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The Erosion of Medical Freedom

Our pandemic response has exposed critical problems, says physician

CONAN MILNER

Medical

decisions are

being forced by

policies that don't

always serve

the patient.

n late 2020, vaccinations became available for COVID-19 under emergency use authorization. Back then, getting a shot was considered a matter of personal - choice. Within a few months, however, that choice is deteriorating, as a number of employers, schools, and even the federal government now insist that the shot is a must for everyone.

same page, supporting the same strategy. And for COVID-19, that strategy is a shot. The more arms that take these jabs, the better the strategy is said to work. A major PR campaign constantly promotes the plan. It highlights the treatment's "safety and effectiveness," and strongly encourages everyone to get it.

But mere words don't seem to be convincing enough. In an urgent attempt to increase compliance for the experimental treatment, vaccine mandates have sprung With a pandemic of epic proportions, health authorities naturally want everyone on the those who face them to either take their

shot, submit to regular testing, or face unemployment and restricted freedoms.

On Sept. 9, President Joe Biden announced a policy that would mandate the shot for most federal employees (postal workers, as well as members of Congress and their staff are exempt from the order). Biden also urged large private sector employers to draw a line in the sand-demand that their workers get the shot, or take away their job.

Continued on Page 4



Heart Drug Shows Promise for COVID-19

An inexpensive heart medication can treat COVID respiratory complications, study finds

JENNIFER MARGULIS

One of the hardest things about testing positive for COVID-19 is that conventional western medicine has offered very few treatment options to reduce the severity of the disease. Some doctors and hospitals are using monoclonal antibody treatments as an early intervention, which may help reduce hospitalizations, as reported by The Epoch Times. Other western medical treatments for the virus-including the antimalarial drug hydroxychloroquine and the anti-parasitic drug ivermectin—are also being used, but remain controversial.

But now, an interesting new study from a team of scientists based in Spain is offering another potential treatment for the disease: the

Patients given metoprolol were able to be taken off the ventilators sooner.

heart medication metoprolol. The study, published on Sept. 7 in the peer-reviewed Journal of the American College of Cardiology, suggests that a common heart medication may be an effective treatment for the severe lung complications that are a major cause of death in severe SARS-CoV-2 cases.

Cardiologists at the Spanish National Center for Cardiovascular Research ran the controlled study on 20 patients in the Jiménez Díaz University Hospital in Madrid.

Twelve patients were randomly selected to receive treatment with metoprolol, with eight patients being in the control group.

Continued on Page 2

Respiratory problems can accompany a severe COVID infection.

DANIEL JEDZURA/SHUTTERSTOCI



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Heart Drug Shows Promise for COVID-19

An inexpensive heart medication can treat COVID respiratory complications, study finds

Continued from Page 1

The small study not only showed benefits for the patients treated with metoprolol, but also proposed a mechanism for why and how it may help mitigate severe SARS-CoV-2 infections.

What Is Metoprolol?

Metoprolol is a widely prescribed, inexpensive Federal Drug Administration-approved drug used in the treatment of various heart conditions. It's prescribed mainly to treat high blood pressure, as well as illnesses such as acute myocarditis, which can cause irregular heart rhythms. It's also used to lessen chest pain.

Metoprolol is a beta-blocker, which acts to keep adrenaline from increasing your heart rate. It acts on beta receptors in your heart and in your blood vessels, which in turn helps lower a fast heart rate and decrease the heart's need for oxygen. Some musicians and other performers who don't have diagnosed heart problems will use metoprolol to keep from getting on-stage jitters.

Lung Damage From the

Cytokine Storm In severe complications from COVID-19 infections, the lungs can be damaged. This lung damage occurs when the virus attacks the lung tissue and the blood vessels that permeate the lining of the lungs, causing the body's immune system to respond with a storm of immune cells known as cytokines. The lungs are made up of branching airways that end in many tiny sacs lined with fine blood vessels. The virus can damage the lung tissue, causing those blood vessels to begin leaking fluid into the lungs, interfering with the exchange of gases over the surface of the lungs.

The reaction can be intense enough to cause severe inflammation, resulting in acute respiratory distress syndrome. As with many different COVID-19 complications, scientists believe that it isn't the directaction of the virus that causes the more serious problem, but the body's confused overreaction to the unfamiliar infection.

That's where the drug metoprolol may be able to help, according to the study. The human immune system is made up of several different kinds of cells. Neutrophils are one such type that can cause problems in the lungs of severe COVID-19 patients. Neutrophils play a crucial role in clearing pathogenic bacteria. They also have specific mechanisms to combat harmful viruses. They congregate in the inflamed lungs and release extracellular nets to trap virus particles. While that strategy may help fight the infection, scientists suspect that the overproduction of neutrophil extracellular traps, or NETS, may end up doing more damage than the virus had done in the first place.

Intubated Patients Seem to Benefit From Metoprolol

All 20 patients in the study were already on ventilators to treat acute respiratory distress. Twelve were given a moderate amount of intravenous metoprolol (15 milligrams daily for three days), while the eight patients in the control group weren't. Patients given metoprolol in the study had 96 percent fewer neutrophils in their lungs, leading to reduced inflammation and improved oxygen uptake. The number of cytokine immune cells was also reduced, lessening the severity of the cytokine storm. The beta-blocker also seemed to help reduce fluid accu-

mulation in the lungs. As a result, patients given metoprolol were able to be taken off the ventilators sooner and released from intensive care earlier than patients in the control group.

"Intravenous metoprolol administration to patients with COVID-19associated ARDS [acute respiratory distress syndrome] was safe, reduced exacerbated lung inflammation, and improved oxygenation," the researchers wrote. "Repurposing metoprolol for CO-VID-19-associated ARDS appears to be a safe and inexpensive strategy that can alleviate the burden of the COVID-19 pandemic."

The Cost of Selling 'Hope'

Direct-to-consumer drug ads complicate patient care

PETER WEISS

We've all seen those commercials in which some actor playing a patient with a serious medical condition such as Crohn's disease, diabetes, or even lung cancer is smiling after receiving a new prescription medication. He or she is saying how great they feel, and we see them walking hand-in-hand with their spouse, sun shining, birds singing. Then the announcer rapidly fires off the side effects and risks for this new medication. The tagline is "Ask your doctor if 'acme' drug is right for you." I want what she's having!

Direct-to-consumer advertising (DTCA) for drugs has been legal in the United States since 1997. In fact, the only two countries where it's allowed are the United States and New Zealand. Its legality in the United States is a side step of a 1982 ruling by the FDA that DTCA didn't inherently violate FDA administrative law and regulations.

According to Statista 2021, "The entire pharmaceutical industry spent 148 million US dollars on TV advertising" in March. That was for one month alone! The underlying problem with DTCA

is that life-altering health discussions, which should take place between the patient and the physician, are now taking place between the TV or computer screen and the patient. It's really just a one-way sales pitch. Not everything we see on TV or the internet is true.

Forbes magazine reported in 2019 on findings of the Journal of American Medical Association that highlighted a disturbing trend that there was a 361 percent increase in DCTA budgets from 1997 to 2016, from 1.3 billion to more than 6 billion. The reason for this in-

crease in spending is simple—it works! Forbes also cited a House Commerce Committee finding that "for every \$1,000 spent on prescription drug ads, 24 new patients were added for the pharma industry." It continued by highlighting a report that found "rates for prescription drugs with ads were almost seven times greater than those without ads." Again, DTCA for prescription drugs works. But is it good medicine?

The pharmaceutical industry claims it benefits patients by increasing awareness, removing any stigma for that par-







Medical Doctors Respond

Dr. Suzanne Steinbaum, a cardiologist in private practice in New York and the author of "Dr. Suzanne Steinbaum's Heart Book: Every Woman's Guide to a Heart Healthy Life," found the Spanish study to be promising.

"In light of the devastation that COVID can create, effective treatment strategies are essential," Steinbaum said. "... Metoprolol was shown to decrease inflammation and improve oxygenation in patients suffering from acute respiratory distress. It's important for us to further evaluate this medication as a safe and potential life-saving option for

Metoprolol may be an effective treatment for the severe lung complications that are a major cause of death in SARS-CoV-2

a very safe and inexpensive medicine." However, Barke cautioned that he's concerned that there may be a lack of motivation among U.S. public health officials and Jennifer Margulis, Ph.D., is an awardconventional medical doctors to follow up with a larger study to find out if metoprolol is an effective treatment option.

treatment of COVID patients."

County, California, agreed.

it shows great promise."

Dr. Jeffrey I. Barke, a board-certified

primary care physician based in Orange

"It's a great study. It's a small study, but

Like Steinbaum, Barke noted that

metoprolol is an inexpensive medica-

tion with a good track record of safety.

"It would be hard to harm someone

with this," Barke said. "It is great to see

creative thinkers in the scientific com-

munity using medications off-label. This

study shows potential real benefits from

"This reminds me of the benefits of ivermectin and hydroxychloroquine," Barke said. "I hope this medication, like many of the other repurposed drugs used to treat COVID, isn't viewed through a political lens. Otherwise, docs will be hesitant to use it."

Barke is disturbed by the lack of political will to explore effective treatment more about her at JenniferMargulis.net

options. He believes that large pharmaceutical companies that have invested in vaccine technology are exerting an undue influence on government officials.

"These vaccine companies are making bank on these products and doing so without any liability," Barke said. "If we were successful in treating COVID early with simple medications, there would be much less need to push vaccines."

If the study's findings are correct and metoprolol-an inexpensive and effective beta-blocker-really does reduce the cytokine storm to more of a drizzle, that **various heart** may be bad news for the pharmaceutical industry, but good news for everyone else.

winning journalist and author of Your Baby, Your Way: Taking Charge of Your Pregnancy, Childbirth, and Parenting Decisions for a Happier, Healthier Family. A Fulbright awardee and mother of four, she has worked on a child survival campaign in West Africa, advocated for an end to child slavery in Pakistan on prime-time TV in France, and taught post-colonial literature to non-traditional students in inner-city Atlanta. Learn

Metoprolol is a widely prescribed, inexpensive FDAapproved drug used in the treatment of conditions.



ticular disease, and allowing patients to take control of their health. That would be true if the ads weren't so misleading in promising a whole new life in a pill. I have respect for the American pharmaceutical industry's ability to find new therapeutics, and greatly appreciate just how much it costs for research and development, as well as how valuable those medications are to patients in need. We have amazing new medications that are truly life-altering in their ability to treat so many serious medical conditions. When you have something so good, there's no need to exaggerate the benefits, let alone hide the side effects as some of these DTCA ads do.

More than 10 years ago, I had a meeting with a formerly very powerful congressman. He was very kind and respectful but had no desire to fight against such

These big pharma ads are appealing in a very seductive way, convincing the patient that they need that particular drug being advertised.

DTCA advertising. The lobby is just too strong. This is a hard battle to fight. Many physicians and patient advocates find more harm than good from

DTCA. I am one of those physicians. The two main points of contention are disinformation and drug overutilization. Some DTCA may omit crucial information, such as lifestyle causes of a disease, or hide important facts in the fine print.

There's also the concern for the increased cost to the patient. There may be bio-equivalent generic medications with the same efficacy as the brand name that cost much less. These big pharma ads are appealing in a very seductive way, convincing the patient that they need that particular drug being advertised. The ads offer compelling offers of giving the patient back their power and control over life.

Meanwhile, DTCA can strain the patient's relationship with their physician and other providers. The patient may question the physician as to why he or she never told them about this drug they saw on TV. Another interesting thing about DTCA advertising is the visual imagery of the benefits, such as the happy patient smiling and playing with his or her kids as opposed to the verbal messages of risk information presented rapidly by the narrator. Visual wins over narrative in an advertising world. It may be smart advertising, but it's not good medicine.

Remember Vioxx (rofecoxib, Merck)? Vioxx was heavily promoted by DTCA from 1999 to 2004. Merck spent more than \$100 million per year with annual sales of more than \$1 billion in the United States. Patients were asking for Vioxx due to the successful marketing campaign. Merck voluntarily withdrew Vioxx from the market in 2004 due to increased stroke and myocardial infarction (heart attacks) from the drug.

It's no wonder that as of 2018, the Edelman Trust Barometer stated that 62 percent of Americans don't trust the

pharmaceutical industry.

I believe DTCA doesn't benefit patient care for prescription medications. There's more harm than good. I have no problem with advertising for over-thecounter medications for allergies, colds, and headaches. But even here, the buyer must beware.

Some pharmaceutical companies have adjusted their approach to DTCA in a more ethical manner. One example is Gilead, which had a successful ad campaign using what's called a disease awareness campaign (DAC). It encouraged people to get tested for hepatitis C without mentioning its product. These types of ads use a strategy to effectively educate people about a specific disease, remove the stigma of the disease, and actually help patient care. There is no direct "selling." Sadly, very few drug companies are using this marketing technique.

The pharmaceutical industry is a revenue-generating business. I think we all understand and appreciate that. I have no problem with them making a lot of money if it will improve my patients' health. I also understand it can cost more than a billion dollars to bring a mega drug to market. However, as physicians, we need to strive for the health and well-being of our patients first and foremost. I just wish pharma would do the same.

