls to the ground, it becomes aerosolized and is still a problem.

Those who believe that droplets are the main source for COVID-19 infections

should also then support social distancing, but not the six feet we're told. To be accurate, it should be anywhere from 18 to 27 feet. No one really knows where this six-foot social distancing "rule" came from. It most likely arose from the 1918 Spanish flu outbreak. The World Health Organization (WHO) recommends social distancing at one meter (39 inches). This was based on work by a researcher from 1930 who studied the spread of tuberculosis. The Centers for Disease Control and Prevention recently changed the social distance requirements in schools from 6 feet to 3 feet (slightly less than 1 meter).

So, in effect, we've upended our entire world to enact policies with limited impact, meaning that the cost associated with implementing them isn't offset by the proposed gains.

COVID-19 is bad. It's absolutely horrible, especially if you're older and have underlying medical conditions that make you more vulnerable. The good news is that, for most of us, it will only be a mild infection, such as the flu. The chance for a young person under 40 to die from COVID-19 can be as low as 0.01 percent and even lower if vaccinated.

The unintended consequences of the draconian measures from this pandemic are tragic. A recent report by The Well Being Trust says there could be 75,000 more deaths by what is called "death by despair" (suicide, drugs) because of COVID-19. Those 75,000 will be young people, not the elderly. In other words, people who aren't really at risk from COVID-19.

We're beset by misinformation and confusing recommendations from our government. Vaccines are amazing, I'm a believer, yet some politicians, such as President Joe Biden and Vice President Kamala Harris, publicly stated that they wouldn't trust any vaccine coming out under former President Donald Trump, until they were in charge. Don't wear masks, now wear masks. Wear two masks, since two is better than one. Vaccines will set you free, until they don't. Therapeutics that can treat COVID-19 are frowned upon, and you must be evil if you even suggest the possibility. This isn't a reliable information environment.

How we tell a medical story is critical for success. It's the way we tell a cancer patient or a surgical patient how we'll treat them that sets up a plan for success.

And that plan should be based on a rational balance of cost, reward, and freedom. We don't force a cancer patient to get a treatment that will make them suffer and a similar argument could be made for the vaccine.

Even though I'm a believer in the vaccine, I understand those who aren't and respect the right of a healthy 18-year-old woman to decline receiving it. For the 36 million people who have had COVID, there's no need for them to get the vaccine,

since they have natural immunity. For how long, we don't know, but research suggests durable immunity. It's simple to test and find out if you still have antibodies against COVID-19.

Back in 2007, we suggested that the nation stockpile N95 masks. No one listened. We're now incapable of manufacturing those masks. They're all made in China. So now, we can wear a cheesecloth mask, and we're told that we're saving our nation.

I personally have no problem with wearing a mask if and when it's truly needed. It just has to be the right mask, an N95 or greater. And yet, these masks are distinctly uncomfortable and add an additional strain on your system. They make it harder to breathe, or in research terms, impede gaseous exchange. I often have to stop surgery to adjust my mask and "catch my breath," I've been wearing masks for all of my professional life, so it's easier for me. I'm not everyone, though.

The issue we have is defining when is mask-wearing warranted? Forcing vaccinated people, or those who have recovered from COVID-19 to wear a mask, makes little sense, other than making some people feel more secure. Forcing a 2-year-old to wear a mask is asinine, to say the least.

On top of that, mandates don't work. The implied new goal of reducing the COVID-19 death rate to zero is unrealistic and will never happen. This is now endemic. If we mandate mask-wearing to "save" lives, then we might as well mandate prohibition, since there are an estimated 95,000 deaths per year from alcohol-related incidents. Many of those are from drunk drivers killing innocent bystanders or passengers. The same argument can be made here. Solutions need to be realistic, not ridiculous.

Our nation should be able to mass-produce something as simple as N95 respirators and distribute them to the nation when and if needed for some future catastrophe. There will surely be more pandemics coming. My point is, if we need a mask, make it something that works.

Cloth masks, or even surgical masks, are like tying a rope around your waist while driving and claiming it's a seat belt.

It also isn't too much of an exaggeration to say wearing a Gucci style face-covering, such as Nancy Pelosi has, is like asking an X-ray technician to wear their grandmother's kitchen apron when taking X-rays.

Dr. Peter Weiss has been a frequent guest on local and national TV, newspapers, and radio. He was an assistant clinical professor of OB/GYN at the David Geffen School of Medicine at UCLA for 30 years, stepping down so he could provide his clinical services to those in need when the COVID pandemic hit. He was also a national health care adviser for Sen. John McCain's 2008 presidential campaign.

Statins Double Risk of Dementia, Are Linked to COVID Deaths

Research finds lowering cholesterol with statins does little for heart disease but may raise other risks



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Statins Doubled Risk of Developing Dementia

Statins' effects on cognitive performance have previously been called into question, since lower levels of low-density lipoprotein (LDL) cholesterol are linked to a higher risk of dementia. The featured study, published in The Journal of Nuclear Medicine, involved people with mild cognitive impairment and looked into the effects of two types of statins: hydrophilic and lipophilic. Hydrophilic statins, which include pravastatin (Pravachol) and rosuvastatin (Crestor), dissolve more readily in water, while lipophilic statins, such as atorvastatin (Lipitor), simvastatin (Zocor), fluvastatin (Lescol), and lovastatin (Altoprev), dissolve more readily in fats. Lipophilic statins can easily enter cells and be distributed throughout your body, whereas hydrophilic statins focus on the liver.

"There have been many conflicting studies on the effects of statin drugs on cognition," according to study author Prasanna Padmanabham of the University of California-Los Angeles. "While some claim that statins protect users against dementia, others assert that they accelerate the development of dementia. Our study aimed to clarify the relationship between statin use and subject's long-term cognitive trajectory."

Subjects were divided into groups based on cognitive status, cholesterol levels, and type of statin used, and followed for eight years. Those with early mild cognitive impairment and low to moderate cholesterol levels at the start of the study who used lipophilic statins had more than double the risk of dementia compared to those who didn't use statins.

Further, this group also had significant decline in metabolism of the brain's posterior cingulate cortex, which is the brain region that declines most significantly in early Alzheimer's disease.

Your Brain Needs Cholesterol

About 25 percent to 30 percent of your body's total cholesterol is found in your brain, where it's an essential part of neurons. In your brain, cholesterol helps develop and maintain the plasticity and function of your neurons, and data from the Shanghai Aging Study published in Frontiers in Neurology revealed that high levels of LDL cholesterol are inversely associated with dementia in those aged 50 years and over.

"High level of LDL-C may be considered as a potential protective factor against cognition decline," the researchers noted. They compiled a number of mechanisms on why lower cholesterol may be damaging for brain health, including the fact that lower cholesterol is linked with higher mortality in the elderly and may occur alongside malnutrition and chronic diseases, including cancer. As it specifically relates to brain health, however, they suggested:

- Decreasing cholesterol levels in the elderly may be associated with cerebral atrophy, which occurs with dementia
- High LDL cholesterol may be beneficial by reducing neurons' impairments or helping repair injured neurons
- Acceleration of neurodegeneration has occurred when neurons were short on cellular cholesterol or cholesterol supply

- Cholesterol plays an important role in the synthesis, transportation, and metabolism of steroid hormones and lipid-soluble vitamins, and both of these are important to synaptic integrity and neurotransmission

In a study published in The Journal of Nutrition, Health and Aging, lower cholesterol levels were also associated with worse cognitive function among South Korean study participants aged 65 and over, and were considered to be a "state marker for AD [Alzheimer's disease]."

A U.S. study of more than 4,300 Medicare recipients aged 65 and over also revealed that higher levels of total cholesterol were associated with a decreased risk of Alzheimer's disease, even after adjusting for cardiovascular risk factors and other related variables.

Statins Increase Death Risk From COVID-19

The risks to brain health are only one red flag tied to statins. A concerning link was also uncovered among statins, diabetes, and an increased risk of severe disease from COVID-19 in a study published in Diabetes and Metabolism. Among patients with Type 2 diabetes admitted to a hospital for COVID-19, those taking statins had significantly higher mortality rates from COVID-19 within seven days and 28 days, compared to those not taking the drugs.

The researchers acknowledged those taking statins were older, more frequently male, and often had more comorbidities, including high blood pressure, heart failure, and complications of diabetes. However, despite the limitations, the researchers found enough evidence in the over 2,400 participants to conclude:

"Our present results do not support the hypothesis of a protective role of routine statin use against COVID-19, at least not in hospitalized patients with T2DM (Type 2 diabetes mellitus).

"Indeed, the potentially deleterious effects of routine statin treatment on COVID-19-related mortality demands further investigation and, as recently highlighted, only appropriately designed and powered randomized controlled trials will be able to properly address this important issue."

Statins Double—or Triple—Diabetes Risk

A connection already exists between statins and diabetes, to the extent that people who take statins are more than twice as likely to be diagnosed with diabetes than those who do not, and those who take the drugs for longer than two years have more than triple the risk.

"The fact that increased duration of statin use was associated with an increased risk of diabetes—something we call a dose-dependent relationship—makes us think that this is likely a causal relationship," study author Victoria Zigmont, a graduate researcher in public health at The Ohio State University in Columbus, said in a statement.

The data also indicated that individuals taking statin medications had a 6.5 percent increased risk of high blood sugar as measured by hemoglobin A1c value, which is an average level of blood sugar measuring the past 60 to 90 days.

Researchers with the Erasmus Medical

Center in The Netherlands also analyzed data from more than 9,500 patients in a study published in the British Journal of Clinical Pharmacology, finding those who had ever used statins had a 38 percent higher risk of Type 2 diabetes, with the risk being higher in those with impaired glucose homeostasis and those who were overweight or obese.

About 25 percent to 30 percent of your body's total cholesterol is found in your brain, where it's an essential part of neurons.

The researchers concluded, "Individuals using statins may be at higher risk for hyperglycemia, insulin resistance, and eventually, Type 2 diabetes. Rigorous preventive strategies such as glucose control and weight reduction in patients when initiating statin therapy might help minimize the risk of diabetes."

But a far better strategy may be preventing insulin resistance in the first place by avoiding statin drugs and eating a healthy diet. According to Dr. Aseem Malhotra, an interventional cardiologist consultant in London—who has been attacked for being a "statin denier" after calling out the drugs' side effects—and a colleague:

"In young adults, preventing insulin resistance could prevent 42 percent of myocardial infarctions, a larger reduction than correcting hypertension (36 percent), low high-density lipoprotein cholesterol (HDL-C) (31 percent), body mass index (BMI) (21 percent), or LDL-C (16 percent).

"It is plausible that the small benefits of statins in the prevention of CVD [cardiovascular disease] come from pleiotropic effects which are independent of LDL-lowering. The focus in primary prevention should therefore be on foods and food groups that have a proven benefit in reducing hard endpoints and mortality."

Decreasing cholesterol levels in the elderly may be associated with cerebral atrophy, which occurs with dementia.

