

THE EPOCH TIMES

MIND &

BODY

CARL DMASTER/SHUTTERSTOCK

Ivermectin makes it harder for the virus to enter the host's cells, inhibiting a virus from getting into the cell nucleus.



COVID-19

Ivermectin and COVID-19: What You Need to Know

A promising therapeutic has fallen victim to politics and misinformation

JENNIFER MARGULIS

Judith Smentkiewicz of Cheektowaga, New York, was given a 20 percent chance to live. She had COVID-19 and was on a ventilator at Millard Fillmore Suburban Hospital. Her son and daughter asked the doctors to give her ivermectin.

When the doctors refused, the family hired two lawyers, Ralph C. Lorigo and Jon F. Minear, to sue the hospital. A state Supreme Court judge ruled in their favor and ordered the hospital to give Smentkiewicz the ivermectin.

According to an article in the Buffalo News, in less than 48 hours, Smentkiewicz was off the ventilator, out of intensive care, and able to sit up on her own. Her family and attorneys are sure that the ivermectin had saved her life.

At the same time, the U.S. Food and Drug Administration (FDA) doesn't recommend ivermectin. The FDA hasn't approved or authorized its use for the prevention or treatment of COVID-19 in people or in animals.

"Currently available data do not show ivermectin is effective against COVID-19," the FDA's website reads. "Clinical trials assessing ivermectin tablets for the prevention or treatment of COVID-19 in people are ongoing."

Used for Decades

Still, ivermectin, which was discovered in the late 1970s, has been in use for decades, initially as a veterinary medicine to



Protesters demand ivermectin as a treatment for COVID-19 in Albi, France, on July 31, 2021.

kill parasites in commercial livestock and domestic animals. It was then found to be an effective anti-parasitic for humans as well, most notably to treat elephantiasis in Africa and Southeast Asia, as well as river blindness (onchocerciasis), which is also endemic in Africa and in several countries in Latin and South America.

The drug has helped hundreds of millions of people and literally billions of farm animals fight against parasites. In fact, it has been so useful in the fight against infections caused by roundworm parasites that two scientists, William C. Campbell and Satoshi Omura, were awarded the Nobel Prize in Physiology or Medicine in 2015 for their discoveries regarding the medicine, according to The Nobel Prize Committee.

Ivermectin also has antibiotic and anti-cancer properties, as well as well-documented antiviral properties.

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Study Affirms How Compassion Helps Mental Health

International study finds that people who turn away from compassion have felt more depressed, anxious

ELIZABETH SVOBODA

As COVID-19 ricocheted around the globe, millions of us sought shelter in retreat. Not only were we quarantining at home, we were putting up internal walls against the suffering we saw in the world. For more than a year, it's been easy to justify an inward focus rather than an outward one.

But a new study suggests that retreating from compassion in the name of safety may not protect us as we hope. Shutting off our compassionate response during the pandemic may threaten our mental health, the research team found, and fray the social connections that sustain our well-being.

This research shows the corrosive effect of suppressing our instinct to connect with others, says Leah Weiss, a founding faculty member of Stanford University's compassion cultivation training program.

"When we get into a fear-based, anxiety-driven perspective, we're going to withdraw and isolate. When we withdraw and isolate, we have even more anxiety, so it leads to a negative loop," Weiss says. "The whole thing ramps us up, and then our resilience, our resources, go down."

How Retreating From Compassion Can Backfire

To explore how attitudes toward compassion were affecting people's well-being during the pandemic, University of Coimbra psychologist Marcela Matos and her team recruited more than 4,000 people from 21 countries, including Brazil, Australia, Saudi Arabia, and the United States. All of the participants completed an online survey in spring 2020 that asked them to describe their beliefs about compassion, as well as their psychological state and the strength of their social connections.

The team was particularly interested in the fear of compassion, which comes in a number of different forms, Matos says. Some people are afraid that responding compassionately will trigger emotions that overwhelm them, threatening to suck them under. Others believe that showing compassion is tantamount to showing weakness, or that those around them don't deserve compassion.

When people hold these kinds of beliefs, they may consciously or unconsciously block their own compassionate response, failing to notice other people's suffering or to help them when they're in crisis.

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Compassion means giving each other time and attention.

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In the Chinese
calendar, winter
starts now and that
means taking steps
to harmonize with
the season.

CHINESE WISDOM FOR SEASONAL LIVING

Ginger and Midday Walks Help to Obtain Yang Energy

Solar Term: 'Winter Commences' (Nov. 7–Nov. 21)

MOREEN LIAO

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

Solar Term: 'Winter Commences'

2021 Date: Nov. 7–21

"Winter Commences" is the first solar term of winter. Far from being too cold to enjoy, now is the time for harvesting grains and roots, savoring cold-hardy chrysanthemums, and partaking of (or making) warming wines.