Someone once said, "Why are there never any good side effects? Just once I'd like to see a drug commercial that says, 'May cause extreme awesomeness."

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.

THE EROSION OF Medical Freedom

Our pandemic response has exposed critical problems, says physician

Continued from Page 1

"We've been patient," the president said to Americans still holding out. "But our patience is wearing thin, and your refusal has cost all of us."

But many are determined to stand their ground. A recent poll found that more than 70 percent of the unvaccinated would guit their job before submitting to the vaccine. So why do people still resist? In the Feb-

ruary edition of the Journal of Clinical Investigation. Dr. Peter Hotez offers his insight. He characterizes vaccine refusers as misguided individuals mired in an anti-science ideology.

"The high death toll from SARS-2 coronavirus transmission was exacerbated by a medical freedom ideology linked to political extremism," Hotez writes. "It is vital to U.S. public health and homeland security that we find ways to defuse anti-science organizations, messaging, and health consequences."

Medical freedom is the notion that an individual has the right to determine what kind of medical interventions his or her body will be subjected to. And it has been an issue in the United States since long before COVID. One champion of medical freedom, Dr. Benjamin Rush, also happens to be an American Founding Father.

But experts argue that allowing such freedom, particularly during an age of advanced medical science, and especially during a pandemic, doesn't justify the great damage it can cause. Hotez, a professor of pediatrics and molecular virology and microbiology at the Baylor College of Medicine, says those in the medical freedom movement are jeopardizing everyone's well-being all because of misinformation. He traces the misinformation to wild conspiracy theories, the false promises of so-called miracle cures, and far-right propaganda.

Hotez highlights one survey that finds that frump voters represent the most COV ID-19-vaccine-hesitant group nationwide. But if this political group truly represents the driving force behind vaccine hesitancy, why does the former president praise the treatment any time he's asked about it? In August, Trump told Maria Bartaroma of Fox News that he was "very proud of the vaccines" that are "saving millions of lives throughout the world."

According to Trump, Biden is the real reason people are now declining the vaccines. "They don't take it because they don't trust Biden and they don't trust the Biden

administration," Trump said. "When I was president, you didn't have people protesting the vaccine. Just think back, everybody wanted to get it. We were giving out over a million jabs a day. We had that thing rocking."

So what really drives people to decline the shot? And why have so many decided

There are people who have been permanently paralyzed from these experimental shots. We don't hear about it, because the press doesn't want you to

to take a stand for medical freedom during the worst public health crisis in history? Dr. Elizabeth Lee Vliet, former director of the Association of American Physicians and Surgeons (AAPS) and president of the Truth for Health Foundation (an organization that aims to provide medically sound, research-based information on COVID-19), has been an outspoken advocate for medical freedom for decades. The Epoch Times talked to Vliet to understand why people still decline the vaccine despite the advice of top health experts and the mounting pressure of mandates.

THE EPOCH TIMES: What is medical

freedom? **DR. ELIZABETH LEE VLIET:** There are really two aspects to medical freedom. It is patient autonomy, and it's also freedom for the discussion of ideas and differing opinions.

A huge element of medical freedom that physicians historically have always defended is the oath of the physician: to carry out for the benefit of the patient to the best of their ability and judgment.

This is what the core principles of the physician-patient relationship have always stood for, until the 1960s when President Lyndon Johnson pushed through the Medicare/Medicaid Act. To get it passed, he promised that the government would not dictate treatment, would not set prices, and would not interfere with the physician-patient relationship.

All of this has been totally thrown out. The government sets the prices it's going to pay, decides what it's going to cover (in other words: dictates treatment for Medicare and Medicaid beneficiaries), and it dictates what the doctors can do.

In the 1980s, the managed care model was really taking off, and administrators and bean counters with no medical training decided what would be covered, what doctors could do for treatment, and how many treatments a patient could have. They intruded into all aspects of medicine, dictating what could be done. When physicians signed contracts with these third parties—private insurance

companies, government programs, and managed care companies—thev all started dictating what doctors could do, and what patients could be

allowed to have. It escalated with the 2010 health care law, which put in even more draconian controls. It gave an exemption to the anti-kickbacks statutes that Congress

had enacted when they had pharmacy benefits managers come into the picture who were paid to deny doctor-prescribed medicines to patients. These pharmacy manager middlemen get a kickback to choose something else at a lower cost to benefit the insurance carrier, a pharmaceutical company, or whoever they've contracted with. These are all the behind-the-scenes intrusions of medical freedom.

POSTAGE OC

Elizabeth

Blackwell was

criticized for

emphasizing

hand washing

between baby

deliveries.

THE EPOCH TIMES: What about the scientific discussion part of medical freedom that you mentioned? What right do we have to question expert medical advice? **DR. VLIET:** Fundamentally, the only way that true science progresses is with people asking questions, discussing ideas, testing hypotheses, accumulating and analyzing the data, and then looking for trends. It's looking at what is working,

and what is not working. The whole basis of the scientific

method is asking questions, and having a discourse of ideas. Except in totalitarian governments like Nazi Germany, the Soviet Union, or communist China have we had any effort to control discussion in science.

THE EPOCH TIMES: Lately, I hear that people who stand up for medical freedom, whether it's doctors or patients, get labeled as anti-science or political dissidents. Why?

DR. VLIET: That's how they attack people who question the status quo. That's how they attacked Galileo, Copernicus, or Ignaz Sammelweis, who made the observation that if you used a disinfectant before you performed surgery it would reduce infection. He was labeled a heretic.

Elizabeth Blackwell, the first American woman to go to medical school, espoused hand washing between the deliveries of babies. It's something so basic, but she was labeled a dissident. In the New York hospitals where the male gynecologists went from one mother to another and didn't wash their hands, they would deliver babies, infect the mothers, and they died. These doctors were the ones spreading disease, while Dr. Blackwell and her team were washing their hands, washing the sheets, and hanging them in the sunshine to disinfect them. She had a phenomenally better survival rate, but she was labeled the problem.

That's exactly what we've just seen in 2020. All of us front line doctors who were practicing good medical principles of evaluating the patient, using the tools at hand, and picking the things based on a track record of safety that works for viruses, inflammation, and blood clots, using medicines we've used every day of our career, were attacked.

Antivirals, corticosteroids, and blood thinners have been available my entire career and even longer. We use them every day in our career for all kinds of medical decisions, and suddenly in 2020, we were now labeled political dissidents and heretics because we used basic medicine to treat viral illness. This has been the most effective way to keep people out of the hospital. We have over 200 studies on hydroxychloroquine's effectiveness. We have over 60 studies on ivermectin's effectiveness, and we have controlled studies on the corticosteroids' and blood thinners' effectiveness.

While we were saving lives, all of the government spokespeople who were espousing the party line and criticizing us were the ones disobeying basic medical principles of early treatment and forc ing everyone who got sick to wait until they were critically ill. They were sending patients to a hospital to be put on a ventilator, and that gave them a 30 percent risk of dying. They're guilty of causing an excessive number of deaths with policies that betray all the principles of medicine.

The interviews that physicians have done, at great personal risk, I will say, are not because we're being paid to speak out. We are trying to save lives.

We have never treated illness of any kind at the end of the illness. We don't do it with cancer, heart disease, high blood pressure, or diabetes. With everything in medicine, the principle is to treat early. Screen for disease. Why do we do mammograms for breast cancer? Because you don't want to wait until stage four and try to save a woman's life. We look for abnormalities at the first sign of a lump. Why wouldn't we treat a viral illness at the very beginning?

So who is really practicing good medicine and speaking for the patients?

THE EPOCH TIMES: The medical freedom issue that everyone is acutely aware of today is the vaccine. First, it was a matter of personal choice. Now it's being mandated.

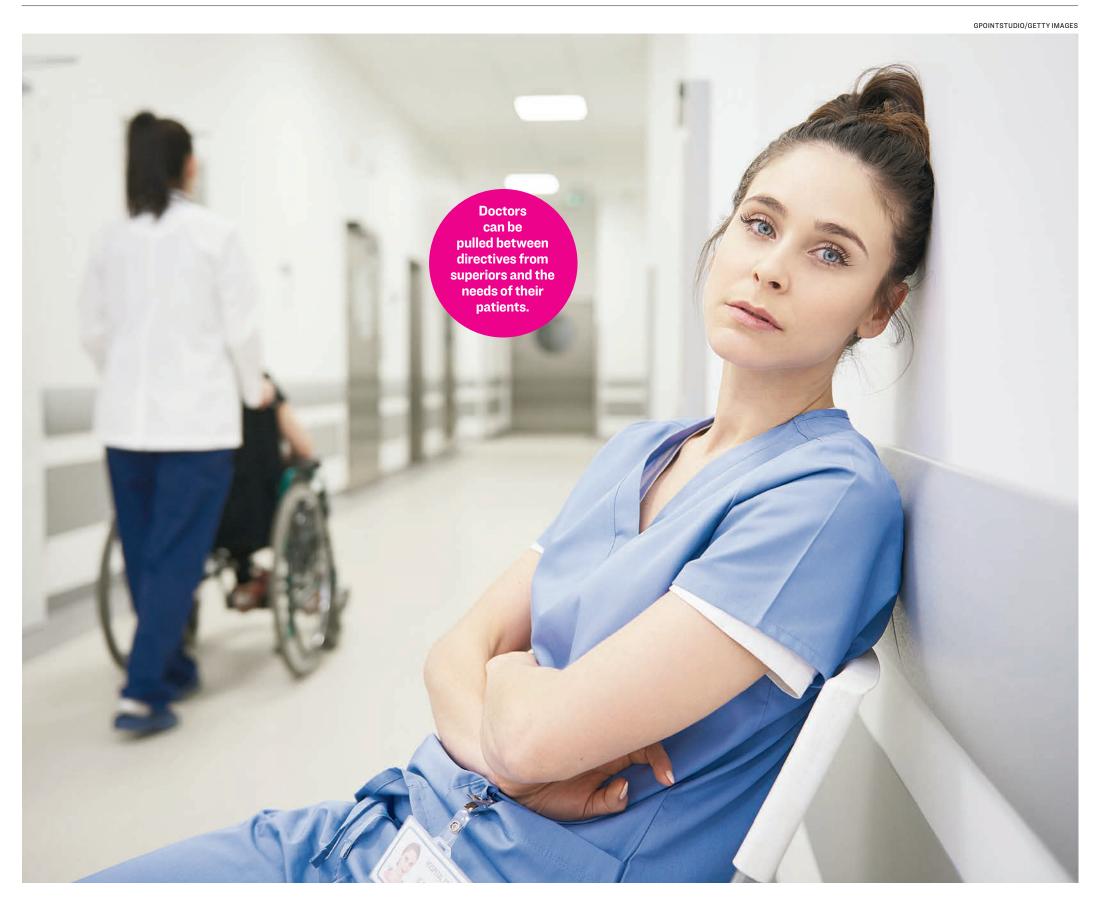
DR. VLIET: And it's not experts who are demanding it. You look at employers who have no medical training saying you have to have an experimental shot before you come back to work. That has never been done in the history of vaccination. And certainly never with one where the risks have been deliber-



pandemic, medical dissension has been ignored by the media

During the

know.



ately suppressed for the public to know about them. This is the most egregious infringement on medical freedom that we've seen in my entire career. Never had we had such orchestrated suppression of risk information.

Just one example: Several lawsuits have been filed against Health and Human Services for the FOIA to disclose the death rate with these shots. VAERS (the Vaccine Adverse Events Reporting System) that the CDC ostensibly has in place is clearly not functional or, according to whistleblowers, they are deliberately not posting information.

Whistleblower affidavits are signed as sworn testimony and filed in federal court. These people will go to jail if they're found to be lying. They are saying that the deaths in one of the databases are over 45,000. And that doesn't count the Medicare/Medicaid database, or the CDC VAERS database. It's not the 12,000 deaths that the public can see. And that's just one aspect of the damage and the risk.

THE EPOCH TIMES: The numbers speak for themselves, but it's hard to imagine that health authorities would deliberately hide this from us.

DR. VLIET: Normal people cannot comprehend such a design that harms people. That is not the history of our country. That is not the history of open discussion, scientific discourse, and medical decision-making between doctor and patient. That's not the foundation of our constitutional rights. And it is very hard for normal people who have grown up in a country under our Constitution and Bill of Rights to comprehend that this is an orchestrated plan that is calculated in suppressing medical information, and forcing people into mandated experimental shots in violation of every medical principle, legal principle, and the Nuremberg Code, which has been a code of medical ethics governing human experimentation since World War II. There were trials of doctors who experimented on prisoners of war in the Nazi concentration camps. People were hung for their crimes against humanity.

The Nuremberg Code has governed the world of medical practice ever since, until now when it has just been thrown out the window. It's unacceptable, unconscionable, and it is causing death. The interviews that physicians have

done, at great personal risk, I will say, are not because we're being paid to speak out. We are trying to save lives. The health of our bodies is our greatest asset. Because when that goes, what do you have? And how do you live your life if you've been paralyzed? There are people who have been permanently paralyzed from these experimental shots. We don't hear about it, because the press doesn't want you to know. But Sen. Ron Johnson had a press conference where he was allowing some of these people to talk about what had happened to them. I've had patients in my practice who have had devastating complications from these experimental shots. That's why the Truth for Health Foundation is committed to being the people's voice to bring these issues to the public. And like I said, it's at great personal risk for all the doctors and scientists involved with this foundation as volunteers.