The Statin Scam

Even as saturated fats and cholesterol have been vilified and statin drugs have become among the most widely prescribed medications worldwide, heart disease remains a top killer. Today, statin drugs to reduce cholesterol levels are recommended for four broad patient populations:

1. Those who have already had a cardiovascular event
2. Adults with diabetes
3. Individuals with LDL cholesterol levels ≥ 190 mg/dL
4. Individuals with an estimated 10-year cardiovascular risk ≥ 7.5 percent (based on an algorithm that uses your age, gen-

der, blood pressure, total cholesterol, high-density lipoproteins (HDL), race, and history of diabetes to predict the likelihood you'll experience a heart attack in the coming 10 years)

Despite statins being prescribed for these sizable groups, and "target" cholesterol levels being achieved, a systematic review of 35 randomized, controlled trials found that no additional benefits were gained. According to an analysis in BMJ Evidence-Based Medicine:

"Recommending cholesterol-lowering treatment based on estimated cardiovascular risk fails to identify many high-risk patients and may lead to unnecessary treatment of low-risk individuals. The negative results of numerous cholesterol lowering randomized controlled trials call into question the validity of using low-density lipoprotein cholesterol as a surrogate target for the prevention of cardiovascular disease."

Even in the case of recurrent cardiovascular events, despite the increase in statin use from 1999 to 2013, researchers writing in BMC Cardiovascular Disorders noted, "there was only a small decrease in the incidence of recurrent CVD, and this occurred mainly in older patients without statins prescribed."

Statins Won't Protect Your Heart Health

Statins are effective at lowering cholesterol, but whether this is the panacea for helping you avoid heart disease and extend your lifespan is a topic of heated debate. Again in 2018, a scientific review presented substantial evidence that high LDL and total cholesterol are not an indication of heart disease risk, and that statin treatment is of doubtful benefit as a form of primary prevention for this reason.

In short, these drugs have done nothing to derail the rising trend of heart disease, while putting users at increased risk of health conditions such as diabetes, dementia, and others, which include:

- Cancer
- Cataracts
- Triple risk of coronary artery and aortic artery calcification
- Musculoskeletal disorders, including myalgia, muscle weakness, muscle cramps, rhabdomyolysis, and autoimmune muscle disease
- Depression

In the event that you're taking statins, be aware that they deplete your body of coenzyme Q10 (CoQ10) and inhibit the synthesis of vitamin K2. The risks of CoQ10 depletion can be somewhat offset by taking a Coenzyme Q10 supplement or, if you're over 40, its reduced form ubiquinol. But ultimately, if you're looking to protect both your brain and heart health, avoiding statin drugs and instead optimizing your diet may be the answer.

For links to studies mentioned in this article, please see the article online at TheEpochTimes.com

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

7 Herbs and Supplements for Heart Failure

These natural substances offer scientifically proven treatments for those facing heart failure

Congestive heart failure is a disease with a misleading name, as it doesn't mean that your heart has stopped beating. Rather, heart failure is a chronic condition that occurs when the heart muscle can't pump enough blood to the body, causing an increasing amount of damage as organs and tissues are deprived of the oxygen and nutrients carried by the blood.

Heart failure doesn't develop overnight; it develops gradually and is often the result of underlying health conditions that weaken the heart, such as heart disease, obesity, and high blood pressure. The good news is that you can avoid a diagnosis of congestive heart failure by making heart-healthy choices, such as losing weight, exercising regularly, and incorporating more organic produce and healthy fats into your diet.

If you've already been diagnosed, it's important to consult your health care provider and a cardiac specialist. As part of an approved treatment regimen, diet and lifestyle modifications may help strengthen your heart and improve its function. To aid in that effort, we've researched the top medical journals and scientific databases to compile a short list of herbs and supplements that have been verified by science as effective for supporting patients with heart failure.

1. CoQ10

The efficacy of coenzyme Q10, or CoQ10, is a matter of controversy among scientists. A 2017 meta-analysis of clinical trials sought to gain clarity on the question by pooling together the results of previous studies evaluating the effect of using CoQ10 to treat patients with heart failure.

Researchers combed PubMed and other top medical databases for controlled trials of CoQ10, with 14 trials and 2,149 heart failure patients meeting inclusion criteria. Endpoints for the trials were death, left heart ejection fraction (a measure of the left ventricle's ability to pump blood), exercise capacity, and a standardized measure of overall heart function after treatment.

The final analysis showed that patients with heart failure who were supplemented with CoQ10 had a lower death rate and a higher exercise capacity than placebo-treated patients. Other studies support CoQ10's ability to help patients with heart failure decrease serious complications and avoid hospitalization, significant findings that were attributed to CoQ10's ability to support mitochondrial function and provide energy to cells.

2. Ubiquinol

Ubiquinol (pronounced you-bik-win-all) is a recently developed form of CoQ10 that has only been commercially available for about 12 years. Considered the active form of CoQ10, ubiquinol is an antioxidant that plays a key role in creating cellular energy. CoQ10 comes in two forms: ubiquinone and ubiquinol, both of which are made naturally by the body. The body must convert ubiquinone into ubiquinol to create cellular energy.

Production of ubiquinol begins slowing down at around age 40, as does the body's ability to convert ubiquinone into ubiquinol, which is better absorbed by the body. Studies have shown that ubiquinol is up to 70 percent more bioavailable than conventional CoQ10. For this reason, older adults may choose to supplement with ubiquinol to enhance the energy available to their cells.

A clinical trial on patients with congestive heart failure noted that patients who were given supplemental ubiquinone, at doses of up to 900 milligrams (mg) per day, failed to achieve adequate blood plasma levels of CoQ10. Researchers postulated that intestinal edema in these critically ill patients had prevented their bodies from being able to adequately convert the ubiquinone into active ubiquinol.

When patients were switched to ubiquinol (between 450 and 900 mg per day), plasma CoQ10 levels increased significantly and clinical improvement was noted as "remarkable." Researchers concluded that "ubiquinol dramatically improved absorption in patients with severe heart failure" and noted that improvements in plasma CoQ10 levels correlated with both clinical improvement and better left ventricular function in the heart.

A 2019 study supports these findings. On 400 mg ubiquinol per day for three months, patients with heart failure and

reduced ejection fraction had significant improvement in peripheral endothelial function when compared with placebo-treated patients.

3. Omega-3 and -6 Fats

The importance of including healthy fats in your diet has gained needed attention since the flawed logic of low-fat diets has been exposed. As it turns out, your brain and heart need fat to function. But it's important to choose the right kinds of fat, including heart-healthy polyunsaturated fatty acids (PUFAs), like omega-3s and certain omega-6s.

While most people consume an overabundance of omega-6 fats from processed foods, a study published in the journal Lipids in Health and Disease found that low levels of dihomo-gamma-linolenic acid (DGLA), an omega-6 PUFA, circulating in the blood were associated with higher death rates in patients with heart failure. Conversely, higher levels of DGLA in the blood were associated with higher survival rates.

Another study on omega-3s found that dietary supplementation with fish oil increased plasma adiponectin (a protein that helps regulate insulin sensitivity), suppressed inflammation, and prevented cardiac dysfunction. Researchers didn't observe the same cardioprotective properties in patients supplementing with flaxseed oil.

4. Hawthorn

Hawthorn is a plant in the rose family that's native to the cooler Northern Hemisphere. Hawthorn (scientific name: Crataegus) has been used to make traditional medicine for hundreds—perhaps thousands—of years and has been most commonly applied in the treatment of diseases of the heart.

In an effort to substantiate centuries of use, the European Journal of Heart Failure published a study on the efficacy and safety of hawthorn extract in patients with heart failure, naming the study the SPICE trial. Researchers performed a large-scale morbidity/mortality trial encompassing 1,442 patients with congestive heart failure.

Supplementing with Crataegus extract was found to reduce sudden cardiac death by a whopping 39.7 percent at month 24 of treatment in patients with less compromised left ventricular function. The treatment also showed no significant adverse effects.

5. Berberine

Berberine is another plant-based medicine that has demonstrated impressive heart benefits. Anecdotally believed to aid in producing stronger heartbeats, berberine's place in our herbal pantheon as a heart healer has received scientific validation.

In 2010, a berberine derivative was found to strengthen the heart by blocking calcium influx, a central cause of a failing heart, and exerting powerful antioxidant activity. Among berberine's heart-boosting properties is anti-arrhythmic activity that has been shown to prolong the duration of ventricular action potential; in other words, it creates a stronger, more rhythmic heartbeat.

A 2020 study in Frontiers in Physiology seeking to identify the mechanism by which berberine works on the heart didn't mince words: "Berberine has been verified to protect cardiac function in patients with heart failure." Berberine's effect on heart health is another example of the plant world's deep symbiosis with the human body.

6. Magnesium

The mineral salt magnesium is critical for more than 300 enzyme systems in the body, as well as the regulation of blood pressure. Research has explored the use of magnesium in patients with heart disease, with some studies focusing on the role magnesium plays on endothelial dysfunction, a hallmark of heart failure in which the blood vessels of the heart constrict instead of opening or dilating.

One such study, published in the journal Congestive Heart Failure, found that oral supplementation with 800 mg per day of magnesium oxide for three months produced improved arterial function when compared to placebos in heart failure patients. The importance of lost minerals to heart health has been clearly ascertained, with low magnesium levels contributing to oxidative stress, compromised antioxidant de-



Magnesium is found in many foods and is critical for hundreds of enzyme systems, and maintaining healthy blood pressure.



The barberry tree, known for its bright red berries, is one source of berberine, a plant-based medicine with impressive heart benefits.

fenses, tissue wasting, and more problems linked to heart failure.

The mineral salt magnesium is critical for more than 300 enzyme systems in the body, as well as the regulation of blood pressure.



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fenses, tissue wasting, and more problems linked to heart failure.

7. Arginine

The amino acid arginine, also called L-arginine, is important for numerous bodily functions, including dilating and relaxing arteries. Though arginine is produced endogenously, it needs to be consumed to maintain adequate levels. Foods such as pastured red meat, fish, poultry, and dairy products are primary sources; vegetarians can look to whole grains, nuts, and seeds to boost arginine intake.

Arginine's role in healthy heart function has been the focus of numerous studies in recent decades. Supplementation for six weeks was found to enhance exercise tolerance in heart failure patients, an important marker of heart stability. Adding arginine to a regimen of CoQ10 and vitamin D was found to be beneficial to both cardiac and endothelial cells that line blood vessels, due to a cooperative effect.

And a meta-analysis of more than 30 years' worth of scientific studies on arginine found that oral supplementation exerts favorable effects in the prevention and treatment of a vast array of cardiovascular disorders, including mild-to-moderate heart failure.

Before starting any herb or supplement regimen, it's important to talk to your health care provider about possible contraindications with current medication or prescribed treatment protocols.

WARNING: Always consult a medical herbalist or your health care practitioner when using both natural and pharmaceutical medicines for any diagnosed condition. This article is for informational purposes only and isn't intended to be used as medical advice.

For links to studies mentioned in this article, please see the article online at TheEpochTimes.com

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The Ripple Effects of Self-Esteem

Taking steps to improve how you think of yourself can improve your health and happiness

Continued from **Page 1**

“Low self-esteem also leads to loneliness,” Miller explains, “which is a major risk factor for early mortality.”

In 1938, scientists started following the health of 268 sophomores at Harvard University in what became one of the longest-running longitudinal studies ever conducted in the United States. The Harvard Study of Adult Development tracked the physical and mental health of the participants, 19 of whom lived into their mid-90s. The researchers found that having high-quality relationships was more closely associated with good health and longevity than money or success. Indeed, men (only men were admitted as students at Harvard in the 1930s) who had satisfying relationships enjoyed better health and lived longer lives.

Other research has shown that people with low self-esteem tend to have lower-quality relationships. When you feel badly about yourself, it seems, you seek out others who are equally unhappy and unfulfilled.

According to a 2018 study published in the Personality and Social Psychology Bulletin, this approach often backfires. When people with low self-esteem try to protect themselves from rejection with strategies such as sulking, whining, and displaying sadness, it often leads to more rejection.

Health and Self-Esteem

“It’s really important to have good self-esteem,” says Dr. Collin Lynn, a family practice doctor based in Redding, California. Lynn works for a community health center, where he treats socially disadvantaged patients and also trains health care professionals.

“It’s like a magnet. If you know your purpose and have good self-esteem, you can use that magnet to change the world in a better way.”

Lynn has noticed that patients with better self-esteem feel more in control of their health. They’re more able to make lifestyle changes, he says, and they often recover more quickly from health setbacks.

In contrast, Lynn says patients who struggle with self-esteem are often labeled “non-compliant” by the mainstream medical establishment. But he believes that’s a misnomer. It isn’t that these patients don’t want to follow medical advice, he says, it’s that they don’t think it’s in their power to improve their health.

Good Self-Esteem Isn’t Self-Absorbed

Miller says it’s important not to mistake narcissism with healthy self-esteem. She says people who are obsessed with themselves often suffer from low self-esteem and mask their negative feelings with self-absorption and bravado. “They appear to have high self-esteem but they don’t,” she says, “so they overcompensate.”

So we don’t want to have an artificially inflated sense of our own worth. And we don’t want to become overly self-absorbed braggarts. But given that good self-esteem leads to success in life, friendships, and romantic relationships, how do we foster good feelings about ourselves and boost our self-esteem?

Notice Negative Self-Talk

The average human thinks on the order of 6,200 thoughts per day, according to a 2020 study published in Nature Communications. The study, conducted by researchers in the Department of Psychology at Queen’s University in Kingston, Ontario, gathered data from 184 participants and used brain imaging techniques to detect when one thought ended and another began.

So are we telling ourselves more than 6,000 times a day how good life is and how

Small changes in how we talk to ourselves can transform into big life changes.

It’s estimated that the average person thinks about 6,200 thoughts per day.

much we appreciate our own efforts? Or are we disparaging ourselves, dwelling on our aching backs and creaky knees, and self-scoolding for all the things we feel we’ve done wrong?

When we replace the negative ticker-tape with kinder, gentler thoughts, life’s inevitable challenges become much more manageable.

As anyone who’s had a bad day can confirm, what you feel about yourself can vary from day to day, or even minute to minute. It turns out that how you talk to yourself inside your own head—where no one else can hear you—matters. A lot.

Lynn says he has noticed a steady improvement in his self-esteem—and his quality of life—since he began making a concerted effort to treat himself with the same grace and kindness he tries to show his two children.

He used to be a perfectionist, he says, but now, instead of getting angry at himself when he makes mistakes, he tells himself it’s OK.

“It’s OK. It’s really OK. I repeat that to myself over and over,” he explains. “I’m learning to be comfortable with my own OK-ness.”

Enjoy the Process Not the Product

Teachers and parents often try to help foster children’s self-esteem through praise. But, according to psychologist Madeline Levine, praising a child’s achievements can actually have a negative effect on their self-esteem.

As Levine explains in her 2006 book, “The Price of Privilege: How Parental Pressure and Material Advantage Are Creating a Generation of Discontented and Unhappy Kids,” it’s more important to notice a person’s hard work than to comment on the outcome or achievement. There are many reasons why blanket praise, which Levine calls “bad warmth,” can actually do more harm than good. For one thing, when you constantly praise a young person for what they are good at, you inadvertently make them fearful of trying new things.

Conversely, when you notice how hard they have worked—regardless of the outcome—you help them feel appreciated.

So instead of saying, “Good job! I’m so proud that you got an A on your report!” try saying something like: “Wow! I see how hard you worked on that report. You really took your time to get your facts right. I’m impressed with the details you included.”

Paying attention to a young person’s efforts helps them understand their hard work is of

value, which encourages them to work hard in other areas as well. In contrast, focusing on only the achievement makes them feel like their self-worth (and your love) is tied only to outward success.

The same is true for adults. Many of us feel afraid to try something we’ve never done before for fear we won’t be good at it. The idea that we can only enjoy things we excel at keeps us from having new experiences, having fun, and following our dreams. But when we pause to remember that it’s the journey that’s important, not the outcome, we give ourselves permission to do new things.

Try Cognitive Behavioral Therapy

Because the mind and body are so intimately linked, Robin Miller recommends that people struggling with health issues try cognitive behavioral therapy to boost their self-esteem. This kind of counseling helps people change their unhelpful self-talk and thinking patterns. Miller likes it because it’s short term (she says you can see positive results from CBT in just 12 weeks) and highly effective.

“I’ve seen many of my patients improve with cognitive behavioral therapy,” Miller says. “They’ve been able to make life changes that they normally wouldn’t have done, like find the strength to leave toxic relationships or toxic jobs.”

Miller says there’s no question that better self-esteem—no matter how you achieve it—will make you happier and healthier.

Her favorite example: A woman in her mid-40s who was struggling with her self-esteem had, over time, become morbidly obese. Because she felt so bad about herself, she was eating more, exercising less, and making a variety of unhealthy choices. But it wasn’t until after her husband announced he was leaving her for a thinner, younger woman that she realized she needed to make some changes in her life.

She started by walking a block. Even that was hard. But it left her with a feeling of accomplishment. The next day she walked two blocks; soon she was able to walk a mile. And the simple act of walking around the block motivated her to eat healthier. After a few months, without even trying, she had shed 15 pounds and was feeling better than ever. It took a year and a half but—mostly by changing her feelings about herself—she returned to an optimal weight. She regained her self-esteem, Miller says, and lost the unhealthy weight.

Jennifer Margulis, a frequent contributor to The Epoch Times, is an award-winning science journalist based in Oregon. Learn more at JenniferMargulis.net

How to Live in this Modern World

Knowing the pitfalls of our age can help us transcend them

MIKE DONGHIA

This modern world, like any age, has its blessings and challenges. If you want to live a flourishing life, then it’s especially important to be aware of the drawbacks of your culture and the time you live in. This way, you can protect yourself against them.

I’m speaking specifically about those who are living at least a middle-class lifestyle in the Western world. The principles likely transfer to other scenarios, but I’ll keep to speaking from first-hand experience only.

The Challenges of Modern Life

I’m not here to make the case that our modern world is any better or worse than what’s come before. Of course, it’s going to be a mixture of both. But it’s absolutely true that our world still has its challenges. Just look around at so many people struggling with obesity, depression, and addiction.

We don’t have a binary choice between the past or the present. We can keep what is good from our modern world and learn what we can from the past. There are three particular challenges that we face in modern society:

An abundance of food and information. Modern agriculture, technological changes, and rising incomes have provided most of us with a nearly limitless access to tasty food and pleasing distraction. It would be foolish to say that abundance is purely a curse when so much of the world still goes without essential needs. But it’s also true that many of us have been destroyed by our appetites, unable to adjust to a reality that has only existed in the past 75 years of human history. We don’t yet have the skills to live in an age of abundance—at least not without cultivating a deeper capacity for self-control.

Too much consistency, predictability, and convenience. We eat three meals a day, spaced out perfectly throughout our waking hours, with a small snack in between. We leave our 72-degree homes to climb into our temperature-controlled cars and then spend our evenings in front of a screen. Where is the variation? Where is the possibility for surprise or even inconvenience to slip in? We’ve removed it completely, at potentially great cost to our health and happiness.

We’ve removed too much mystery and texture from everyday life. Ever since the industrial era, our world has become increasingly fixated on efficiency and optimization. Since the enlightenment, we’ve been driven by the idea that reason and rationality are the only sources of authority. These movements brought many good changes, but even a good idea can be taken too far. We’ve lost a sense of wonder in our lives by removing the mysterious and abandoning faith and tradition.

A Way Forward

Below are a few rules of thumb that we live by in our family and have found to be useful ways to push back against some of the negative forces of modern life.

Embrace restraints.

So much modern advice is about what to add to your life: a new diet, another self-help tip, a new product. But adding things is fraught with all sorts of complications and unintended effects. There is far more wisdom to be found in the minimalist school of thought. They seek to improve life by taking away. Addition by subtraction. This method has and will continue to stand the test of time.

- Simplify your life by removing what is unnecessary.



Modern living offers its benefits, but it also extracts a toll. It can be repetitious, stressful, and confining.

- Leave a few evenings and days completely empty.
- Spend less than you earn.
- Do one thing at a time, and be fully present.

Look at that which has stood the test of time.

Human history is a storehouse of wisdom. If something has been practiced for hundreds or even thousands of years, you can be pretty certain that the practice is 1. safe and 2. carries forward some wisdom, even if modern science hasn’t yet caught up. Anything “invented” in the past 100 or so years hasn’t yet withstood the filter of time. That doesn’t mean it’s wrong or bad, just that you should be skeptical. Those trying to do good, have often done the most harm.

- Be skeptical of chemicals that have been significantly added to our environment in the past 100 years (household cleaners, bug sprays, sunscreen, plastics, etc.)
- Eat mostly foods that humans have been eating for more than 500 years.
- Be wary of the sedentary lifestyle that is largely a product of modern society. Stand up and walk around regularly.

Add stressors and challenges.

Modern life has removed so much of the variability from life. We rarely ever feel hungry, thirsty, hot, or cold for more than a few minutes. How rarely do we find ourselves out of breath and panting for air, or completely alone and quiet for more than an hour? Much of our lives is optimized for consistency and sameness, but the wisdom of nature and tradition suggests that we may be missing something. Many religions, for example, practice periods of fasting and feasting. The seasons give us periods of warm, hot, cool, and cold weather. Our muscles respond to periods of acute stress and rest by getting stronger. There is much wisdom here to be rediscovered.

- Occasionally skip a meal throughout the week (and allow yourself to anticipate your next meal rather than just expecting it).
- Expose yourself to hot and cold temperatures as a normal part of seasonal change.
- Take regular fasts from digital screens, reading the news, productive work, and more.

Add novelty, variation, and randomness.

Why do modern people turn to distraction, debt, or addiction? To escape the boredom and monotony of their lives. Boredom, without doubt, has been around since the beginning of history, but in our modern world, we have created the perfect environment for it to flourish. By allowing volatility, randomness, and periodic change back into our lives, we’ll better appreciate comfort when it comes—and learn to embrace the joy of serendipity.

- Embrace different habits and traditions depending on the season.
- Explore all of the parks and trails within in two hours of your home and become a connoisseur of life’s free pleasures.
- Try living with one car and embrace the challenge and potential inconveniences that might result.

Re-enchaut your world.

A flourishing life is filled with beauty and wonder. Without these ingredients, the world can feel cold and mechanical, and the void will get filled with something less nourishing for your soul. The re-enchautment of life starts by slowing down—it can’t be rushed. Find ways to add non-productive, not-economic activities back into your life. Let them lead you towards delight and gratitude.