THE EPOCH TIMES: I know there are doctors like yourself who are going against the official line, but many doctors recommend this shot. If this is really about science, why do some doctors support it and others don't?

DR. VLIET: For the most part, the doctors who are speaking out about the medical risk are independent physicians They answer to the patient. They do not answer to a large hospital health system where the administrators are dictating what doctors can do and say.

Between 85 and 90 percent of doctors are not independent. This number increased after the Obamacare legislation in 2010. By design, it pushed physicians into employed roles where they are controlled by administrators running the health system. These doctors don't have as much freedom to advocate solely for the patient, they have two masters. They have their employers they have to answer to, while also trying to act in the patients' interest.

I have talked to doctors in more than a dozen states who are the primary care doctors for patients of mine where I'm a specialty consultant. And these primary care doctors tell me that they are told they cannot prescribe hydroxychloroquine or ivermectin. They're glad that I can do it since I'm independent.

I chose early in my career to resign from the insurance contracts that required me to choose between their guidelines and what I thought the patient needed. Many other doctors did also. I think we're at a point where doctors

need to search their soul and ask: "Am I going to advocate for my patients? Or am I just going to sit back and do what the administrator tells me to do?"

I think you will find a unified soul among all of these courageous front-line doctors. All of us made the choice that we are going to advocate for our patients as physicians have always done. We're going to honor our oath and do our best to save lives. That's the bottom line.

THE EPOCH TIMES: What kind of informa tion does the Truth for Health Foundation report that the public doesn't get from mainstream sources **DR. VLIET:** Our Aug. 4 press conference exposed whistleblower information and medical studies that had not been disclosed to the public about the risk of these experimental genetic therapy shots.

While we were saving lives, all of the government spokespeople who were espousing the party line and criticizing us were the ones disobeying basic medical principles of early treatment and forcing everyone who got sick to wait until they were critically ill.

Dr. Elizabeth Lee Vliet

These shots meet the FDA regulation of gene therapy, which requires 15 years of safety monitoring. This has not been done and has not even been mentioned to the public. They are not traditional vaccines in the historical definition. Even traditional vaccines have two to five years of clinical trials and safety evaluations before they are rolled out for public use. These experimental shots for COVID had two months of clinical trial data and then they suddenly gave them emergency use authorization and began mandating it and coercing people around the world. That's never been seen before. It's a deviation from normal practice, normal FDA regulations, and, as I said, the Nuremberg Code.

At our Aug. 19 press conference, our team of international reproductive medicine scientists and physicians discussed

the specific damage to the ovary with the lipid nanoparticles that are coating these mRNA vaccines available in the U.S.

We now have a clinical study showing that the women who were vaccinated with the experimental COVID shot had rising antibodies to a placental protein over the time of that clinical study. This information lets us see that we just don't have antibodies to the spike protein, we see antibodies to the critical protein needed to make a placenta.

What happens potentially is that women may have a fertilized egg but when it reaches the uterus, the lining cannot respond to create the placenta. If the woman is vaccinated in the first trimester of pregnancy and these antibodies to the placental protein start rising at a critical time in early pregnancy, the miscarriage rate goes up. It's staggering when you think about the implications for people going forward.

All we're saying is stop the shot until the public can hear all of the data that has been hidden from them and then make a decision. Pregnant women are at lower risk of COVID illness, and the COVID virus is not known to cross the placenta. If the mother does get sick with COVID there are treatments that doctors have been using for years. They don't need to take the risk of an experimental shot that could cause a miscarriage.

Normally, we don't put pregnant women in that kind of risk situation.

Pregnant women who avoid drinking a glass of wine so they don't harm their developing baby are being told to take a gene-altering COVID shot that crosses the placenta. It can affect the developing baby, and the developing baby's brain. It crosses the blood-brain barrier for the mother and can cause neurological changes.

We have literally never ever pushed pregnant women to take a medical intervention that has not had adequate safety testing for pregnancy.

Suddenly, they are saying, "Oh, go ahead, it's safe." But we don't have the safety data. The clinical trials only ran for two months and they excluded pregnant women. Pregnancies run nine months, generally. So how in the world can we have safety data. You can't truthfully say it's safe.

If you tell people with any common sense that the real science is being covered up that shows damage to the ovaries, testicles, and the ability to form a placenta, they're going to see that this is a pretty bad hit to human fertility and reproduction.





WISE HABITS

Grounding Yourself When Life Is Chaotic

When life and thoughts pull us toward frantic action, we can practice grounding ourselves

LEO BABAUTA

ately my life has felt pretty chaotic: lots of projects, calls, and creative en-____ ones with things and preparing to move to a new home.

Chaos can be beautiful! And I'm embracing it.

But it can be hard to embrace chaos when we're feeling scattered, confused, or stressed To deal with that, I practice helping myself feel grounded.

When we ground ourselves, we can feel calm and relaxed with whatever is happening. It's a "relaxing with what is" from a place of "I'm OK, I got this."

It takes some practice, so let's talk about how to do that.

Recognize Feeling Ungrounded

The first thing we have to do is notice when we're feeling chaotic, groundless, or thrown **Breathe deeply into my belly.** Deep, wide around by the stormy weather of our lives.

We don't usually notice. Instead, we run around like a chicken. We try to do a bunch of things, jump from one thing to the next in a rushed state, or let ourselves get lost in distractions and busywork. We comfort ourselves with internet, social media, TV, food, alcohol, cigarettes, drugs, and so on.

So the first practice is just noticing: I'm feeling chaotic and scattered. I'm feeling groundless and unmoored.

You may not immediately notice those feeldeavors. I've also been helping loved ings. Instead, you may notice how frenetic vour activity is. Or how distracted you are. Are you picking up your phone every 2 minutes? You can then notice how it feels to be scattered, as sensations in the body. What sensations can you notice of groundlessness?

How I Practice Grounding Myself

Once we notice we're unanchored, we can practice grounding ourselves. There are lots of ways to practice this, so I'll share what I do:

Pause. Notice how I'm feeling. Not the thoughts, but the bodily sensations of groundlessness and chaos. Perhaps sensations of frustration, scatteredness, anxiety, or fear.

breaths that allow me to feel spaciousness.

Relax. Let my muscles relax as I breathe deeply. Let myself rest in the groundlessness.

Find some way to connect to the world around me. Try to feel gratitude for this moment, to feel appreciation for the storm, to

We might feel fear or frustration, but we're able to be with all of that with openness.

feel my connection to other people, to feel a love for the world just as it is. In this way, I can feel less like a vessel tossed about in stormy waters and more a part of the ocean itself.

Gratitude. Feeling grateful to be alive, to be connected, to be able to behold this breathtaking world. Let myself feel wonder at reality in front of me.

Question myself. What would I serve? What do I want? What would be of benefit to others? And then choosing to take action from that.

I don't always practice exactly like this. Simply pausing and breathing can sometimes be enough. Sometimes a little gratitude is all I need. When I practice this full sequence in roughly this order, it can be powerful

Relaxing With Chaos

When we ground ourselves in this way, breathing and relaxing with what's present in the moment, it makes something new possible.

We can be with chaos in a relaxed way. Our lives are often chaotic and stormy. We

can be overwhelmed, scattered, and confronted by unexpected events. And this can shut us down or have us go into anxious overdrive. Or we can simply be with the chaos in a relaxed way.

We start by recognizing that we're feeling chaotic, and then practicing grounding ourselves.

From this grounded place, we can open to the chaos of our lives. We might feel fear or frustration, but we're able to be with all of that with openness.

We practice opening, relaxing, being with the storm, over and over. The storm doesn't have to be the end of the world, just a manifestation of the beauty that resides here.

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



Our definition of success shapes the results we get as well as who we become

Defining Success Differently

rue success

is defined

by what we

give rather

than what

we get.

JOSHUA BECKER

Imagine the society we could create if we valued a different kind of success

A success not defined by the brand of clothing we could afford, but by the number of people we had nelped to clothe.

A success not defined by the amount of money in our bank account, but by how much money we used to help others.

A success not defined by the size of our house, but by the amount of love that was shown there.

A success not defined by our level of edu-

cation, but by the degree of our integrity. A success not defined by the number of 'likes' on our Instagram post, but by how edifying and encouraging that post was to others. A success not defined by the type of car

we drive, but by those we had picked up in life and set down on a better road. A success not defined by how loud our

voice was, but by how often we spoke up for those without one. A success not defined by the quality and

quantity of our personal possessions, but by the level of selflessness we have shown to others.

A success not defined by the number of people who loved us, but by the number of people we have loved.

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

How to Live Intentionally

The quickest way to the life you want is to remove what holds you back

MIKE DONGHIA

I can guess two things about you:

- 1. You're reading this article, so there's a good chance that you're at least an occasional reader of self-help advice.
- 2. You stopped on this particular headline about living more intentionally, which tells me that maybe you feel like you haven't figured it all out yet.

That's OK. Who has? The first thing I'd say about living an intentional life is that it's a direction, not a destination. It's a tool, not the measure of a life. Life is something to be received with gratitude, enjoyed, and lived with purpose—not a problem to be optimized.

Intentional living strips away distractions and allows you to focus on what's truly meaningful and important in your life.

Why We Fail to Live Intentionally

In my experience, there are a couple of recurring obstacles when we make the decision to start living intentionally.

The first hurdle is that we risk floundering in a sea of possibilities. We have too many ideas about the kind of person we want to become. Or we get started along one path, but read a great book or article, and then get pulled in another direction. Part of this is driven by a great fear of missing out on something better.

The second hurdle relates to sustainability. We demand too much change too soon and take on way more than we can handle. We add many new habits and routines to our lives, but the whole system falls apart at the first signs of stress.

Solutions to Complex Problems

I've become convinced that when you're trying to figure out the solution to a complex problem (like "how to live intentionally") the best place to start is by looking at what can be removed, rather than added.

Subtraction is much more robust than addition. Let me illustrate by a simple example. Humans have always lived and worked in the sun. But in the past 50 years, the rates of melanoma skin cancer climbed along with the sale of sunscreens. The two are positively correlated with one another.

(problem-solving by addition), we also started not what it means at all. It means saying exposing ourselves to new chemicals that 'no' to the hundred other good ideas that sonal change.



We can prune our lives much like we would prune a tree This allows us to focus on what matters.

weren't time-tested. Some of them are now being linked to certain types of cancer. At the same time, we now have over 40 percent of the U.S. population deficient in vitamin D. Whatever the outcome of these particular examples, adding anything to a complex system invites second-order effects that are hard to predict. The safer option, in my opinion, is to become

less reliant on sunscreen (problem-solving by subtraction): look for shade, avoid the sun at the hottest parts of the day, and wear clothing that protects your skin, including a wide brim hat. Also, don't spend all week inside your house and then all weekend roasting at the beach—expose yourself gradually in smaller doses. Wear sunscreen when necessary if you can't safely protect yourself otherwise. It's that simple!

Addressing your worst habits is a safe and productive place to begin all personal change.

Intentional Living by Subtraction

This idea of removing or subtracting to bring about improvement works in many areas of life. It's very similar to the concept of pruning a bush or a tree to make it stronger and to encourage new growth.

While you may be tempted to make a bunch of improvements or additions in your life, the real secret is to focus. There's a great Steve Jobs quote on the topic that goes like this:

there are. You have to pick carefully."

He's right, of course. Being intentional isn't about what you say "yes" to, it's about what you say "no" to. It's not about what you start doing, it's about what you stop doing. Clear away the deadwood, prune the weak branches, and growth takes care of itself.

When you focus on removing—let's say your biggest distractions or your worst habits—you don't get bogged down in a sea of possibilities or a long list of new self-help techniques to try. You're also not overwhelmed by doing too much too soon, because removing is a much simpler and more robust way to improve your life. Everyone knows their biggest distraction and is intimately familiar with their worst habits. Until you've taken care of this low-hanging fruit, there's nothing else you need to focus on.

Start Pruning

If you're ready to start pruning—here are a few areas to begin:

Remove distractions. What is currently eating up your time but not adding value in terms of true rest, enjoyment, or meaning? Remove these activities from your life, or reserve them for specific times. Maybe there's something you enjoy, but find hard to control, try fasting from it for a season.

Remove your worst habits. There are a lot of unknowns when it comes to adding a new habit to your life: Where should I start? Will it stick? Where will you find the time? How impactful will the change be? This is a recipe for uncertainty and self-doubt. But you already know what your worst habit is and have "People think focus means saying 'yes' to a good idea of the negative impact it has on When we started using sunscreen regularly the thing you've got to focus on. But that's your life. Addressing your worst habits is a *follow along by subscribing to their twice*safe and productive place to begin all per-

Stop reading self-help. Self-help books and blogs (like this one) can be a great source of initial inspiration and advice for making positive changes in your life. But I've noticed that many people get stuck at this step. Thinking and reading about changing their lives gives them a sense of control, without any of the hard parts. This is why I think it's critical advice that once you've decided to start living intentionally, and you have a general idea of the direction you're heading, that you cut back on your reading and start doing.