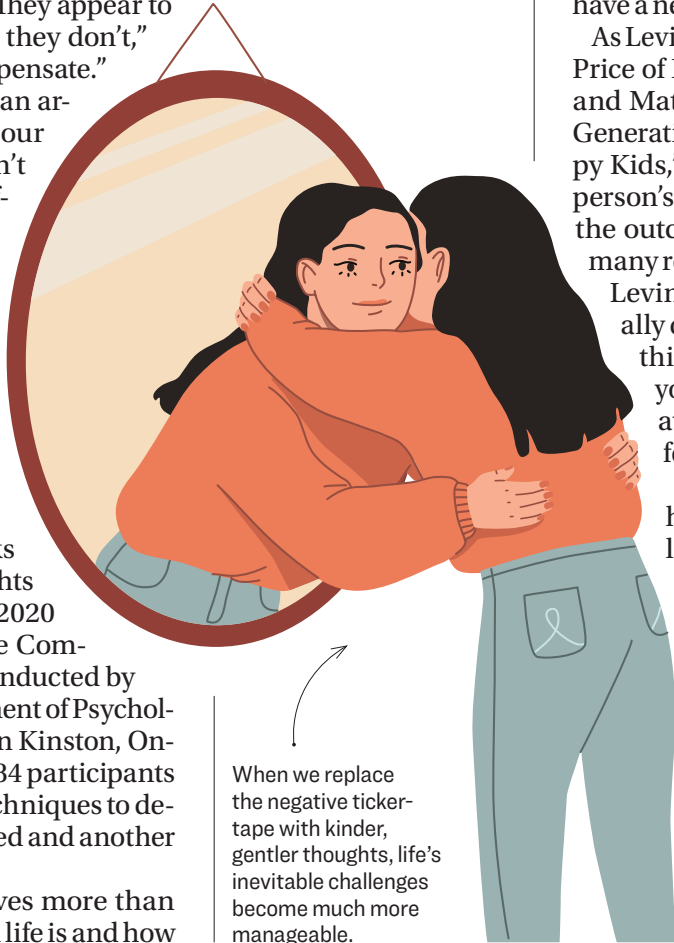
- Revitalize family traditions from your childhood.
- Practice a faith, even without all the answers (Christianity, for example, has proved to be an enduring way of life for more than 2,000 years across many cultures).
- Take long, slow walks without a destination in mind.
- Add beauty to your home (houseplants, cut flowers, candles, string lights, etc.)

With the right tools and mindset, the modern world can still be a place where humans live and flourish. We can be grateful for all the areas where real progress has been made, without forgetting that tradition, simplicity, variety, and wonder still have an important role to play.

Mike (and his wife, Mollie) blog at This Evergreen Home where they share their experience with living simply, intentionally, and relationally in this modern world. You can follow along by subscribing to their twice-weekly newsletter. This article was republished from BecomingMinimalist.com

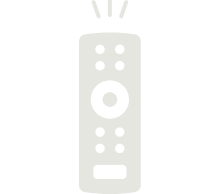


Our modern world has disconnected us from simple healthy food and made much of our food dangerous to us.



When we replace the negative ticker-tape with kinder, gentler thoughts, life’s inevitable challenges become much more manageable.

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We leave our 72 degree homes to climb into our temperature-controlled cars and then spend our evenings in front of a screen.

The foods we’ve grown and eaten for centuries are healthy, delicious, and we can grow them ourselves.

RYANJLANE/GETTY IMAGES



WISE HABITS

The Incredible Potential of Daily Practice

Making time for small sessions of study, exercise, or a larger project delivers meaningful, sustainable progress

LEO BABAUTA

I've been repeatedly reminded of the power of practicing something regularly. Daily is best, I've learned, but several times a week works well, too.

You'd be surprised how much progress you can make with even a small amount of practice, applied regularly. Here are some examples from my life.

A daily 10-minute yoga practice. I'm very inflexible, and because I only practice yoga sporadically, I don't really make any progress. But recently I committed to practicing for just 10 minutes a day (a few sun salutations, mostly). When I started, my shoulders would get exhausted in the poses fairly quickly. But now, I'm able to hold them for longer without tiring as much. I've seen some solid progress with just 10 minutes of daily practice. Of course, that's not the point of yoga (it's a mindfulness practice), but it's still amazing to see tangible progress.

Running 3 to 4 times a week. My wife, Eva, and I started doing a half-marathon training plan by the "No Meat Athlete," Jeff Sanders, about six weeks ago. We do 3 to 4 runs per week, depending on our schedules. When we started out, we were both pretty out of shape. Eva had to stop a few times even on a two-mile run, and I was far from being in peak shape. But six weeks into it—just doing short runs—we can see a huge difference. At no point did we push ourselves too hard, but just doing it regularly made for consistent progress.

DJELICS/GETTY IMAGES



Reading for just 10 to 15 minutes per day adds up to hundreds of books over a lifetime.

Studying for just 10 to 20 minutes a day: I've been studying the ancient Chinese strategy game "Go" this year, and I'm still very weak at it. If I had more time to study, I might be much stronger. But even though I've just been doing about 10 to 20 minutes of studying per day, I'm making noticeable progress with my calculating ability.

Chin-ups 3 times a week. My son and I have been doing a chin-ups challenge. Three times a week, we do five sets of chin-ups during the day. When I started out, I could only do 10 to 11 chin-ups per set, but now I can do 16 to 17 per set—in less than two weeks. That kind of progress is encouraging.

How to Make It Stick
Just a small amount of daily practice, or at least a few times a week, is powerful. Here's what I've learned about how to maximize your effort and ensure you'll stick with it.

If you're studying something regularly, you'll forget less. It's great to study for a couple of hours, but if you don't study for a few days after that, you'll start forgetting. Daily study sessions, even if they're short, interrupt the forgetting process. It's more efficient, as you won't slip backward and will keep making forward progress.

If you're weak, you'll get stronger without injury. Physical activity can be intimidating when you're weak (at yoga, running, chin-ups, whatever). But small regular doses of activity will get you stronger, slowly. If you



DJELICS/GETTY IMAGES

I've seen some solid progress with just 10 minutes of daily practice.

give yourself big challenges, hoping for faster progress, you're more likely to get injured, burn out, or get demotivated because of the difficulty level. Slow and steady is better.

Progress isn't noticeable at first. If you're doing small training or study sessions, you won't see any difference at first. That's OK; keep doing it. After a couple of weeks, you'll notice some solid progress. A month into it, you'll see major improvement. Keep at it.

Small doses make it easy to manage. If you want to train for an hour a day, that is only sustainable for a while. Eventually, you'll run out of energy, or things will get busy and you won't have the time for your session. If you miss two or three days in a row, you're more likely to lose motivation and get discouraged. It's better to do it in small doses because it's easier to get started when you know you're just doing 10 to 15 minutes. It's easier to find the time and motivation for small sessions.

Make sure it's fun. Doing a chore is boring and hard, and you'll put it off, even if it's just a 10-minute session. Instead, don't make it feel like a chore that you have to get through. Make it a game that you look forward to doing. Or a mini-meditation session that brings peace to your life, a time to relax. Or a moment of magic and loveliness. Create an activity that you'll look forward to.

Try bringing the magic of self-improvement into your life in a sustainable way, with manageable, regular practice.

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

A few pull-ups will hardly make a difference. A few pull ups everyday makes all the difference in the world.

AZ IMAGES/SHUTTERSTOCK



How to Find an Exceptional Doctor

A uniquely capable physician may look like any other, so spotting them takes some skill

PAMELA PRINCE PYLE

From 1969 to 1976, "Marcus Welby, M.D." was one of television's most popular shows. Dr. Marcus Welby was often called "the good doctor" because he made house calls, oozed wisdom, and had a caring bedside manner.

Since then, television has depicted a host of other smart, compassionate doctors. There's even a series currently running called "The Good Doctor." Most of these TV physicians are amazing. They can save lives while flirting across the surgical table. Some are known for their unique ability to make an accurate "zebra diagnosis." That medical term refers to situations where run-of-the-mill diagnoses abound (picture a big herd of common horses), but then a gifted doctor shows up and offers an exotic,

In a relationship that's marked by patient autonomy, the doctor would discuss his rationale for any and all medical decisions.

but accurate, "zebra" diagnosis that no one had previously considered. This especially savvy doctor identifies the problem right away, prescribes the best treatment, and saves the patient.

Good doctors like Marcus Welby might seem rare (in fact, like zebras themselves), but the reality is that they're out there. I know this from many years of medical practice, and also from being a patient myself. So why do so many patients have trouble finding them?

How does one choose? What criteria make for a good doctor? While "good" may seem somewhat nebulous, there are a few qualities and traits you need to look for when selecting a primary care physician. In "Principles of Biomedical Ethics," Tom Beauchamp and James Childress list four ethical standards as non-negotiable for doctors:

Beneficence: acting for the patient's good
Non-maleficence: doing no harm
Autonomy: giving each patient a right to voice her own values and make her own choices about medical care
Justice: distributing health care resources equitably and treating patients fairly

Let's unpack and expand that list from a patient's perspective.

Is a Prospective Doctor Trustworthy?
Above all, you must have confidence in your physician. You must believe that she will act in your best interests at all times. Trust is something that's earned, generally over time. It's not abstract, and it's deeply personal and visceral.

Continued on Page 13

3 Surprising Insights About Success and Happiness

The path to a healthy, successful, and meaningful life may not be what we expect

KIRA M. NEWMAN

Sometimes, findings from the research on well-being seem a bit obvious: Gratitude will make you happier; mindfulness reduces your stress; and it feels good to be kind. But the findings of other stud-

ies are much more counterintuitive. This kind of research challenges how we think the world works. If we're open to it, it can drastically change our day-to-day lives and our communities.

At the International Positive Psychology Association's 5th World Congress—a four-day

conference held in 2017—I heard three insights that challenged my assumptions. They offered new ways to think about the things we want most in life—including health, success, and happiness.

Continued on Page 15

How we think our exercise levels compare to others' may affect our risk of death, beyond our actual level of physical activity.

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Staying hydrated helps you produce the saliva that helps you ward off gingivitis and prevent harmful bacteria from forming around your teeth and gums.

Foods That Feed Healthy Teeth—or Cavities



Cranberries are packed with anthocyanin, a pigment that helps to prevent bacteria from clinging to surfaces.

Your mouth requires a balance of bacteria and saliva to keep teeth healthy, so feed them right

IAN KANE

According to the National Library of Medicine, tooth decay is the single most common chronic childhood disease. It can also become a pervasive issue for older folks.

Tooth decay happens when decay-causing bacteria in your mouth encounter sugars and starches from foods and drinks and form acidic fluids. These fluids attack the surface of your teeth (the enamel), thereby causing them to lose minerals. If untreated, this loss in minerals can result in small holes appearing in your teeth (cavities). Tooth decay can lead to pain, infections, and tooth loss.

Sour candies, in particular, are packed with acids that wreak havoc on your teeth.

Avoid this scenario by choosing food options that are low in sugar content. But don't look to artificially sweetened alternatives as these bring their own serious health issues. In general, steer clear of soft drinks, so-called fruit-flavored drinks, and sweets such as candy, cookies, and pastries.

Fortunately, there are foods that can support dental health.

The Good Stuff

Cranberries

Cranberries are best known for protecting your bladder against infections, but they also promote healthy teeth and gums. That's because they're packed with anthocyanin, a pigment that helps to prevent bacteria from clinging to surfaces.

Since cranberry juice is rich in anthocyanin, it can disassemble the formation of glucan (a carbohydrate derived from sugar), and prevent plaque from forming and hardening on your teeth.

Leafy Greens

While most people associate leafy greens with being part of a balanced diet and promoting immune robustness, they are also a tasty way to maintain healthy teeth and gums.

Leafy greens contain phytochemicals that are great for warding off bacteria and are rich in minerals. They also contain folic acid (vitamin B) and the powerful mineral known as calcium. Folic acid can help to fight off gingivitis and reduce both gum inflammation and bleeding. Meanwhile, calcium helps you to build up and maintain strong teeth and bones. If that weren't enough, leafy greens can also help to lower your blood sugar levels.

Dairy Foods

Milk and cheese are both great sources of calcium and phosphate, which help to fortify your teeth's surfaces (their enamel). Another healthy dairy product, yogurt, can contain probiotics (depending on the brand and quality of yogurt) that boost the amount of good bacteria within your

mouth. A healthy bacteria presence can protect you from oral diseases such as gingivitis.

Not only do these dairy products provide calcium, which is great for strengthening your teeth and bones, they also contain a protein called casein. Casein can be a crucial component in neutralizing oral acids that are produced by bad bacteria within your mouth.

Water

Water plays many fundamental roles in maintaining good health—including oral hygiene. Proper hydration is crucial to maintaining good dental health.

Saliva helps you to ward off gingivitis and prevent harmful bacteria from forming around your teeth and gums. But in order for your body to create enough saliva reserves, it has to be properly hydrated. Therefore, always make sure to drink water throughout the day, as it also helps your saliva clear your mouth of harmful elements such as food particles.

The Not So Good

Soft Drinks and Sweets

There's nothing really "soft" about these drinks when it comes to your teeth and gums. The acids in soft drinks erode the tooth enamel and dry out your mouth, which means you don't have enough saliva to clear out food particles from in between your teeth.

Sour Candy

While candy is unhealthy generally, the chewier varieties are even worse for your oral health. Sour candies, in particular, are packed with acids that wreak havoc on your teeth. Also, since they're so chewy, they have a tendency to get stuck in your teeth and fester tooth decay.

Alcohol

Contrary to any intent to wet your whistle, when you drink, you dry out your mouth. When you're mouth is dry, you can't prevent food (and bacteria) from sticking to your teeth. Saliva also helps to repair early signs of tooth decay, gum disease, and other oral infections.

Bread

Bread might seem like one of the innocent bystanders in your local grocery store, but when you chew bread, your saliva turns it into a mushy, gummy substance that sticks to the small spaces in between your teeth. This can cause cavities.

A healthier carbohydrate option would be whole-grain slices of bread (which also contain less sugar) and multi-grain crackers.

Citrus Fruit

While the vitamin C that these fruits contain is great for your health, the accompanying acids aren't. These acids can wear down your teeth's enamel and cause tooth decay. So make sure to brush or rinse your mouth with water after eating or drinking citrus fruits or other acidic foods.

Ian Kane is a filmmaker and author based out of Los Angeles. To learn more, visit DreamFlightEnt.com

Teen Girls Suffer Unnecessary Pelvic Exams

Each year over a million teenage girls get this invasive, sometimes traumatic exam—without medical cause

JENNIFER MARGULIS

After a young woman we'll call Jane had her first pelvic exam, her doctor wrote her a prescription for birth control pills.

"What are these for?" she asked, perplexed. "Because you're having sex," her doctor said.

"No I'm not," Jane responded, turning red in the face.

"Well, you're 23, of course you are," her doctor insisted.

"It was physically traumatic and emotionally humiliating," said Jane, who requested that The Epoch Times not use her real name.

Young women such as Jane who go to the gynecologist are often subjected to manual pelvic examinations as a routine part of their visits. But a pelvic exam, even when done gently, can be both painful and embarrassing. And, it turns out, at least half of these exams are being conducted without any medical indication.

Indeed, according to a 2020 scientific investigation by a team of researchers from the Centers for Disease Control and Prevention and the University of California-San Francisco, more than 2.5 million girls and young women, ages 15 to 20, undergo a pelvic examination when they visit the doctor.

According to their research, which was published in the peer-reviewed journal, JAMA Internal Medicine, half of these exams, some 1.3 million, were unnecessary.

The same study also found that three in four female patients—approximately 1.6 million girls and young women—received an unnecessary pap test. By the researchers' very conservative estimates, these annual gynecological exams cost \$123 million in unnecessary medical expenses every year.

ACOG: Invasive Exams Should Not Be Routine

Pelvic exams involve examining the outer genitalia and the perineum (the tissue between the vulva and the anus) for signs of abnormalities, including lesions, warts, cysts, and tumors.

After an external examination, the doctor inserts one to two fingers of one hand inside the vagina to feel the vaginal walls and the patient's cervix in order to check for masses or other abnormalities. At the same time, the doctor uses the other hand to palpitate the outside of the patient's uterus.

Once part of routine well-woman care, in 2018, the American College of Obstetricians and Gynecologists (ACOG) recommended that pelvic exams only be performed when there is a medically valid reason to do so, based on an individual patient's history or symptoms.

According to ACOG, cervical problems, a history of genital cancer, or exposure to diethylstilbestrol—a synthetic form of estrogen that was given to pregnant women to prevent miscarriage that was later shown to cause cancer—are medical indications for pelvic exams.

In the same committee opinion, ACOG details that pelvic exams aren't needed before prescribing oral contraceptives. So, instead of being a routine part of standard gynecological care, ACOG asserts, the decision to perform a pelvic examination "should be shared decision between the patient and her obstetrician-gynecologist."

A Blip on the Radar

But that isn't what's happening, says Dr. Nathan Riley, an OB-GYN in Louisville, Kentucky, who wasn't involved in the JAMA study. According to Riley, most gynecologists are so busy that they don't take the time to explain to patients what their options are.

"There are so many misaligned incentive structures that make it impossible for doctors to do the right thing," Riley says. "They've got to see 20 patients this morning—that's their mandate from the higher-ups—and you're just a blip on the radar."

Furthermore, Riley argues that doing unnecessary pelvic exams on female teenagers and young adults is a symptom of a larger problem in the way medicine is practiced in the United States.

"A lot of the inadequacies within OB-GYN care are a consequence of us standardizing women's health care for every individual, from adolescence all the way through menopause," Riley says. "But you're a person. And you're being explored by somebody's hands."



The American College of Obstetricians and Gynecologists has recommended that pelvic exams only be performed when there is a medically valid reason to do so.

You as a patient have the right to ask, "Why are you putting your hands inside of me?"

Emotionally Traumatic

The issue isn't just that the pelvic exam isn't medically indicated. As anyone who has had one, including this writer, can tell you, it's also painful, often embarrassing, and potentially harmful.

"Not only is this not a necessary exam, you could actually cause some trauma for a young girl who has never had anything inside her vagina," Riley points out.

Dr. Cornelia Franz, a pediatrician in private practice in Orlando, Florida, believes pelvic exams aren't just anxiety-producing. Penetrating a patient's genitals in a medical setting often feels like a violation.

"I think that these exams can be emotionally traumatic," Franz says. "If you're doing a pelvic on someone who's not having sex and has an intact hymen, why would you do that?"

Less-Invasive Options

Dr. Suzanne Gilbert-Lenz is an OB-GYN based in Beverly Hills, California, who has been practicing medicine for 20 years. Gilbert-Lenz says there are less-invasive ways to check young women for cancer and other gynecological health problems.

"There aren't that many medical reasons to do a pelvic exam," Gilbert-Lenz says, adding that she doesn't recommend these exams for anyone under 21 who isn't sexually active. A pelvic exam also need not be a given for adults who are. If one of her patients has concerning symptoms, Gilbert-Lenz usually suggests starting with an ultrasound, which is non-invasive and available at her office.

But the important thing, Gilbert-Lenz says, is that these decisions are made as a team.

"Your first experience with gynecological care needs to be a positive, affirming experience where there is shared decision making," Gilbert-Lenz says.

That is the approach that Franz uses as well. Too often, however, she notes that that isn't the case among those in her profession.

"We do things based on protocol, based on recommendations, and we don't look at the whole person. You get into a habit but ... that doesn't make it right," Franz says. Instead, "medicine needs to return wholeheartedly to looking at the patient as a person and using critical thinking and what's best for this person."

Ask for a Pause

So what do you do if you are a young woman going to the gynecologist for the first time or the parent of a teen or young adult who needs gynecological care? Riley advises his patients to learn about their right to informed consent. Your doctor should be taking the time to explain the benefits and risks of every recommended procedure, he says. And, Riley insists, you always have the right to ask for clarification and to refuse treatment if you feel uncomfortable.

"Just asking for a pause is critical," Riley says. "It forces the physician to explain to

More than 2.5 million girls and young women, ages 15 to 20, undergo a pelvic examination when they visit the doctor.

you in their words why they want to do an exam. And if they can't verbalize their reasons and answer your questions, you can say: 'It doesn't sound like there's much benefit to doing this. I think I'll pass.'"

Franz similarly counsels her teenage patients (and their parents) that they have the right to say no if a doctor recommend something that feels unnecessary or makes them uncomfortable: "What do you tell your four-year-old if somebody wants to touch their privates? You teach her to say no! Well, I tell my patients that: You have the right to say no."

Franz also talks directly to her patients about gynecological exams so they know what to expect. And both Riley and Franz say that you as the patient—at any age—should insist that the doctor explain the procedure beforehand, and talk about what they are doing as it is happening.

Finally, patient advocates recommend bringing someone with you when you go to the doctor. A parent, relative, or close friend can accompany you to the gynecologist. If a friend or relative isn't available, ACOG suggests patients request that a "chaperone,"—usually a nurse or a medical assistant—be present during all breast, genital, and rectal exams.

Jennifer Margulis, Ph.D., is an award-winning science journalist based in Oregon. Sign up for her weekly email and learn more about her at www.Jennifermargulis.net



You always have the right to ask for clarification, and to refuse treatment if you feel uncomfortable.



Pelvic exams can be deeply uncomfortable and should only be done when necessary and with informed consent.



FOOD AS MEDICINE

Radishes Are Surprisingly Good for You

These roots pack a spicy punch that deliver admirable health benefits

Radishes add a welcome crunch to your salads and a healthy boost for your heart. These humble root vegetables might not command much attention, but they do offer noteworthy nutrition. They come in a wealth of colors, ranging from white to purple to black, and can be round or long and cylindrical. Radishes can be cooked, eaten raw, or pickled, depending on your taste or preference. People usually consume them raw as a crunchy vegetable in salads or as part of a number of European dishes. Middle Easterners may drink radish juice to get nutrients and other perks. In folk medicine in Greece and the Arab world, radishes are regarded as household remedies for conditions such as gallstones, jaundice, liver problems, indigestion, rectal prolapse, and other gastric woes. Here are some of their health benefits, as backed by modern research.