Say 'no' to good opportunities. There is no shortage of good and interesting opportunities to pursue in life. The reason most people fail to live intentionally is rarely that they sit around and do nothing all day, but more typically that they are pulled in a hundred different directions and never really focus their efforts. Don't be distracted by the next shiny thing that comes along-keep removing distractions, removing bad habits, and focusing on the few things that are truly important to you.

Take Simple Ideas Seriously

If you want to start living intentionally, you need to give up on the idea that there is some magic formula that you haven't discovered yet.

The secret is taking simple ideas seriously. You don't need to start by adding anything to your life; first subtract.

You don't need more information; just get started!

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 weekly newsletter. This article was originally published on This Evergreen Home.

Perspective on Death Is a Good Thing to Gain

Working with terminally ill patients provides unique lessons on death-and life

PAMELA PRINCE PYLE

If you've ever suffered the throes of grief, the idea of anything good coming from death seems cruel. Entertaining the idea feels impossible. That's normal. It takes time and distance to get a broader, more accurate perspective. It's worth the trouble to gain it because getting a fresh perspective on this loss can help you endure it and live a more meaningful life.

As a doctor who serves the terminally ill, I've witnessed patients receive a grim diagnosis and then fight a brave but losing battle against illness.

I've seen loved ones huddle in hospital emergency rooms following an accident to wait nervously for good news that would never come.

I've sat with patients, couples, and entire families as they wrestled with end-of-life decisions.

I have also worked with sick patients in Rwanda, a country torn apart by genocide and affected deeply by the impact of the early AIDS crisis.

Your perspective on death changes through these experiences.

Lesson 1: Nobility

The first time I cared for a patient who died was traumatic for me as a young doctor. I can still picture the medical ward in which he lay. He had been placed somewhat close to the nurse's station, positioned centrally in the ward because he was a special case who required special care.

As I cared for him that first month, his shrinking body took up less and less of the bed. Each morning, I would make my first set of rounds alone, walking from bed

to bed, taking notes as I went. When I would reach his bed, I would gently touch his bony shoulder to rouse him from sleep. He would always have a greeting. He was a generous man, kind and ingratiating even

as he suffered a slow death. When he looked worse than usual one day, I asked my resident if we could do a lumbar puncture to rule out meningitis. When the answer was "yes," my heart skipped a beat. I had never done one.

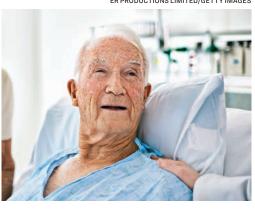
"Please don't let me hurt him," I whispered to myself as I gathered materials from the supply closet. He watched as I prepared. With medication, his fever had dipped, and his eyes were a little brighter. He looked at me and said, "I trust you."

The man's quiet strength humbled me, shamed my selfish thoughts, and ultimately changed me. He taught me that no matter what, I have to choose my patients over myself, every single time. He was showing and teaching me what true nobility looks like.

Lesson 2: Humility and Empathy

The procedure went without incident, but later that day his fever returned, and he began to have difficulty breathing. The last thing I did before the end of my shift was to walk alongside him as we moved him to the intensive care unit. A swarm of ICU nurses and doctors took over, and I watched in fear, not for myself but for this tiny slip of a man who had taught me so much.

The next morning, I rose earlier than normal. Upon arriving at the hospital, I went straight to the ICU. Peeking into my patient's room, I saw a freshly made bed. The room was empty and still, free from all of the chaos that had been swirling there only a few hours before.



It might be impossible to imagine that anything good can come from death, but there are lessons that only death can teach us.

He didn't make it. My first death ... my first death! Sorrow overwhelmed me. I failed him. I failed! What could I have done differently or faster? Was I somehow responsible? Was there any good in that procedure?

I learned through him that serving someone with humility and empathy is its own reward, and the only bulwark against the pain and guilt that weighs on the heart after someone departs.

Lesson 3: Death

That patient's death affected me in profound ways. He taught me important lessons that made me a better doctor and human. Since then, I've accumulated more lessons on death and dying.

I learned through working with the terminally ill that patients usually die the same way people go bankrupt—gradually, then suddenly. I learned that physical touch with com-

passion and empathy matters deeply. I learned through working with AIDS

patients that shame should never be attached to a disease.

I learned that strength of the soul matters more than strength of the body.

I learned that the only way to avoid deaths from weighing on my heart, some with the spectacular weight of monuments to failure, is to know that I cared for that individual with all my heart, soul, and mind—I mean, really cared.

I'd like to think that my first patient somehow knows the enormous impact he had on me as a young doctor—and the ripple effect his life has had on so many others I've cared for. Because he was a generous man, knowing this would make him break into a big smile.

And that's the biggest lesson of all.

When we're fortunate enough to live through someone's death, we're able to glimpse the truth that things aren't merey what they seem in any given moment. Where once we assumed that at death, the story and power of a life was over, perspective helps us see that it's not. Not by a long shot.

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

MINDSET MATTERS

Push Back and Rise

Our trials will temper us in painful and essential ways

DONNA MARTELLI

very trial we encounter in life will either knock us down or strengthen us.

Problems can make us doubtful, afraid, and unstable, but we can choose to push back and emerge as more finely honed individuals. We do not have to lie down and take what comes to crush us. All our trials are personal. Some are short-lived, and others seem to last for-

ever, but all of them impact spirit, soul, and body. When we change our focus from the suffering of our trials to what they can bring

us, the nature of each trial changes. We can find strength and hope. Our positive attitude can uplift those around us. When our attitude toward difficulty is

rooted in hope, each trial allows us to grow stronger. We can treasure what we have accomplished and better appreciate the view after climbing our way out. Ernest Hemingway observed that "The world breaks everyone, and afterward, many are strong at the broken places."

Just as extreme heat is required to rid iron ore of impurities and create steel, our trials purify us. Purity and refinement come only with significant stress and pressure. And what we gain through our hardship is precious exactly because it can only be gained through suffering.

Patience

Trials develop our patience as we endure and wait for them to end. When we act patiently, we bear provocation, annoyance, or pain without complaint, loss of temper, or irritation. Patience requires practice and develops over the long haul of lives, trial by trial. We learn to suppress restlessness and annoyance when we have to wait amidst discomfort.

Patience works to mature us as it equips us for wisdom. Wisdom is rooted in breadth of mind, and the restless and impatient cannot contain it

Another word for patience is endurance. As we go through our trials, we increase our stamina and fortitude. Our test challenges our persistence, but the favorable outcome makes it all worthwhile.

Character

When patience has finished maturing us, it produces character; a quality acquired only by enduring trials. A person's character is the culmination of features and traits that form his or her nature and personality. To say that one has character usually implies that they have a positive moral or



Just as extreme heat purifies iron to create steel, our trials also purify us.

Those who learn to weather the travails of life with calm and dignity have grown through their hardship.

ethical quality. When we have character, ing. Doing the right thing always yields a we stand out as bold, knowledgeable, and trustworthy people.

Hope

Hope makes us stable and single-minded. Hope is never a "what if" or "I am not sure it will work." Hope expects a positive outcome. Otherwise, it is not hope; it is doubt. Hope frees our minds of clutter that holds us down. It allows our spirits to soar.

Empathy

To have empathy is to identify with or vicariously experience another person's feelings, thoughts, or attitudes. When we have suffered any trial, we naturally become more compassionate for others who are struggling. We understand their feelings and doubts and can empathize with them and point them toward recovery. So if these are the qualities we gain through our trials, what qualities do we need to endure our trials?

Hear quickly and take heart.

When we hear the right thing to do, we must do it. Otherwise, it produces noth-



favorable result.

Respond slowly, and our response will be of great value.

We need to think before speaking, but this is not always easy. It requires repetition and recognition.

Keep anger at bay and resist the urge to argue.

We have to bite our tongue, count to ten, or be quiet until we can be rational. A quiet spirit can overcome many flaws and mistakes. Even foolish people are counted as wise when they hold their tongues.

Our ignorance and stupidity can plunge us into a trial. Perhaps we do not understand what we are getting ourselves into when we choose a course of action or even of thought or belief. Even so, its consequences have no respect of persons, and they will follow us wherever we go. This is an unalterable fact of nature, like gravity. What is done is done, but we can uncover the beauty that is hidden beneath the error.

Trials can cause tremendous gains in our lives if we embrace rather than flee from them. Right now, let's you and I decide to learn from our tests and watch our patience grow, and our character develop as hope and empathy unfold in our lives. It is a beautiful life, after all!

Donna Martelli, formerly a professional dancer with the Harkness Ballet of New *York, served on the dance faculty at Butler* University in 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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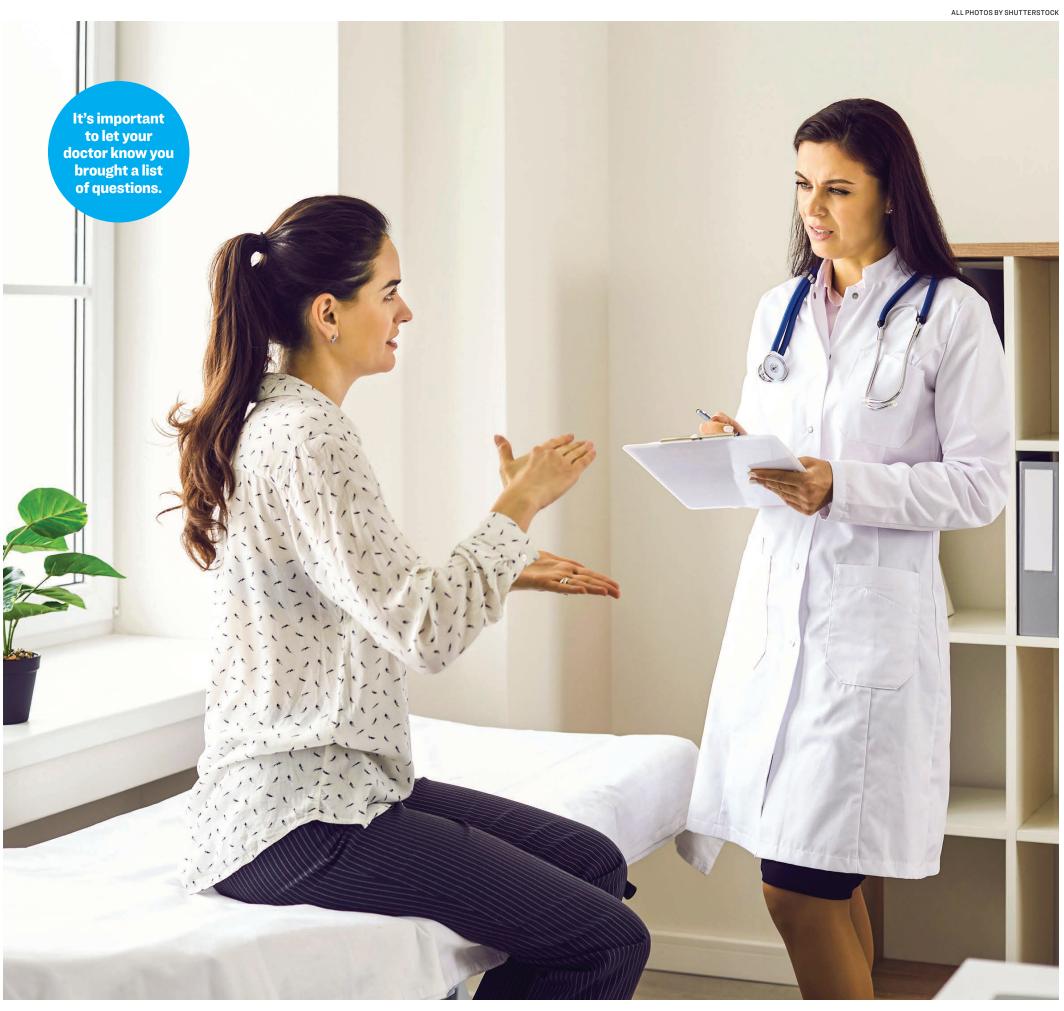
The Epoch Times is seeking an experienced assistant food editor.

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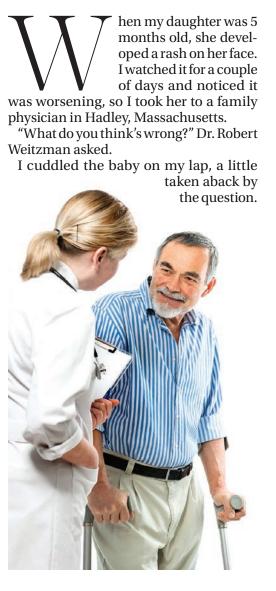


Openness and mutual respect should be at the foundation of every doctor-patient relationship.

How to Disagree With Your Doctor

Be engaged and informed about treatment options as you pursue medical services

JENNIFER MARGULIS



Americans tend to be among the most dissatisfied in the world with the quality of care we receive.

No one gains more from being an advocate for their own health than we do.

"That's what I came here to ask you," I said. He was quiet for a moment.

"I think you know," Weitzman said. And he was right. I was pretty sure that the baby had an infection caused by an overgrowth of some type of Staphylococcal bacteria. In other words, a staph infection, I said. He nodded in agreement. "So, what do you think we should do?"

he asked. That time I burst out laughing.

"Aren't you supposed to tell me?!" I asked. "I think you know," Weitzman said again. And, as I realized as soon as I started to answer his question that he was right again. I really didn't want to give the baby antibiotics if I could help it. I knew they were often prescribed unnecessarily, but I was also concerned that if left untreated, her rash might worsen and the infection could become systemic.

We decided what to do together: Weitzman would write a prescription for oral antibiotics and I would go to the drug store to get a topical antibiotic. I could fill the prescription if I wanted to, just to have medicine on hand if we needed it. In the meantime, he felt comfortable waiting for another 24 to 48 hours, as long as the rash didn't get angrier or oozier and the baby didn't spike a fever or start acting lethargic.

"Just keep an eye on it," Weitzman said. If the rash worsened, or if my husband and I started to feel more worried, we could always start the treatment.

Continued on Page 11

Nasal Irrigation May Help Prevent Severe COVID-19: Study

Because of the way viruses invade the body, direct interventions can help combat infection

JOSEPH MERCOLA

A recent preprint study by researchers at Augusta University and Edinburgh Napier University demonstrates that people who used normal saline nasal irrigation were 19 times less likely to require hospitalization for treatment of COVID-19 than the national rate for hospitalizations.

A preprint means that the study hasn't been peer-reviewed yet. Nevertheless, the results are promising, especially since people can perform nasal irrigation safely in their homes.

According to a 2009 article in the American Family Physician, nasal irrigation has been an adjunctive therapy for upper

respiratory conditions and is currently prescribed after nasal and sinus surgeries. Nasal irrigation with a neti pot instills normal saline into your nasal passages

with a small device that resembles a teapot. After inserting the end of the pot into one side of your nose, the solution moves around the sinuses and comes out through the other nostril.

The treatment can be effective for different conditions. For example, flushing out pollen in the nose and sinus cavities with a neti pot helps to manage the symptoms of mild to moderate allergic rhinitis.

Continued on Page 13

Nasal irrigation isn't the only treatment that directly treats the infection where it resides in the body.

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What People Are Saying



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



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

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

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



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



THE EPOCH TIMES



Seed Oils: Toxic Versus Healthy

Learn which seed oils will feed your body, and which will feed your illness

ANDREA DONSKY

When it comes to using seed oils, the United States is the world leader: Americans consume about 20 percent of the world's oils at a rate of approximately 19.7 million barrels daily. Canada comes in at nearly 2.7 million barrels daily or 2.6 percent, a comparable per capita rate. Some of those seed oils are toxic, while others are healthy. Do you know the difference and which oils are best for you?

What are Seed Oils?

Most seed oils are highly processed polyunsaturated fatty acid (PUFA) substances that are extracted from canola (rapeseed), corn, cottonseed, grapeseed, rice bran, safflower, soy, and sunflower. The seeds are exposed to extremely high heat, which in turn oxidizes the ome ga-6 fatty acids found in them.

Fortunately, the list of safe, healthy oils is long.

That harmful process makes the oils even more unhealthy when they're repeatedly reheated, as they often are in restaurants. How long has the oil been reheated that your French fries or onion rings were cooked in? Consuming too many omega-6s can cause the body to produce pro-inflammatory chemicals and leads to an imbalance of omega-3s to omega-6s, which presents significant health risks.

Those processed seed oils also present other health concerns. Because they're typically derived from genetically modified crops (GMO), there are significant concerns about health risks, including allergic reactions, greater risk of cancer, and the development of antibacterial resistance. The long-term effects of consuming GMO foods are still being investigated.

What Is the Omega-6 to Omega-3 Ratio?

The omega-6 to omega-3 ratio reflects the amount of each of those essential acids to each other. Research indicates that a ratio of about 1:1 is ideal. However, the current Western diet most people follow provides a ratio of about 16 to 1. That means there's a significant deficit of omega-3s and excessive levels of omega-6s, a situation that promotes chronic inflammation and diseases associated with it, such as cardiovascular disease, cancer, asthma, Alzheimer's, diabetes, obesity, inflammatory bowel disease, infertility, and many others. It can also lead to autoimmune diseases.

Which Seed Oils Are Safe to Consume?

Fortunately, the list of safe, healthy oils is long. You want to focus on unrefined

and cold-pressed oils whenever possible, as those are high in omega-3 fatty acids and low in PUFAs. These include almond oil, avocado oil, coconut oil, flaxseed oil, macadamia nut oil, olive oil, peanut oil, pecan oil, sesame oil, and walnut oil. You can cook with all of those except flaxseed oil and walnut oil, which should only be used for flavor because they become toxic when heated.

One perhaps unlikely addition to that list is Malaysian sustainable palm oil (not to be confused with palm kernel oil). Be sure to choose Malaysian palm oil that has been produced on sustainable plantations. It's a rich source of vitamin E tocotrienols, pro-vitamin A carotenoids, and provides a balanced fatty acid profile.

Each oil has its own smoke point, which is the temperature at which the oils begin to be damaged and form unhealthy substances, such as trans fats. The damage begins before you actually see smoke.

If you're wondering about smoke points forhealthyoils, heretheyare in Fahrenheit:

Almond oil 430 degrees Avocado oil 520 degrees Avocado (virgin) 400 degrees Coconut (refined) 400 degrees Coconut (unrefined) 350 degrees Hazelnut 430 degrees Macadamia nut 400 degrees Olive oil (virgin) 420 degrees Olive oil (extra virgin) 400 degrees

Pecan 470 degrees Sesame (unrefined) 350 degrees Sustainable Malaysian Palm Fruit Oil 455 degrees

Walnut (refined) 400 degrees Walnut (unrefined) 320 degrees

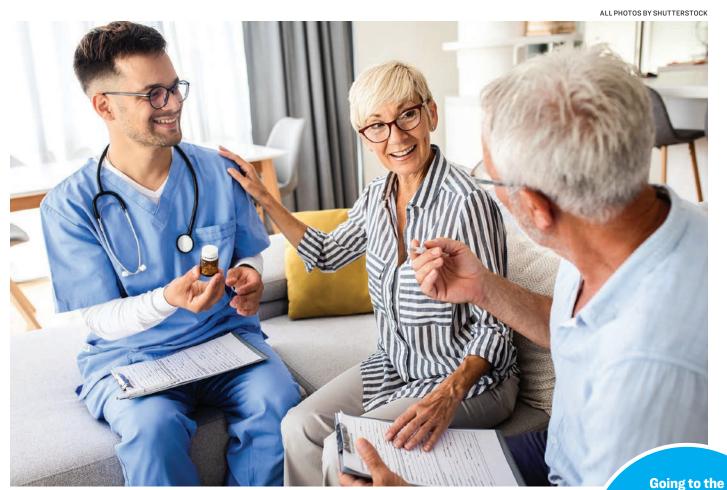
Bottom Line

If you're like many people, you consume a lot of oils. However, be sure to choose healthy ones and use them properly. Drizzle healthy oils on your vegetable and grain dishes and cook only with those that can withstand the level of heat to which you expose them. When you take those steps, you help to ensure that you're eating only healthy seed oils.

Andrea Donsky, who holds a bachelor of commerce, is an international TV health expert, best selling author, and founder of NaturallySavvy.com—a recipient of Healthline's Best Healthy Living Blogs for 2019. This article was originally published on Naturally-Savvy.com



Each oil has its own smoke point, which is the temperature at which the oils begin to be damaged and form unhealthy substances such as trans fats.



But do go back and research what they say." Some of the questions you may want to ask include:

Why do you recommend this particular test, treatment, or protocol? What are the side effects or downsides

of doing this particular test, treatment, or protocol? What kind of problems may arise if I

choose not to do this particular test, treatment, or protocol?

What alternatives are you aware of for this particular test, treatment, or protocol? What kind of patient outcomes have you had with this particular test, treatment, or protocol?

What happened with your patients who said, "No, thank you," to this particular test, treatment, or protocol?

Is there some peer-reviewed scientific literature that you can recommend that I can read about this particular test, treatment, or protocol?

3. Bring Along a Friend, Loved One, or Patient Advocate

doctor with a friend

or family member makes

it easier to get questions

answered and push back

when your doctor recom-

mends a treatment you

disagree with.

there are always several possible treatment

"It's important to come up with a strategy

However, that isn't always easy to do.

How to Disagree (Politely) With

So how do you disagree respectfully to find

"Disagreement for disagreement's sake is

unproductive and hardly worth the effort,"

said Dr. Rick Kirschner, bestselling co-

Stand: How to Be Your Best With People

at their Worst" and past president of the

Naturopathic Medicine Institute. "But if

getting support for a plan of action or intro-

ducing new information into a seemingly

closed mind is the goal, one of the best ways

to disagree is by asking information-rich,

To do that without openly disagreeing,

Kirschner suggested asking questions as if

you are running information by your doc-

"One question is not enough, so be pre-

pared to ask follow-up questions, with the

end goal of getting either a 'hmm' or 'I don't

"Don't be disagreeable yourself, though.

An attitude of openness and curiosity will

get you much further than an attitude of

It's easy to get tongue-tied when you go to

the doctor. Often you've had a longer-than-

hoped-for wait in the waiting room, the

medical assistant may be acting rushed,

and when the doctor finally comes in, it

often seems as though they're more inter-

ested in checking boxes off on the comput-

er screen than they are in examining you.

It's important to let your doctor know you

brought a list of questions. Write or use an

app on your phone to record the answers.

That way, if there's something the doctor

said that you didn't understand-or per-

not being rushed.

haps you didn't agree with—you

can review it later when you're

England Miano, a holistic

health practitioner based in Flor-

ida's Tampa Bay area, works with

people who have severe medi-

cal issues and are often using

both allopathic and more

natural, holistic-centered

care. Miano recommends

"Get the information you

need," she said. "Don't be con-

trary about their suggestions.

asking direct questions.

"Most doctors are very invested in their

strategies

together," Barke said.

Your Doctor

the best way forward?

open-ended questions."

tor to get their response.

know' response," he said.

smug self-certainty."

Doctor's Answers)

2. Prepare Some Questions in

Advance (and Write Down Your

1. Ask Open-Ended Questions

own narrative," Barke said.

Finding someone to bring with you to your medical appointments may feel overwhelming, especially if you live alone or are widowed. But it's really important, when-

ever possible, not to go to the doctor or to the hospital alone. Given current COVID-19 protocols in place in some health systems, you may have to fight to have an advocate by your side. If your doctor is seeing patients via telemedicine and your

situation isn't dire, consider making the appointment by phone or computer. Going to the doctor with a friend or family member in tow makes it easier to get your questions answered and also to push back when your doctor's recommended course of action doesn't dovetail with what you think may be best. Your companion can take notes for you. And, even if neither of you writes anything down, having another set of ears along will help you think through your doctor's recommendations afterward.

4. Know What Your Doctor

Doesn't Know Miano reminds her patients that highly skilled medical doctors are often very good at what they do, but they often don't know much outside their special skill set.

"Your surgeon may be excellent, but they also may know nothing about wound-healing and dressing changes or detoxing the anesthesia out of your system," she said.

"Understand that they're an expert at what they were taught, but that they were only taught allopathic options. They aren't going to know that magnesium citrate can author of "Dealing With People You Can't help with constipation or that niacin which is just vitamin B3—is the No. 1 cure for high cholesterol and outscores every pharmaceutical medication ... [or that] high doses can be used to detox from drug addiction and are also a very effective cure for schizophrenia."

> While it's important to get your doctor's advice, if you're a more holistic-minded patient, you may have to weigh that advice against other treatment options, Miano said. The key takeaway is that your doctor isn't all-knowing. You're the final authority on your health. After all, it's you, not your doctor, who has to live with the consequences.

5. Seek a 2nd (or 3rd) Opinion **Before Deciding**

If you feel that your doctor may not be recommending the best way forward, Barke advised getting a second or even a third opinion when there's a significant underlying problem.

"Get multiple opinions for significant treatment decisions," Barke said. "I'm not talking if someone has a cold. I'm talking about if you need back surgery or shoulder surgery or you've been diagnosed with cancer. Go to at least two different doctors before you decide."

Dr. Weitzman called in the prescription for the oral antibiotic, and I picked up the bright pink liquid at the pharmacy on the way home from the appointment. But I didn't need to give it to the baby. Instead, I dabbed a little powdered goldenseal (a plant that has natural antibacterial properties) on the rash.

As the rash was drying out, before it went away for good, some of the skin on her cheeks and chin started to turn brown. It looked disturbingly like the baby had smeared chocolate on her face. But she remained her bubbly curious self the whole time. So there was no need for the medication, and no need to disagree with our doctor, either.