1. Better Digestion
A half-cup of raw radish provides 1 gram (g) of dietary fiber. Fiber has been linked to improved digestion and eating more fibers is linked to lower rates of obesity, Type 2 diabetes, cancer, and heart disease. Radish leaves may be particularly helpful for digestion. According to

the findings of a 2008 study, animals fed a high-cholesterol diet had a good fiber source in radish leaf powder, which helped enhance their digestive function. Radishes are known to promote the production of bile, a crucial element of optimal digestion that assists the liver and gallbladder.

2. Relief of Urinary Discomfort
Radishes are diuretic, which means they help increase the production of urine. Since ancient times, extracts from the plant have been used to treat urinary infections. This and other benefits are mostly attributed to the presence of glucosinolates, polyphenols, and isothiocyanates. A radish-containing diet was also found to increase the excretion of calcium oxalate, which forms kidney stones, versus self-selected diets. The crystal count in the urine was found to be significantly higher in both men and women, meaning that the substance was excreted rather than left in the body where it could lead to painful stones. Radish also surfaced in a 2012 study to act against Candida albicans, a common cause of oral and vaginal yeast infections. The root crop was found to help induce cell death in the fungus.

3. Liver and Gallbladder Protection
Radish is known to have protective effects on the liver and gallbladder. Based on a 2012 study on animal models, white radish enzyme extracts may shield against hepatotoxicity (chemical-driven liver damage). "R. sativus extract did not show any toxic effects and could be considered as a potent hepatoprotectant," the researchers wrote, noting

that the leaf powder may be effective in improving levels of transaminase and total bilirubin—two markers of liver health.

In another study, black radish juice relieved cholesterol gallstones and decreased triglycerides while increasing HDL cholesterol levels in mice. In Mexico, black radish juice is a folk treatment for gallstones, as well as for reducing cholesterol.

In folk medicine in Greece and the Arab world, radishes are regarded as household remedies for conditions such as gallstones, jaundice, liver problems, indigestion, rectal prolapse, and other gastric woes.

4. Anticancer Properties
A 2010 study linked radish root extract, particularly its various types of isothiocyanates, to cell death in some cancer cell lines. The root "exerts potential chemopreventive efficacy and induces apoptosis in cancer cell lines through modulation of genes involved in the apoptotic signaling pathway," noted the researchers. Radish seed extract, too, was seen in a 2019 study to induce cancer cell death and reduce the migration

of oral squamous cell carcinoma, thus serving as a potential anticancer drug.

5. Enhanced Cardiovascular Health
Radishes are a rich source of anthocyanins, flavonoids that not only give them their vibrant color, but also a number of other health benefits. Epidemiological studies show that increased anthocyanin consumption lowers the risk of cardiovascular disease. These flavonoids usually interact with other phytochemicals for synergistic effects and possibly regulate various signaling pathways involved in heart disease development. Anthocyanins display vital properties that may benefit both heart disease and cancer cases in humans. Learn more promising health benefits of the humble yet mighty radish on the GreenMedInfo.com database.

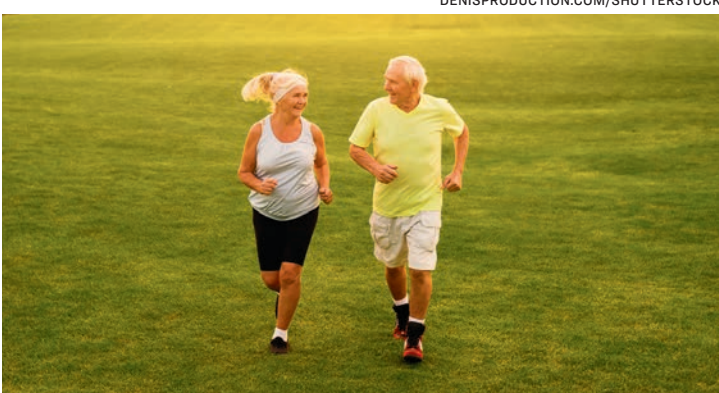
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Radishes in Your Vegetable Garden

Consider planting spring radishes, with successive planting of short rows every 10 to 14 days. You may also opt to plant them in late winter in a shielded cold frame, window box, or container in the house or on your patio. Sow the seeds a quarter-inch to a half-inch deep, and thin the spring varieties to a half-inch to one inch in between plants. Winter radishes, on the other hand, should be thinned to two to four inches or farther apart for the larger roots to develop. The good news is radishes grow well in nearly any soil, as long as it's prepared properly, fertilized naturally, and maintains enough moisture. This root vegetable matures quickly and should be watched closely to ensure it's harvested at the right time.



Get Big Health Benefits From This Small Adjustment



Small bits of exercise and eating slightly fewer calories can help obese seniors make notable improvements in vascular health and weight loss.

MAT LECOMPTÉ

It might be hard to imagine, but you may be able to significantly improve your health by eating a few less chips and drinking less than a cola per day—even if you've been eating poorly for decades and living a largely sedentary life. New research from the American Heart Association finds that obese seniors who cut just 250 calories per day and exercise moderately can undo decades of damage to vein health. This may also contribute to weight loss. Cutting 250 calories is virtually nothing. To put things in perspective, a single can of cola has about 140 calories. A serving of potato chips (and who has just a serving) is about 150 calories. The researchers found that a com-

bination of moderate exercise and calorie reduction worked better to improve vascular health and promote weight loss than aggressive calorie reduction and moderate exercise or exercise alone. Reducing calories by 250 per day and doing a little bit of moderate exercise for 20 weeks led to a nearly 10 percent loss in body weight and was associated with significant improvements in arterial stiffness, meaning blood flowed notably better. The general message from the new research is that slow and steady wins the race against aggressive changes. Taking moderate approaches to diet can help more in the long run than major shakeups to your routine. It's also far more sustainable. Cutting 600 calories per day from your diet is a struggle. You'll feel their absence.

But 250? There's no chance you notice. Plus, the research indicates that it will work better. Incrementally cutting 250 calories is a tried and tested effective approach to weight loss, and this new study shows it can do a lot for heart health as well. How do you know when to cut more? When you notice that your weight loss plateaus. So, let's say you cut calories and perform moderate exercise, and after 10 weeks you see weight loss slow down. Simply cut another 250 and the gains should continue. You can reverse years of abuse to your body with some simple adjustments. Your body is resilient when given a chance to recover. *Mat Lecompte is a health and wellness journalist. This article was first published on BelMarraHealth.com*

How to Find an Exceptional Doctor

A uniquely capable physician may look like any other, so spotting them takes some skill

Continued from Page 9

You need to be able to trust that your physician knows when to refer, that she will send you only to doctors she believes in, that your clinician won't simply tell you what you want to hear or give you what you want to receive. If trust is present, you'll have a satisfactory doctor-patient relationship.

Is a Prospective Doctor Competent?
All physicians, upon completion of training, take the Hippocratic Oath, which includes the statement about non-maleficence, the concept of "doing no harm." This ancient pledge has many statements that reflect the qualities of a good, if not great, physician. However, an oath doesn't guarantee the actual delivery of those qualities, therefore, we must look further.

Here are some more specific questions that can help you get a sense of a physician's competence. Is he board certified? Check out the website www.CertificationMatters.org. Due to the changing dynamics and cycles of how certifications are reported, it's also wise to check with your state's medical board. Is a prospective doctor in good standing with the medical board? This information is readily available through each state's licensing board.

Is a prospective doctor affiliated with a hospital? If he is, discover which hospital. If he isn't, discover where he sends his patients if he becomes necessary for him to do so. You'll want to confirm that if you become ill, the hospital where you would receive care is where you would want to go. The website www.Medicare.gov has a hospital comparison search feature for those living in cities with multiple hospitals. What do other patients say or write about the doctor? Take the time to look at websites that allow patients to post reviews. However, as you do, realize that a few unhappy patients don't automatically mean that a doctor is bad, as some people will always be negative. Multiple poor reviews, however, probably are a warning sign that you should keep looking for your "zebra."

Do trusted friends and neighbors regard this doctor as competent? **Does a Prospective Doctor Respect the Autonomy of Her Patients?** Will she take the time to listen to you? Will she get impatient or annoyed if you ask questions or inter-

rupt you and dismiss your concerns or opinions or objections? Will she explain obscure medical terms, rush through medical exams, or give you time to think through your options? If two days after a doctor visit you're wondering, "Why did I let her do that procedure, or prescribe me to get on that medicine?" then your autonomy has suffered. Chances are you haven't yet found your "zebra."

One way to keep this from happening is to prepare for doctor visits by writing down key points or issues before your visit. Express to the nurse or medical assistant that you would like to discuss your list of questions before completing the visit. Oftentimes, they'll then communicate this to your physician before he enters the room. You want a physician who will take the time you need and deserve, to make an autonomous, informed decision. For an older patient who's more conditioned to giving away autonomy and accepting a doctor's word as gospel, it's wise to have a family member or friend accompany him to his doctor's appointment so all his medical questions get asked and answered.

Realize that there will be occasions when you disagree with a decision your doctor has made. For example, you tell your doctor about your sore throat and cough. The last time you had such symptoms, a nurse practitioner at a walk-in clinic treated you with antibiotics. This doctor examines you and discovers your drainage is clear and that you don't have a fever. He states that your symptoms are viral and that you don't need antibiotics. You leave frustrated because you believe the doctor is wrong. In this case, he was operating by the principle of "first, do no harm" by not prescribing antibiotics that you don't need and potentially creating resistant bacteria in your body. His medical knowledge trumped your desire to decide your own health care. In a relationship of trust, you accept that your doctor is both trained to make this decision and acting in your best interest. And you could leave comforted by the knowledge that your symptoms will improve without intervention.

In a relationship that's marked by patient autonomy, the doctor would discuss his rationale for any and all medical decisions. And you could also ask for and receive a list of symptoms that would call for antibiotics—in case your current illness changes, and so that in the future you can avoid scheduling unnecessary doctor visits.

Even though modern medicine is a tough juggling act, you want a doctor who consistently gives her patients the time they need.



What do other patients say or write about the doctor? Take the time to look at websites that allow patients to post reviews.



All physicians must take the Hippocratic Oath, but how well a doctor carries out his duties differs dramatically from physician to physician.

Quality Time
The average doctor spends his days maintaining accurate clinical information in high-tech, electronic medical record systems, keeping up with ever-changing reimbursement strategies from government entities and private insurance companies, overseeing a medical office that employs multiple staff, and staying abreast of medicine's rapidly growing knowledge base—all while seeing enough patients to keep the doors open and giving each one excellent, compassionate medical care. Whew! As you might imagine, it's a constant challenge to do all this and ensure that patients sense that they're top priority. Even though modern medicine is a tough juggling act, you want a doctor who consistently gives her patients the time they need.

Participatory Decision-Making Style
While this falls somewhat under the category of autonomy mentioned above, the point here is that a good doctor facilitates meaningful health care conversations, invites questions, and presents options so that patients always have their voice respected and are able to make informed decisions.