Jennifer Margulis, Ph.D., is an investigative health journalist and science writer and a frequent contributor to The Epoch Times. Find out more at JenniferMargulis.net

How to Disagree With Your Doctor

Be engaged and informed about treatment options as you pursue medical services

Continued from Page 9

I left the doctor's office feeling empowered. We had a good plan going forward: One that appealed to my wait-and-see tendencies, would keep the baby safe, and would also avoid potentially harmful and possibly unnecessary intervention.

Shared Decision Making

I was a young mom then, and I didn't know it at the time, but Weitzman and I had done what medical experts refer to as "shared decision making^{*n*} (SDM). SDM, according to a team of Canadian researchers in a 2017 article in the medical journal Canadian Family Physician, "is a process whereby clinicians collaboratively help patients reach evidence-informed and value-congruent medical decisions."

Instead of authoritatively telling me what to do, Weitzman had taken the time to ask me questions, listen to my concerns, and craft a treatment strategy for the baby with methe parent—as a member of her care team.

Patient-Centered Care Matters

But having such a positive interaction with the doctor may be the exception, not the rule. When compared to patients in other countries, Americans tend to be among the most dissatisfied in the world with the quality of care we receive.

A 2019 Gallup poll found that 67 percent of Americans were dissatisfied with the availability of affordable health care and 49 percent were dissatisfied with the quality of medical care.

A growing body of scientific research, including a 2015 study of 52 hospitals by researchers at Johns Hopkins University School of Medicine, shows that when patients feel they're receiving individualized, patient-centered care, their feelings of satisfaction increase and their health outcomes improve.

At the heart of patient-centered care is an open and mutually respectful relationship with your health care providers. That means finding providers-including medical doctors, nurse practitioners, naturopaths, chiropractors, acupuncturists, homeopaths, and massage therapists—who are willing to listen to your concerns, ask and answer open-ended questions, and talk honestly about the pros and cons of the treatments they recommend.

"I appreciate when my patient is a partner with me in determining treatment strategies," said Dr. Jeffrey I. Barke, a board-certified primary care physician based in Orange County, California. "I want my patient to push back and challenge and ask questions and not just expect me to do it all."

Barke said in every aspect of medicine—whether the issue is back pain or treating a fast-growing cancer—

The key takeaway is that your doctor isn't all-knowing. You're the final authority on your health.

vour doctor, live with the

who has to consequences.

Your doctor

should be a part-

ner in your health

After all.

it's you, not

You Should Love Plums

Consuming fresh plums may be a challenge because they're seasonal, so converting the juice extract into powder is a common strategy.

Week 39, 2021 THE EPOCH TIMES

Here are 11 great reasons to eat these delicious fruits

the kitchen, plums have a breast cancer. lot to offer in health benefits - and wellness support, offer- **5. Support Heart Health** ing nutrients that influence everything from constipation to cognition.

They can be eaten fresh or dried, and are easily transformed into sauces, jams, and chutneys. They can also add a nice sweet touch to your meat dishes or turnovers. But plums aren't just a tasty treat. They also offer a bevy of health-promoting properties that are hard to ignore.

Mounting research on plums shows promising outcomes on their anti-inflammatory, antioxidant, and memoryimproving qualities. Researchers are particularly drawn to this fruit for its high phenolic content, primarily antioxidants called anthocyanins.

Here's a rundown of 11 reasons to love and eat plums with gusto today.

1. Promote Bone Health

Dried plums, or prunes, are believed to be effective in preventing and reversing bone loss.

To test this, researchers recruited 236 women, one to 10 years postmenopausal, to their study and found that dried plum significantly reduced the blood levels of bone-turnover markers in the subjects. They concluded that dried plum can improve bone mineral density in postmenopausal women partly by suppressing the rate of bone turnover.

Similar findings on dried plums emerged in male animal models, where they increased bone mass, suppressed pro-inflammatory cytokines, and promoted peak bone mass. They also prevented bone loss in a male osteoporosis model via varying pathways.

2. Support Cognition

Consuming fruits and vegetables potentially protects against age-related cognitive decline, particularly when it comes to high-antioxidant produce. In a study on aged rats, those that drank plum juice from 19 to 21 months of age showed improved working memory in an activity. Those fed dried plum powder didn't differ from the control group, likely because of the smaller quantity of phenolics in the powder form.

3. Relieve Constipation

in treating constipation. People who ate is a potential for the polyphenols to be an 2 ounces or 50 grams of prunes daily for three weeks reported having better stool consistency as well as frequency, compared to the psyllium group.

Be careful, however, as consuming too many prunes may lead to unwanted effects, such as diarrhea. Also make sure there are no added sugars if you're consuming prune juice for bowel benefits.

4. May Inhibit Breast Cancer

Previous studies highlighted the anti-mutagenic effects of plums. Researchers tested an acetone extract of immature Chinese plum fruit and found it offered higher levels of total phenolics and condensed tannins compared to mature plums.

The extract from immature fruit possessed cytotoxic effects, indicating the

ore than just a juicy fruit potential to be a safe, promising dietary that's a seasonal delight in intervention against the development of

In one study, participants drank prune juice and consumed three or six prunes every morning for eight weeks, or drank only a glass of water on an empty stomach. The prune and prune juice group experienced significantly lower blood pressure, lower total cholesterol, and lower LDL cholesterol versus the water group.

In another study, men diagnosed with high cholesterol had lower LDL cholesterol levels after they consumed 12 prunes every day for eight weeks. In a separate study, consuming polyphenol-rich peach and plum juice prevented risk factors for obesity-related metabolic disorders as well as cardiovascular disease in animal models.

6. May Fight Liver Cancer

In a study published in 2009, immature plum extracts strongly inhibited cancer cell growth in HepG2 cells, which are implicated in liver cancer. Immature plum and its active compound, epicatechin, were deemed "a natural resource for developing novel therapeutic agents for cancer prevention and treatment" by the researchers.

7. Antibacterial and Anti-**Inflammatory Properties**

Plums, in a study, demonstrated "remarkable power" in antibacterial tests, especially against Staphylococcus aureus and Escherichia coli, for two extracts studies. A separate study assessed the antioxidant activity in plums that mediates its anti-inflammatory benefits, finding that chlorogenic acids were a major source of the antioxidant activity in the fruit. Consuming fresh plums may be a challenge because they're seasonal, so converting the juice

extract into powder is a common strategy. Drying, however, may affect the polyphenols present and influence the various ways plum inhibits the growth of foodborne pathogens. Plum extract powders, for instance, showed greater anti-inflammatory activity depending on the treatment and temperature used in the drying process.

8. Lung Cancer Benefits

In probing the underlying effects of purified plum polyphenols on human lung can-Consuming prunes may effectively aid cer cells, scientists concluded that there effective dietary intervention for cancer or during chemotherapy.

9. Weight Loss Support

In a study, researchers evaluated the effects of water-extracted plum on adiposity and inflammation in cells, analyzing aspects such as total phenolic and flavonoid content along with antioxidant activity.

Their results emphasized the potential for plums to be a natural agent in preventing and improving obesity. Snacking on dried plums may also increase satiety as well as decrease subsequent food intake, helping control obesity.

10. Maintain Blood Sugar

In vitro animal cell and some human cell studies have highlighted functional foods'

TOPOLSZCZAK/SHUTTERSTOC



sistance and underlying oxidative stress and inflammatory processes leading to diabetes. In a study, data indicated that a functional foods-based diet, including plums, may help manage Type 2 diabetes. Plums also have the potential to increase levels of the hormone adiponectin, which plays a role in regulating blood sugar.

ability to influence insulin re-

11. May Combat Colon Cancer

Tested in vitro on colon cancer cells, a polyphenol-enriched plum extract inhibited the growth of cancer cells and attenuated cancer-induced cell damage. It also appears to protect muscle cells from tumor-induced cytotoxicity, the researchers wrote.

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

The GMI Research Group is dedicated to investigating the most important health and environmental issues of the day. Special emphasis will be placed on environmental health. Our focused and deep research will explore the many ways in which the present condition of the human body directly reflects the true state of the ambient environment. This work is reproduced and distributed with the permission of GreenMedInfo LLC. Sign up for their newsletter at www.GreenmedInfo.health

Preserving plums by converting them into sauces, jams, and chutneys means you can enjoy quality plums even in the winter months.

Dark Urine–Causes and When to Seek Treatment

IAN KANE

As with many things we do in our bathrooms-taking showers, plucking unwanted hairs, and the like—urinating isn't exactly something people discuss with friends and family. And why would they? Urinating is something we rarely pay attention to-unless we have to.

The medical community has long been able to study patients' health status, and possible diagnoses, through analysis of their urine, since it can provide crucial data about certain health issues. Urine primarily consists of water, but also contains concentrations of various waste products excreted by the kidneys. These include unwanted hormones, proteins, salt, potassium, creatinine, and both organic and inorganic compounds.

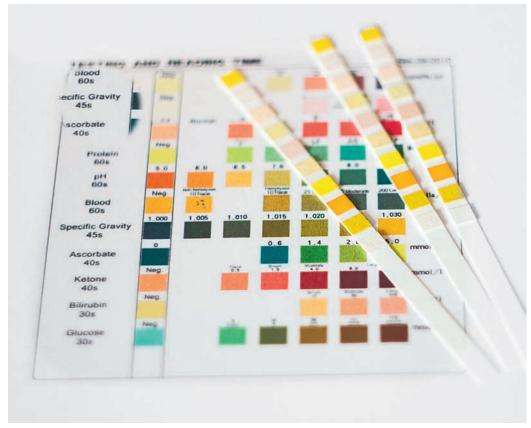
A normal, healthy color for urine is a But a darker shade of urine could indicate problems.

Dehydration

While a pale-yellow shade indicates that our bodies are sufficiently hydrated, darker hues can mean that we've become dehydrated. The more you engage in strenuous activities or drink too little water, the more dehydrated you become and the darker your urine will be. If you begin to feel disoriented, dizzy, or lightheaded, these could be symptoms of severe dehydration. If you don't get enough water into your body, it will create a waste product called urobilinogen that causes your urine to have a darkened color.

Liver Disease

Another thing that can cause a build-up of urobilinogen in your system is when your liver isn't functioning properly. Reasons for this include liver cancer, where your liver contains abnormal cell growth; hepatitis, an inflammatory disorder caused by pale-yellowish that we barely even notice. a hepatitis viral affliction; and cirrhosis of the liver, in which a person's normally healthy liver tissues are gradually replaced



Dark urine can indicate serious health problems.

Nasal Irrigation May Help Prevent Severe COVID-19: Study

Because of the way viruses invade the body, direct interventions can help combat infection

Continued from Page 9

While using a neti pot is probably the most recognized over-the-counter method of deep nasal irrigation, one study evaluated other irrigation techniques to discover which would more effectively reach the maxillary sinus and frontal recess after endoscopic sinus surgery. They analyzed the results of a metered nasal spray, nebulization, and nasal douching "while kneeling with the head on the floor."

Nasal douching is a procedure in which you "sniff" saline into your nostrils; researchers found that it was more effective than a metered nasal spray or nebulized normal saline to reach the sinus cavities.

If you want to try nasal irrigation with a neti pot and you're thinking of making your own saline solution, it's important to remember to use only distilled, sterile, or cooled-down boiled water. Tap water can contain bacteria and protozoa that may be safe in the gastrointestinal tract, but not in your nasal passages. where a free-living microscopic ameba called Naegleria fowleri can trigger a devastating brain infection that's usually fatal.

Nasal Irrigation With Normal Saline Reduced Hospitalizations

The Augusta study compared the clinical outcomes in patients with COVID-19 using normal nasal saline irrigation. The researchers engaged patients who were aged 55 or older and tested positive with a PCR test in a community testing site.

They began with a group of 79 patients who were randomized into two groups. The data was then compared against outcomes from the Centers for Disease Control and Prevention's national database. That's how they found that their participants were less likely to be hospitalized.

In that study, the participants used one of two pressure-based nasal irrigation systems: the NAVAGE or the NeilMed Sinus Rinse.

The participants were then randomly selected to use either one-half teaspoon of sodium bicarbonate (alkalinization) with the standard saline rinse twice a day for 14 days, or 2.5 milliliters (roughly a halfteaspoon) of povidone-iodine 10 percent solution (antimicrobial) for the same period. The researchers then followed up with each group 14 days after their final intervention

The primary outcome tracked was hospitalization for COVID-19 within the first 28 days after the intervention began. Secondarily, they tracked symptom resolution, adherence to the intervention, and any side effects that the intervention may have had on the participant. At the end of 28 weeks, 62 patients had completed their research diaries and averaged 1.79 irrigations each day.

After analyzing the results, the researchers found that there were no statistical differences in outcomes when the participants used the povidone-iodine antimicrobial wash or alkalized the nasal cavity with sodium bicarbonate. None of the patients assigned to the povidone-iodine wash and only one assigned to the alkalized group experienced a COVID-19-related hospitalization.

However, resolutions of symptoms in those using the povidone-iodine were more likely. The researchers concluded that isotonic saline nasal irrigation had a positive effect on reducing hospitalization and that "further research is required to determine if adding povidone-iodine to irrigation reduces morbidity and mortality of SARS-CoV-2 infection."