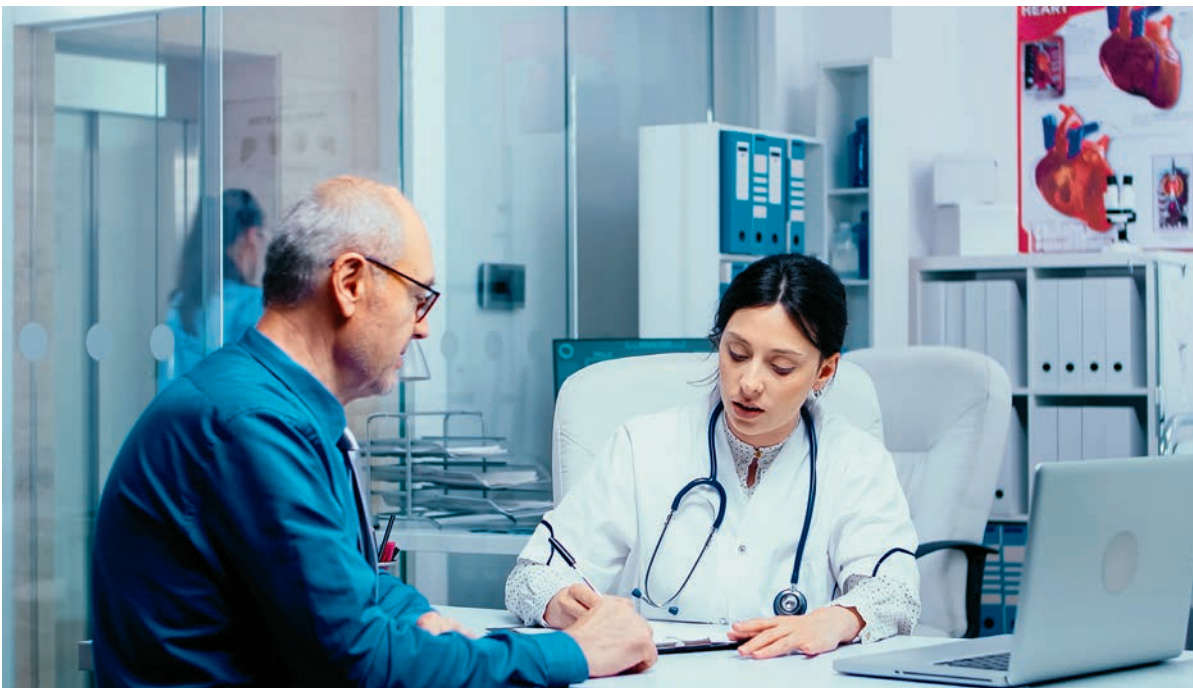
Empathy
Two aspects of empathy allow for optimal doctor-patient relationships. The first is "cognitive" empathy, or the ability of a physician to correctly identify a patient's emotions and reflect those emotions back when discussing aspects of care. The second is "affective" empathy, which is the ability of a doctor to truly feel the emotions a patient is feeling.

While cognitive empathy should be a minimum standard of good patient care, and genuine affective empathy should be on display in crucial conversations, both can sometimes be absent in the clinical world. The good news is that over the past several years, empathy training has been added to health care education.

Communication Style
Studies show that brief conversa-

tions between doctors and patients about non-medical topics improve a patient's perception of the visit. However, speaking from my own experience as a patient, I know that this can sometimes be awkward, as making conversation isn't a natural strength for all doctors. It's easy for some to unconsciously hide behind a white coat and a stethoscope to inadvertently create an invisible barrier. This is where patients can help (or teach) their physicians. A simple greeting such as, "Hi, Dr. Ryan, how are things? How's your family? How were your holidays?" can make for a better relationship. Speaking as a doctor, I can say you'd be surprised how infrequently anyone asks their physician such questions or how much we doctors appreciate such exchanges.

Touch
Place high importance on this in my practice. I realize that because I work mostly in a hospital setting, this is appropriate even if I'm new to the patient. I offer each patient a handshake and an introduction and greet all others in the room. As you ponder your physician choices, you should expect a greeting and a handshake as the bare minimum of each interaction. Finding a zebra takes time, and I highly recommend establishing a doctor-patient relationship even if you're young and healthy. You'll then be equipped with preventive health measures for a healthy lifestyle and prepared in the event of an illness. *Dr. Pamela Prince Pyle is a board-certified internal medicine physician, who was one of three physicians selected in 1992 by Carolina Health Specialists to begin the first hospital-based internal medicine practice outside of a university setting in the United States. In 2009, Dr. Pyle began traveling to Rwanda for medical work with Africa New Life Ministries and was instrumental in the founding and growth of the Dream Medical Center in Kigali. She is the author of "A Good Death: Learning to Live Like You Were Dying," coming in 2022. Her website is PamelaPrincePyle.com*



Qualities like competence and professional empathy are essential for physicians, and can serve as a way to measure one doctor against another.



A close-up look at successful marriages often shows people reflecting and working on their own character, goodness, and values.

Lessons From a Decade of Marriage

Here are 10 things we’ve learned from growing together as husband and wife

MIKE DONGHIA

I laid eyes on Mollie for the first time on Sunday, Aug. 19, 2007. The first day of cross-country camp at college. We became friends, and 132 days later, we held hands for the first time. Then 28 days after that, we declared our relationship “official.” After 10 more days, we had our first kiss.

Another 849 days passed before I popped the question. She said yes! We married 400 days later.

Well, it’s been exactly 10 years since that wonderful day. And today, I’d like to share 10 lessons I’ve learned from being married to Mollie. I’ll note seven things we’ve done well and three areas I hope to personally grow in in the future. I hope you enjoy reading as much as I did on reflecting.

Things We’ve Done Well

We talk about everything.

Mollie and I both place a very high value on good conversation. We have lots of casual and fun dialogue throughout the day, but our real specialty is intentional conversation. For example, it’s not uncommon for us to plan ahead for a dinner date by each choosing in advance 2 to 3 topics that we want to talk about or questions we want to ask each other.

The result of this practice (and other similar ones) is that our curiosity about each other and the things we’re interested in has grown exponentially over the years.

We regularly seek out novelty.

I think new experiences are a vital part of a growing relationship. Every new experience you have with a person is another string that ties you together. And a healthy

I think we’ve come to the realization that a bit of generosity and grace toward the other spouse’s moods helps to restore the tranquility we both desire much faster than calling them out on every little mistake.

amount of novelty keeps away boredom and adds excitement to life.

Mollie and I regularly have new experiences together such as traveling somewhere we haven’t been before, trying out a new recipe, or doing something different with our evening routine.

We have a shared worldview.

For Mollie and me, it’s been a tremendous gift to go through life with someone who shares a similar worldview. This covers everything from the faith we practice to our general philosophy of living and parenting. It’s good to have friends who challenge you in these areas, but for you very closest and most intimate friend, it’s nice to have those deep similarities.

We’ve also been intentional about growing our worldview together by having many discussions on important matters and sharing as many experiences together as possible. Without forcing ourselves to agree on everything (we don’t), we think these experiences and exchanges help us to grow in a similar direction. Too many couples reach a point where they realize they’ve grown apart—and this is something that Mollie and I have been mindful of guarding against.

We have shared dreams.

Not only do Mollie and I share a worldview, we also share many of the same dreams. To take two recent examples, for a while Mollie and I have talked about starting a blog together, and now, here we are five months into this shared adventure. We’re also both fairly frugal people by nature, but we love traveling. With a little creativity, we found a way to make a month-long trip to Florida work in our budget for next year.

To find and pursue your dreams together, you have to want to do so. I think this requires a high level of agreeableness and a desire to be part of something together. It’s definitely a trait that you can fall into by accident, but from our experience, it can and should be cultivated.

We share the load of responsibilities.

Our approach to the responsibilities of raising our children and taking care of the house has been that we’re in it together. We’ve naturally settled into a pattern where each of us takes care of certain activities more often than the other, but it is very much a shared load, and a give and take.

One general rule of thumb is that one of us doesn’t rest if the other spouse still has work to do. We knock it out together and then relax. Another good practice is that

we’ve been quick to take on chores that the other spouse finds most disagreeable. Most importantly is the fact that we both take a broad ownership of these responsibilities together—we almost never say “That’s not my job.” These strong habits that we adopted early in our marriage laid a solid foundation for the past 10 years of building a home together.

We don’t hold grudges or harbor negative feelings.

In the beginning of our marriage, Mollie and I were definitely more “sensitive” toward each other and stepped on each other’s toes about small things. I think we were still learning some of the selflessness that it takes to live side by side with someone.

But in the past five years especially, Mollie and I have greatly improved at letting these things go. We rarely if ever hold grudges about anything. I think we’ve come to the realization that a bit of generosity and grace toward the other spouse’s moods helps to restore the tranquility we both desire much faster than calling them out on every little mistake. The result has been a very peaceful home.

We greet each other with a smile.

On the flip side of the last point, it’s not just the absence of negative feelings that makes a relationship strong. We are both big believers in making regular deposits into each other’s relational bank accounts.

One of the ways Mollie does this so well is that she always greets me (and our kids, for that matter), with a warm smile—the kind of smile that genuinely says she’s glad to see us. I can’t tell you how much good that single practice has done for their joy in the four walls of our home.

Areas to Grow

In this “areas to grow” section, I’m mostly going to focus on myself. Mollie could stay exactly how she is for the next 10 years and I would only be gaining a small bit of ground against her many virtues.

Become unoffendable.

How much simpler and happier would life be if you became unoffendable? This is one of my personal goals, or at least to get as close as I can in this lifetime. I would say that I have a fairly strong will and opinions. Sometimes this is a virtue, but other times I’m trying to have things done my own way out of pride.

I think our marriage would be strengthened if, as a general rule, I chose to be as accommodating and flexible as possible, except in the areas of my highest values.

This doesn’t mean I would resign myself to self-pity or frustration; I think with the right attitude, I could truly find pleasure in the gift and serendipity of going with the flow more often.

Respond with empathy, not a solution.

In most areas of life, I enjoy problem-solving. When something is off in my own life, I’ll try to fix it by thinking through the problem and figuring out what can be changed. I’ve learned (and relearned) over the years that when Mollie shares one of her own struggles with me, she’s not looking for me to immediately try to solve the problem. She’s looking to be heard and to be understood.

The reason that this is hard for me is that it’s simply not my natural response. I think I’m helping by trying to remove the source of frustration. But in marriage, as in any loving relationship, intimacy and trust are far higher values than my DIY therapy skills. When Mollie is vulnerable toward me by sharing her struggles, I’m trying to rewire my fix-it instinct toward empathy.

Grow in patience with the kids.

You never really know how much patience you still need to develop until you’ve lived with a household of young children. Neither Mollie nor I am particularly lacking in the patience department, but we both have our moments—more with the kids than with each other. We find them less reasonable.;

It’s in these moments that we’ve realized how important it is to have a spouse to lean on. When Mollie is having a rare moment of impatience, I try to dig deep and be extra patient without trying to make a self-righteous show of it. And also, I’m trying to have fewer impatient moments of my own because I know that doing so impacts the mood of the entire home. Growing in this area is just another way I think we can improve the overall dynamics of our marriage in the next 10 years.

Mike (and his wife, Mollie) blog at *This Evergreen Home* where they share their experience with living simply, intentionally, and relationally in this modern world. You can follow along by subscribing to their twice-weekly newsletter.

WISE HABITS

A Guide to Letting Go of the Past

This 4-step process can help you release old wounds and reconnect to life

LEO BABAUTA

Whether we’re aware of it or not, many of us are constantly struggling with the past.

Our struggle might be related to mistakes we regret, anger over something done to us, or frustration about how things turned out.

We may tell ourselves stories about what happened that make us feel sad, depressed, angry, or hurt. Maybe we can’t stop thinking about these past events—they just keep replaying in our minds.