Further study may also be necessary to determine if alkalizing the nasal cavity has an effect on killing the virus and preventing hospitalization, as the body's natural pH is slightly alkaline and most pathogens prefer an acidic environment. Clearing the oral cavity of a COVID-19 patient is also part of the outpatient IMASK protocol from the Front Line COVID-19 Critical Care Alliance.

Hydrogen Peroxide

Offers Another Treatment Nasal irrigation isn't the only treatment that directly treats the infection where it resides in the body.

In early 2020, a joint research team from Italy and the UK published a paper on infection control and hospital epidemiology. In April, they recognized that "the virus resides in the mucous membranes and is transmitted through saliva and respiratory droplets" to facilitate viral spread.

The paper recounts how in February 2020. the Italian government recommended sanitizing the environment with 0.5 percent hydrogen peroxide, as it was already in use for both disinfectant purposes and to treat oral gingivitis. They cited a 2016 study with the SARS coronavirus, which showed the virus stays in mucous membranes for up to two days before moving to the lower respiratory tract.

The team identified that delay as a window of opportunity to prevent the onset of symptoms. Because hydrogen peroxide efficiently inactivates coronavirus on inanimate surfaces and it has been tested in, and is in use, in human health, they proposed that hydrogen peroxide could reduce the chances of hospitalization and the severity of the illness when it was used in the oral and nasal mucosa.

They postulated that gargling three times per day and using a nasal wash and nebulizer twice per day could be safe and effective. In March 2020, a retired professor from the University of Ghana Medical School wrote in a letter to the editor to the BMJ that "there is evidence that even 0.5 percent hydrogen peroxide could inactivate the SARS-CoV-2 on surfaces."

And since hydrogen peroxide has been in use in dental practice for nearly 100 years and in view of its safety, he proposed that the World Health Organization add hydro gen peroxide mouthwash and gargling to their preventive protocols.

By May 2020, word about hydrogen peroxide reached the ears of the Federal Trade Commission, which then began issuing warning letters to those who dared to suggest that hydrogen peroxide was an at-home treatment that may be effective against SARS-CoV-2.

Nebulized Hydrogen Peroxide Helps

Stop Respiratory Infections In an interview with Dr. David Brownstein. we discussed the protocol he has been using for more than 25 years for patients with cold and flu. He's using the same protocol for patients with COVID-19, and at the time of the recording had successfully treated more than 220 patients without any deaths and only a few hospitalizations.



Nasal irrigation can be done safely and inexpensively at home and may help prevent severe COVID-19 by stopping coronavirus infections from reaching our lower respiratory tract.

In an open letter, physician and attorney Thomas Levy attributed the original concept of nebulizing hydrogen peroxide to Dr. Charles Farr, who "championed" it in 1990. In the letter, he discussed how the extra oxygen atom in hydrogen peroxide is deadly for viruses and how under normal circumstances, your immune cells produce their own hydrogen peroxide.

Yet, when your immune system is overwhelmed with viral replication, it may not be able to produce enough hydrogen peroxide. The original therapy used intravenous administration, which made the process unavailable for most people.

Dr. Frank Shallenberger, known for his research in mitochondrial function and oxygen utilization, went on to propose and use nebulized hydrogen peroxide, finding that it had an additional advantage, as the intervention went directly to the area of

the body that was most affected by a virus. Although Levy recommended using 3 percent hydrogen peroxide off the shelf and undiluted, I prefer food-grade hydrogen peroxide that doesn't have the additives and stabilizers that you find in the products sold at big box stores.

In the interview, Brownstein talked about the change he pioneered to the treatmentwhich was to add iodine to the nebulized hydrogen peroxide. Interestingly, he used nebulized iodine first with his patients and then added hydrogen peroxide to the treatment protocol.

Disclaimer: This article is based upon the opinions of Dr. Mercola. unless otherwise noted. It isn't intended to replace a one-onone relationship with a qualified health care professional and isn't intended as medical advice. It's intended as a sharing of knowledge and information from the research and experience of Dr. Mercola and his community. Dr. Mercola encourages you to make your own health care decisions based upon your research and in partnership with a qualified health care professional.

If you're pregnant, nursing, taking medication, or have a medical condition, consult your health care professional before using products based on this content.

Dr. Joseph Mercola is the founder of Mercola.com. An osteopathic physician, bestselling 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 onMercola.com

by scar tissues due to heavy, long-term alcohol abuse.

Foods

Foods can greatly influence the color of urine. Normally this doesn't mean there are health issues, it simply means that someone ate a lot of a certain food. This kind of urine discoloration gradually fades over time.

For instance, according to the American Academy of Family Physicians Foundation, eating lots of beets, blackberries, or rhubarb can give your urine a reddish tinge.

Medications

Medications are known to sometimes cause the darkening of urine-most typically muscle relaxants, laxatives (that contain senna for easier bowel movements), antibiotics, and antimalarial medications.

As a Mayo Clinic article points out, even a reddish-orange coloration of urine doesn't necessarily indicate a serious health condition. It could be due to taking phenazopyridine, which helps with urinary tract pain and discomfort, or Rifampin, an antibiotic prescribed to patients with tuberculosis.

Other Causes

Although these are some of the more common causes of darkened urine, there are other potential causes that could be at play. These include more serious causes such as lead poisoning, bile duct obstructions, congestive heart failure, and so on.

When to Seek Professional Help

relay them to a doctor later.

When in doubt, always contact your physician. If you ever experience any pain while urinating (especially back pain) and your urine comes out a dark color, it could indicate a urinary tract infection, kidney stones, kidney infection, or kidney cancer (according to a publication by the Cleveland Clinic). You should also seek medical aid if you see blood in your urine. Make sure to take notes of your specific symptoms so you can

A urinalysis test will involve taking a urine sample-usually in the morning, since a person's first urination will show abnormalities more effectively and is more concentrated than urine produced over the course of a day. A medical facility's laboratory will test the patient's urine sample for factors that could

Warning:

Don't use tap

water if you're

making your

own saline

solution instead

of buying one.

Tap water can

contain bacteria

and protozoa

that are unsafe

for your nasal

passages, and

can trigger a

devastating

brain infection

that's usually

fatal.

indicate the presence of any underlying medical conditions. These tests analyze such things as bacteria, glucose, red and white blood cells, and proteins. Doctors will ultimately prescribe treat-

ments for patients based on their indi vidual medical histories and the results of both physical examinations and urinalysis testing.

Ian Kane is an U.S. Army veteran, author, filmmaker, and actor. He is dedicated to the development and production of innovative, thought-provoking, characterdriven films and books of the highest quality. You can check out his health blog at IanKaneHealthNut.com

If you don't get enough water into your body, it will create a waste product called urobilinogen that causes your urine to have a darkened color.

When Minimizing Was the Only Option

Sometimes we need the hard times to show us what the good times look like



CHERYL SMITH

After 35 years in the banking industry, my husband's steady, good-paying job was outsourced, and he, along with his co-workers, lost their jobs.

In his last position, he worked the third shift from home. His job in the IT department was processing the data for 100+ bank branches. We were warned about the outsourcing for months ahead of time, but when the night finally came for him to shut down his computer for the last time, we all gathered around and felt a tidal wave of mixed emotions.

This was a new experience. In our nearly 30 years of marriage and long before we were married, he had had a steady job and had only changed workplaces twice—once when we made a long-distance move and once after a departmental downsize reduced his working hours to less than we could afford. Both times, he stepped right into another position, so there wasn't even a lapse between paychecks. I had left my own career in bank-

ing several years before to raise and homeschool our son, Zach, so my husband's job was our only source of provision.

As Zach and I stood behind my husband that night and watched him close out application after application on his computer, the realization that we were without an income for the first time ever hit us like a ton of bricks. We knew we would be more than OK for a while due to a very generous severance package from the bank, but what would happen after that?

What we didn't know that night was that there was a long line of unexpected health issues ahead of us that would keep both my husband and me from being physically able to work. Several other life changes would also test our faith to its core. I'm glad we weren't told the future ahead of time. It was enough to deal with what we could, one day at a time. That period of unemployment ended up stretching out for a total of 21 months to the day.

During this time without a regularly earned

Practicality and sensibility overwhelm sentimentality during desperate times.



Tough times help us realize the value of loved ones. paycheck, our minimizing journey took on a whole new meaning as circumstance forced our family to take an even closer look at our possessions. We came to terms with selling things that weren't true necessities. If you're going through a similar time of difficulty and uncertainty, I hope sharing what we've learned will inspire and enrich your own journey.

Hard Times Inspire Fresh Look at Possessions

There's nothing like a shut-off notice to motivate a minimizing restart. The threat of homelessness will spur you to look at that extra vehicle with a new set of eyes. You'll ask yourself, "do I really need to cling to this just because it belonged to a cherished loved one when selling it would pay two months' rent?" Practicality and sensibility overwhelm sentimentality during desperate times.

Hard Times Draw Loved Ones Closer Leaning on the "true-blues" in your life through times of suffering strengthens bonds. Drawing support from those who share your sorrow deepens connection. Crying alongside those who are loyal through seasons of difficulty cements ties. Simultaneously experiencing pain and hardship

solidifies camaraderie and a sense of shared

Hard Times Generate Gratitude While that statement may sound contradic-

accomplishment when the trial is over.

tory, it's true. Walking through days where it feels like your whole world is turned upside down makes you appreciate the immeasurable value of an ordinary day. There's a wellspring of truth in the words of the song by Dennis Marsh that says, "The hard times make the good times even better."

When dire necessity forces the sale of things you thought you could never part with, you realize you're left with what matters most because you still have each other. Gratitude emerges as you realize that no matter what you've lost and given up, as long as you're still together with the ones you love, all is well.

While we would never have asked for the downsizing of my husband's job, what looked like a disaster in the beginning has added to our life in the best of ways.

Cheryl Smith is the author of the books, "Biblical Minimalism" and "Homespun Devotions: Volume One." She loves to spend time with her husband and son in the mountains, sing and play bluegrass music, and write.

Breath work can help calm even the busiest of minds.

An Introduction to Breath Work

If meditating seems too difficult, just take a breath

IAN KANE

In these tumultuous times, many people have sought out different activities to relieve stress. Among the many methods available, meditation has emerged as a popular choice. According to a statement by the Centers for Disease Control and Prevention, the popularity of meditation has increased significantly in recent years.

Many want to meditate so that they can sleep better. Although many of us think we can easily invoke a meditative state and fall right to sleep, that's not usually the case. Learning how to meditate requires patience. Even with popular apps such as Insight Timer, Ten Percent Happier Meditation, and Simple Habit (which usually offer free trial periods), meditation isn't always an accessible practice to get into.

For those who experience prolonged intervals of anxiety, stress, or chronic pain, meditating can seem promising but daunting.

But there are deep rewards to turning inward instead of reacting to everything in your external environment. And for those who struggle to turn their thoughts down, there's a way to increase your ability to meditate breath work.

Breath work can help you achieve the seemingly lofty goals of reducing stress and anxiety while making it easier to drift off into more restful sleep.

So What Is Breath Work?

You can think of breath work as a form of active meditation. In practice, that means altering your breathing patterns in order to improve your mental, emotional, and physical states. Many spiritual traditions make breathing a focus of their meditation. Breath work (also known as deep or diaphragmatic breathing) has been known to help with pain

relief, stress reduction, and the duration and quality of sleep.

Breath work emphasizes concentrating on your body. Therefore, many folks who have been finding it hard to get into meditation may find breath work more approachable, as the focus isn't necessarily on calming their all-too-busy minds.

During a breath work session, your attention is focused on the length of your inhalations and exhalations and the way your abdomen moves. This focus enables a higher awareness of how your body feels. When properly performed, breath work stimulates your parasympathetic nervous system.

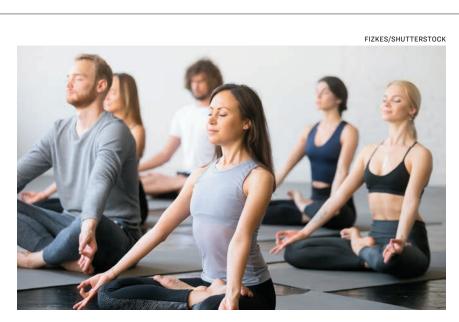
Breath work can aid you in switching off your sympathetic system—the "fight-orflight" system—and helps to guide you into the more tranquil parasympathetic system, the "rest and digest" system.

Getting Started With Breath Work

If you think that breath work might be right for you, there are many breath work resources available—both online and in-person. If you prefer to go the in-person route, look for reputable independent establishments that hold regular classes. Just make sure to do your due diligence and ensure that they're legitimately qualified. Many clinics and hospitals also incorporate breath work relaxation techniques.

If you want to go the solo route, there are many resources available online. Using online breath work programs can produce the same benefits as in-person classes or oneon-one sessions. Apps, such as Headspace, Calm, and Ten Percent Happier Meditation, can greatly aid your solo sessions, should you decide that's what works best for you.

Before you embark on your new breath work journey, take the time to contemplate the average time you would like to dedicate



Breath work can help you achieve the seemingly lofty goals of reducing stress and anxiety while making it easier to drift off into more restful sleep.

Ian Kane is an U.S. Army veteran, author, filmmaker, and actor. He is dedicated to the development and production of innovative, thought-provoking, character-driven films and books of the highest quality. You can check out his health blog at IanKaneHealthNut.com to it per week and per day. The duration usually depends on why you want to incorporate breath work into your life in the first place and the type of breath work in which you're most interested. Breath work sessions can be as short as two minutes or as long as several hours. Twenty minutes is a good place to start.

The actual practice of breath work involves taking deep, circular breaths that are continuous (without breaks). Those deep belly breaths allow for diaphragmatic, or abdominal, breathing patterns that stimulate your vagus nerve—the longest cranial nerve in your body. The vagus nerve connects your brain to many of the crucial organs throughout your body, such as your intestines, heart, and stomach. After a while, your body and mind can enter into a more tranquil state.

Different Breath Work Options

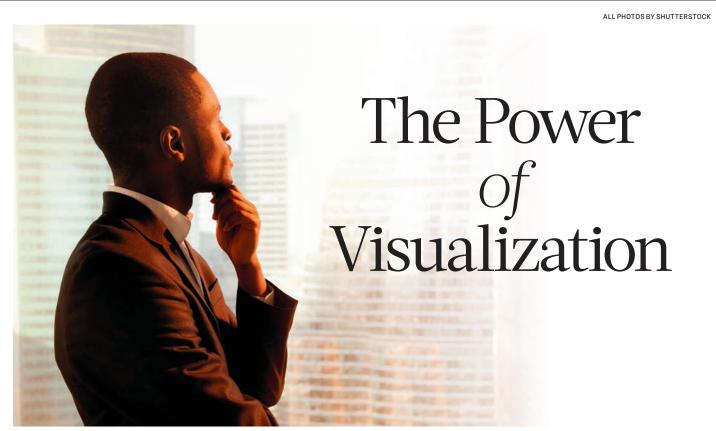
Since breath work is becoming more popular, it's also becoming easier to find different breath work techniques.

Different techniques have distinguishing characteristics and methodologies, such as variances in length of breaths, whether they should be faster or slower, and whether they should be done exclusively through the mouth or nose (or a combination of both). Some techniques suggest that you hold your breath and inhale, then hold your breath and exhale more slowly. Some just suggest that you breathe deeply and feel each breath.

There is no "right" answer—it all depends on what works for each individual. THE EPOCH TIMES Week 39, 2021

A heartfelt vision, a dream made real in our mind's eye, has the power to change our

life.



If you can see it in your mind's eye, you can build it in the world

DONNA MARTELLI

Close your eyes and form a mental picture or image of what you want to achieve. Look through the lens of your imagination, and see your wish unfold within your mind's eye. Your mind has creative power way beyond mere positive thinking. If you can imagine it, you can create it. Such a bold statement seems presumptuous until we examine the process, called "visualization," or "imaging," and discover that this statement is not so way-out after all.

There is a proven and direct link between your body and your mind. Even if you are doing all the right things, you could be hampering your progress if you're not visualizing what you want to achieve or if what you're imagining is contrary to what you desire. When you mentally see your desire as reality, your mind and body will align.

Everyone has the incredible power of visualization, but only a few have been taught to use it effectively. When you visualize your desired results daily, you accelerate their manifestation.

Athletes, actors, and performers have long known about the power of visualization. You may or not remember the famous quote of Mohammad Ali: "If my mind can conceive it and my heart can believe it, then I can achieve it." Many bodybuilders regularly visualize how they want their bodies to look, and by doing so, they continue to obtain their desired results. You have that same ability.

Let's say you want to lose 30 pounds. The first thing I want you to do is to find an old photo of yourself when you were 30 pounds lighter. If you don't have one, substitute a picture of someone who looks like you want to look. Put that picture where you will see it several times a day, say on your refrigerator door. This one action will enormously assist you in achieving your goal.

Your mind is mighty indeed, and it will work to create a current reality that matches your vision. As a small example of the connection between your mind and your body, note this fascinating fact: When you concentrate on a muscle and imagine it is working, it activates and somewhat trains itself. There have been scientific studies that verify this fact. Think about that for a minute!

You can use visualization, also known as imagery, to create the results you desire in all situations, whether financial, physical, or otherwise. As you come closer to your goal, you will discover the side-effect of reduced stress. Health care professionals use visualization as a stress management tool, as do surgeons and police officers. You can see that it works for all kinds of people in many different situations.

Can You Do It?

There are several keys to unlock the power of visualization in your life. These will help you utilize this fantastic tool:

- Imagine the situation in as many details as possible.
- Use all your senses: see it, smell it, taste it, feel it, hear it.
- Close your eyes if it helps you see your future self.
- Add the emotions and bodily sensations you would feel if you had already achieved your goal.

hoto of yourself when you were 30 pounds If you find it helpful, you can add these ghter. If you don't have one, substitute a activities:

• Write some daily affirmations in the present tense to help your mind see the

Your mind is mighty indeed, and it will work to create a current reality that matches your vision. future. Begin with "I," followed by something you wish you had already accomplished or something you want to attain in the future. For example. "I am strong and able to overcome this trial." "I am healed, healthy, and whole in every area of my life." You must be specific here, too:

- "I am a writer with 30 bestselling books."
 Speak your affirmations every day. A somewhat lost definition of meditation is "speaking something to yourself over and over." It goes out of your mouth into your spirit and then out of your spirit into your mouth. When you practice this continually, it transforms your mind.
- Create a vision board. Just get a blank piece of poster board and fill it with pictures that represent how you want your life to look in a specific amount of time. Put it in a place where you can easily see it, and it will remind you of where you want to be.

Visualizing your desired result activates your creative subconscious to generate innovative ideas to help you reach your goal. It programs your brain to recognize what you will need to achieve it. Additionally, it draws the people and resources that will help you, and it builds your motivation to do what is required to make it happen.

Use whatever methods help you. The whole concept of visualization is this: Imagine it, believe it, create it. You can practice it anywhere, and no one will know what you're doing. Keep exploring and create the life you desire with the power of visualization.

Donna Martelli, formerly a professional dancer with the Harkness Ballet of New York, served on the dance faculty at Butler University in 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.



PHEELINGS MEDIA/SHUTTERSTOCK

Any worthy goal can be given the attention of your imagination.

The Tragedy and Liberation of Death

LEO BABAUTA

Recently my brother was hit by an unimaginable tragedy: he lost his 3-monthold baby, Tyler.

I'm still in shock and heartbreak. My heart is broken for him, for all of our family, and for this terrible loss.

I didn't know Tyler, but as I begin to process this loss, I start to feel the loss of the future we won't get to have together. Playing together, reading to him, riding bikes, throwing a ball around, having uncle-nephew talks out in nature. Celebrating his victories and his life. I mourn the nephew I didn't get to have.

At the moment of death, I will suddenly no longer try to control others or burden myself with my judgments of others.

And of course, it makes me appreciate the nephews and nieces I do have. I've been thinking of all of them, grateful that I've gotten so many good moments with all of them. Tyler will be in my heart each time I get the gift of another moment with a loved one.



This sudden loss has prompted me to face my own death. I know it is coming, just not when. I rarely think about it because life is so in-my-face, but it's there, waiting. Tyler's death is such a stark reminder that we never know how much time we have left. I've been contemplating this quote from a revered Zen teacher:

"From the perspective of many wisdom traditions death is seen as the ultimate moment for the complete liberation of the mind from all entanglements, all sorrows and all separateness." ~Joan Halifax

And there is something liberating about this for me

for me. When I die, I will no longer imagine myself

as separate from the world. I will no longer imagine that I'm somehow We don't need to wait until death to give up pettiness and embrace a broad and loving perspective.

Leo Babauta is the author of six books and the writer of Zen Habits, a blog with over 2 million subscribers. Visit ZenHabits.net inadequate. Nor worry about all the fears that come from that idea of inadequacy. At the moment of death, I will suddenly no longer trute control others or burden myself

longer try to control others or burden myself with my judgments of others. This is indisputable. And if it's true, why

can't I just let go of those things right now? Why waste time trying to control or judge others, worrying about whether I'm inadequate, insisting on my separation from everything else? It all takes so much energy.

Why not just free myself of these things today, instead of waiting for the moment of death?

When I've been contemplating death, this sense of liberation has actually happened for me. It gave me a moment of complete freedom.

Thank you, Tyler. I love you and will hold you in my heart.

Instagram Is Bad for Teens–and Facebook Knows It

Facebook has known for a year and a half that researchers are right, its Instagram app hurts teens

CHRISTIA SPEARS BROWN

acebook officials had internal research in March 2020 showing that Instagram—the social media platform most used by adolescents—is harmful to teen girls' body image and well-being but swept those findings under the rug to continue conducting business as usual, according to a Sept. 14 report in The Wall Street Journal.

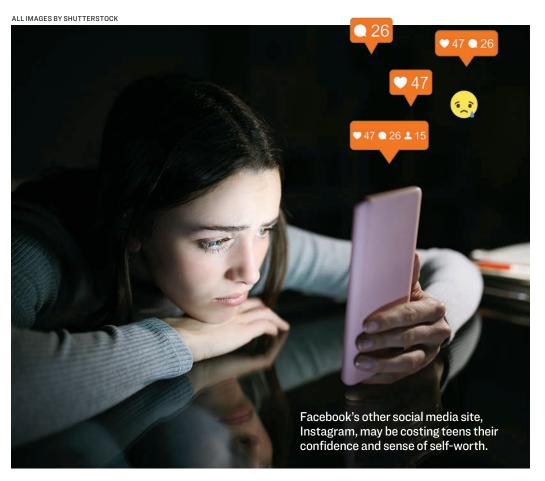
Facebook's policy of pursuing profits regardless of documented harm has sparked comparisons to Big Tobacco, which knew in the 1950s that its products were carcinogenic but publicly denied it into the 21st century. Those of us who study social media use in teens didn't need a suppressed internal research study to know that Instagram can harm teens. Plenty of peer-reviewed research papers show the same thing.

Understanding the effects of social media on teens is important because almost all teens go online daily. A Pew Research Center poll shows that 89 percent of teens report they are online "almost constantly" or "several times a day."

Teens are more likely to log on to Instagram than any other social media site. It's a ubiquitous part of adolescent life. Yet studies consistently show that the more often teens use Instagram, the worse their overall well-being, self-esteem, life satisfaction, mood, and body image. One study found that the more college students used Instagram on any given day, the worse their mood and life satisfaction was that day.

Unhealthy Comparisons

But Instagram isn't problematic simply because it's popular. There are two key features of Instagram that seem to make it particularly risky. First, it allows users to



follow both celebrities and peers, both of whom can present a manipulated, filtered picture of an unrealistic body along with a highly curated impression of a perfect life.

Even in studies in which participants knew the photos they were shown on Instagram were retouched and reshaped, adolescent girls still felt worse about their bodies after viewing them.

While all social media allows users to be selective in what they show the world, Instagram is notorious for its photo editing and filtering capabilities. Plus, that's the platform popular among celebrities, models, and influencers. Facebook has been relegated to the uncool soccer moms and grandparents. For teens, this seamless integration of celebrities and retouched versions of real-life peers presents a ripe environment for upward social comparison, or comparing yourself to someone who is "better" in some respect.

Humans, as a general rule, look to others to know how to fit in and judge their own lives. Teens are especially vulnerable to these social comparisons. Just about everyone can remember worrying about fitting in while in high school. Instagram exacerbates that worry. It's hard enough to compare yourself to a supermodel who looks fantastic (albeit filtered); it can be even worse when the filtered comparison is Natalie down the hall.

Negatively comparing themselves to others leads people to feel envious of others' seemingly better lives and bodies. Recently, researchers even tried to combat this effect by reminding Instagram users that the posts were unrealistic.

It didn't work. Negative comparisons, which were nearly impossible to stop, still led to envy and lowered self-esteem. Even in studies in which participants knew the photos they were shown on Instagram were retouched and reshaped, adolescent girls still felt worse about their bodies after viewing them. For girls who tend to make a lot of social comparisons, these effects are even worse.

Objectification and Body Image

Instagram also is risky for teens because its emphasis on pictures of the body leads users to focus on how their bodies look to others. Our research shows that for teen girls—and increasingly teen boys—thinking about their own bodies as the object of a photo increases worrying thoughts about how they look to others, and that leads to feeling shame about their bodies. Just taking a selfie to be posted later makes them feel worse about how they look to others.

Being an object for others to view doesn't help the "selfie generation" feel empowered and sure of themselves—it can do exactly the opposite. These aren't insignificant health concerns, because body dissatisfaction during the teen years is a powerful and consistent predictor of later eating disorder symptoms.

Facebook has acknowledged internally what researchers have been documenting for years: Instagram can be harmful to teens. Parents can help by repeatedly talking to their teens about the difference between appearance and reality, by encouraging their teens to interact with peers face-to-face, and to use their bodies in active ways instead of focusing on the selfie.

The big question will be how Facebook handles these damaging results. History and the courts have been less than forgiving of the head-in-the-sand approach of Big Tobacco.

Christia Spears Brown is a professor of psychology at the University of Kentucky. This article was first published on The Conversation.



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