But what if we could let go of the past and be present with the unfolding moment instead? What if we could see that holding on to the past is a burden that we can release ourselves from as an act of self-care?

It can be done, though it isn’t always easy. Here’s the practice I recommend, in four steps:

STEP 1 See the Story That’s Hurting You
You have some kind of pain or difficulty: anger, frustration, disappointment, regret, sadness, or hurt.

Notice this difficulty and see that it’s caused by whatever story you’re telling yourself about what happened. You might insist that this pain is caused by what happened (rather than the story in your head), but what happened is over. It’s gone. The pain is still here right now, and it’s caused by the continuous thoughts you have about the situation.

Note that “story” doesn’t mean “false story.” It also doesn’t mean “true story.” The word “story” in this context doesn’t imply good or bad, false or true, or any other kind of judgment. It’s simply a process that’s happening inside your head. The process looks something like this:

- You’re remembering what happened.
- You have a perspective or judgment about the event that puts you as the injured party.
- This causes an emotion in you.

So just notice what story you have, without judgment of it or of yourself. It’s natural to have a story, but just see that it’s there. And see that it’s causing you difficulty, frustration, or pain.

STEP 2 Stay With the Physical Feeling
Next, you want to turn from the story in your head to the feeling that’s in your body. This is the physical feeling: It could be a tightness in your chest, a hollowness, a shooting pain, an ache in your heart, an energy that radiates from your solar plexus,

Breathe in your difficulty, and breathe out compassion.

You want to turn from the story in your head to the feeling that’s in your body.



RUSLAN HUZAU/SHUTTERSTOCK

or many other variations.

Practice turning and facing this physical feeling—pushing your attention out of your head and toward your body. Usually we try to avoid these painful feelings. Now, stay and face them with courage.

Explore the feeling with curiosity: What does it feel like? Where is it located? Does it change? If this becomes unbearable, do it in small doses, in a way that feels manageable. It can get intense if the feelings are strong.

Most of the time, we see that this feeling is not the end of the world, that we can bear it. In fact, it’s just a bit of unpleasantness, nothing to panic about.

Stay with it and be gentle, friendly, and welcoming. Embrace the feeling like you would a good friend. You’re becoming comfortable with discomfort, and it’s the path of bravery.

STEP 3 Breathe Out, Letting Go
Breathe in your difficulty, and breathe out compassion. This is a Tibetan Buddhist practice called tonglen: Breathe in the difficult feeling, and breathe out the feeling of relief and liberation from that difficulty. You can breathe in not only your own pain, but also the pain of others. Do this for a minute or so, imagining the pain of those around you coming in with each breath, and a feeling of peace radiating out to them as you breathe out. You can practice this every day, and it can

work wonders. Instead of running from your difficult feeling, you’re embracing it and letting yourself absorb it. And you’re doing it for others as well, which gets you out of a self-centered mode and into an other-focused mode.

As you do this, you’re starting to let go of your pain or difficulty.

STEP 4 Turn Toward the Present
When you feel that you’ve let go, instead of getting caught up in your story again, turn and see what’s right here, right now. What do you see? Can you appreciate all or some of it? Can you be grateful for something in front of you right now?

This step is important because when we’re stuck on something that happened in the past, we’re not paying attention to right now. We’re not appreciating the moment in front of us. We can’t; our minds are filled up with the past.

So when we start to let go of the past, we’ve emptied our cups and allowed them to be filled up with the present. We should then find gratitude for what’s here instead of worrying about what isn’t.

As we do that, we’ve transformed our struggle into a moment of joy.

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

3 Surprising Insights About Success and Happiness

The path to a healthy, successful, and meaningful life may not be what we expect

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1. You Don’t Have to Be Charismatic to Succeed

What drives high performance at work?

In the past, business researchers had focused on how much influence or information employees managed to amass within their organization. They visualized complex networks of interconnections, with the most influential and knowledgeable workers at the center. But Kim Cameron, a University of Michigan professor and a pioneer in the field of positive organizational psychology, tried a new kind of mapping: He plotted employees by their “relational energy.” Relational energy is how much your interactions with others motivate, invigorate, and energize them (rather than draining or exhausting them: Something we’ve all experienced).

The result? The relational energy network predicted performance four times better than networks based on influence or information. In other words, having a positive and energizing impact on others seems much more important to how much you achieve at work than getting people to do what you want or hoarding secrets. And when a leader is more positively energizing, her employees perform better, are more satisfied and engaged with their jobs, and have higher well-being at home.

Cameron’s research has found that positive energizers tend to be trustworthy, grateful, humble, authentic, and forgiving. They’re also good problem solvers with high standards. Accordingly,

relational energy isn’t a form of natural charisma or attractiveness. It’s something that can be cultivated.

2. We Stink at Motivating People to Be Healthy

How do we encourage others to take care of their health?

If you’re the government, a workplace wellness program, or a well-meaning spouse, you might try to convince your target that they’re exercising too little and stressing out too much. The media is particularly fond of framing stories this way.

But according to Stanford University professor Alia Crum, these messages may have the exact opposite effect. Her research has found that what we believe—our mindset, in other words—can actually have physical effects on our bodies.

In a series of nearly unbelievable studies, she found that stress creates an unhealthy physical response when we believe that stress is bad for us; how we think our exercise levels compare to those of others affects our risk of death beyond our actual level of activity; the same drink affects our hunger hormones differently depending on whether we believe it’s healthy or indulgent; and hotel maids improve their weight and blood pressure after simply learning that their work involves exercise.

In other words, telling people just how unhealthy their lifestyles are could help create a self-fulfilling prophecy.

So, what’s the alternative? Rather than focusing on the harm in unhealthy behavior, Crum suggests making healthy behaviors seem more appealing. In

one forthcoming study, she found that cafeteria-goers ate more vegetables when they were given enticing names: “twisted citrus-glazed carrots” rather than “carrots with sugar-free citrus dressing.”

In other words, rather than scaring people with statistics, we might do better telling them about the joys of a sunset run by the lake, a fresh salad from the farmer’s market, or a heart-warming loving-kindness meditation.

3. Your Life May Be More Meaningful Than You Think

Are you searching for meaning in your life?

Most of us don’t have to look too far, argued University of Missouri professor Laura King. In a passionate and thought-provoking talk, she cited research showing that little things can increase our sense of meaning: seeing images of trees that represent the passing of the seasons; being reminded of morning-related words (pancakes, bacon, sunrise) in the morning; or having more routine in our lives.

There’s no crisis of meaning in the world, she argued. Meaning isn’t reserved for special, transcendent moments; it’s part and parcel of our lives, if we only open our eyes to it.

“People don’t need to know how to make their lives meaningful. They need to know that they already are,” King said.

And when we believe in the meaningfulness of our lives, we unlock the benefits of more positive feelings and better relationships.

Her research raised many questions for attendees: Is this kind of meaning the same as the deep meaning that comes from having a purpose or caring for others? What about people living in chaotic, dangerous environments whose lives really don’t make sense?

Despite these questions, the notion that most of our lives already have structure, predictability, and meaning is a provocative one.

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The Greater Good Science Center was an exhibitor at the 5th World Congress on Positive Psychology.

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You never really know how much patience you still need to develop until you’ve lived with a household of young children.



Revisiting Minimalism

We can all learn from this practice that directs our focus to the things that matter

DONNA MARTELLI

What do you think of when you hear the word “minimalists?” Perhaps you imagine, as I once did, a person with one outfit and a cot in a tiny one-room house. Their boring lives, deprived of pleasure, feature drab routines and blank walls, right? Haha! Wrong!

Permit me to shift your thinking as we look at this popular topic from a different angle. Think of minimalism as 1) a focus on what matters in life and 2) a removal of distractions that pull us from that focus.

This involves realizing that acquiring more stuff won’t bring us more happiness. I think the main reason for the popularity of minimalism is because in the United States we have way too much stuff, and we’re no happier for it. In fact, with all the clutter, cost, and debt, we may even be unhappy because of it.

Clutter, clutter, clutter! It hurts us physically, mentally, and spiritually as well. It’s a frequent opponent to our purpose, always competing for our attention. I’ve felt this before, and you probably have as well: Clutter causes the air or the spirit around it to become confusing and stifling. It makes us feel ungrounded and disoriented, and living with it has the potential to lead us into fear, depression, and helplessness.

The primary goal of a minimalist isn’t to own as little as possible, but to clear out those things that either don’t matter or

no longer matter. When we follow suit, we have time and space to grow, time to learn about our world, and, most importantly, clarity to seek ourselves. Not everyone will have the same approach, but the central principles remain.

How do minimalists do it? They’ve learned to use filters to focus less on stuff and more on the crucial things in life. It makes me think of a horse with blinders that keep it from looking anywhere but straight ahead. No matter what we think about this subject, we can learn some valuable lessons from minimalists. Consider these practical points:

Be aware of what you’re thinking of buying and ask yourself why you need it. Will it enhance your life, or will it take you on a rabbit trail of distraction? Is it something that’ll help you grow toward your purpose, or is it a “guilty pleasure” that you lustfully desire just for yourself?

It’s on sale; it’s a super deal! Beware, this is a frequent trap of effective marketers. Stop and ask yourself if you need it. If your intention is to shift away from a focus on stuff and toward a focus on your purpose, you won’t be so tempted by those little treats lining the checkout lane or discount rack. These items are a good

Minimalism is not about having less, but about having less of what distracts you from what you actually want and need.

The primary goal of a minimalist isn’t to own as little as possible, but to clear out those things that no longer matter.

deal only if you need them. You’re not in competition with anyone. You don’t need the next incredible thing, no matter what advertisers try to convince you of. You can live without whatever it is. Stuff doesn’t give you more status; it brings more hassle and less financial firepower.

What makes you feel alive and happy? Go for it! With less stuff to maintain, clean, and care for, you’ll have more time to follow your passions and purposes. There’ll be more time for serious matters such as prayer and study.

Don’t waste anything. If it has value to you, you won’t be so inclined to discard it. Take care of sustainable things. Instead of buying a lot of cheap versions of something, purchase quality items that are more expensive in the short run but will ultimately give you more lasting service, making them a better value. And as a bonus, you’ll have nicer things in your home.

So, you see, you and I have a great deal that we can learn from minimalist thinking, no matter our goal. Following what we’ve learned here doesn’t produce a boring stripped-down life, but rather a richer one.

In summary, and I’m speaking to myself as well, let’s determine what’s most important in life and go after it. Let’s be intentional, choosing value and purpose over the acquisition of things. Most of us can see where we need to make changes. I think we instinctively know in our hearts what we need to do. I hope and pray that these principles of minimalism will help you, as they’ve helped me, to make better choices that will enhance your quality of life—and the lives of those in your circle.

As with any new path, it may seem strange at first. But stick with it, because it’ll enrich what truly matters in your life and give you more freedom to enjoy it.

Donna Martelli, formerly a professional dancer with the Harkness Ballet of New York, served on the dance faculty at Butler University, Indianapolis, and is now also a certified personal trainer, and certified Pilates instructor in Indianapolis, Ind. She conducts classes, seminars, and workshops in the United States and Europe. She is the author of “When God Says Drop It” and “Why the Dance,” available on Amazon and wherever books are sold.



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