The traditional Chinese calendar system recognizes winter a full six weeks earlier than most Americans know as winter's start, but we can already see proof in the colder parts of the world that water is starting to freeze and frost is starting to blanket the ground.

A midday walk in the sun helps to counteract the underlying mood of the season.

Plants that live above the ground have mostly stopped growing because of the cold, while grains and root vegetables are at their peak. For wildlife and people, it's the season to hibernate and conserve energy.

Now is a good time to make wine, or enjoy wines made in previous seasons, as the temperatures are perfect to facilitate winemaking without risking the further fermentation that turns it to vinegar.

And a special treat, beautiful chrysanthemums are in full bloom at this time.

The abundant petals of certain species of this flower can be enjoyed as a tea, which is especially nice to admire in a glass teapot. Petals may also be cooked into a hot soup or stew, together with meat or beans. Chinese chrysanthemum is good to cleanse the lungs and blood, and to prevent buildup inside the blood vessels.

If you want to try cooking with chrysanthemum, make the soup base, and add the petals at the end of the cooking process.

Although it's getting too cold outdoors for most plants to grow, there's a nice and aromatic one we can keep indoors around this time—daffodils.

Now is the perfect time to plant daffodil bulbs. Water them throughout the winter (depending on your climate) and they will be ready in early spring with both aroma and pretty flowers. The flower will lift your mood in the gray, cold days in anticipation of its delicate scent and elegant shapes.

Impact on People

It's common to feel depressed around this time of the year. The body feels cold, the sky is dark, and we feel sleepy.

A nice energy recharge is highly recommended. Try basking in the midday sun, drinking quality herbal tea, or listening to classical music such as Bach, Mozart,

Beethoven, or the Shen Yun Performing Arts Orchestra. (The most fortunate ones may find Shen Yun performing in their area.)

Living in Harmony With 'Winter Commences'

A midday walk in the sun helps to counteract the underlying mood of the season. It reduces the chances of suffering from seasonal depression, improves immune function, provides vitamin D, helps the body metabolize carbohydrates, and improves blood and energy circulation.

A midday walk is particularly beneficial for elderly people.

Going to bed early and getting up late is also recommended, and restraint of sexual activity in winter is also mentioned in traditional Chinese medical texts.

Always cover the skin when exposing yourself to the cold air, or it will consume too much yang energy, and the muscles and fascia will feel tight and sore in the coming spring.

Seasonal Foods

Ginger is your best ingredient right now. It can be added to almost anything on the table. It can be eaten raw or cooked, in either savory or sweet dishes, and in any shape, from big chunks in soup to finely chopped bits in ginger cookies.

Ginger helps to improve circulation, repel the chill, and remove buildup in the body. It is said that ginger was the favorite food of Confucius, who was a famous teacher, scholar, and virtuous politician, who lived (551–479 B.C.) during China's Spring and Autumn period.

Thick, hearty soups are especially suitable for this time. Try to use root vegetables and lean meats instead of heavy cream or fat. This will reduce the burden on the heart.

Nut creams, such as soaked and blended cashews, are a good option for those who love thick, creamy soups but don't want to risk their health.

Also enjoy blackberries, carrots, curry, dates, duck, goji berries, kelp, lamb, leeks, mulberries, sesame oil, shellfish, shiitake mushrooms, spinach, sweet potatoes, and walnuts.

Seasonal Herbs and Essential Oils

Try using body or beauty products featuring seasonal essential oils, or using an essential oil diffuser to enjoy the balancing scents of birch, cedarwood, cinnamon, clary sage, ginger, rose, rosewood, rose geranium, and wintergreen.

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



Ginger helps to improve circulation, repel the chill, and remove buildup in the body.

MEDICALLY CORRECT

Many Options for Menopausal Difficulties

Menopause is a natural process, but the discomfort may call for a variety of treatments

PETER WEISS

The definition of menopause is simply the natural end of a woman's menstrual cycles. While the average age for a woman to enter menopause in the United States is 51 years old, there is some familial tendency, so you may follow your mother's pattern.

This is a very natural part of aging but can happen as early as 40 years old or younger. We call that "premature ovarian insufficiency" or simply, "premature menopause." Menopause is basically when the ovaries stop producing estrogen.

A woman today can live a healthy and productive life well into her late 80s and beyond. A woman can spend more than 40 years in menopause. What does that really mean?

There is a confusing term, post-menopause, which really is just the time after the onset of menopause.

If menopause is a natural process, why is so much attention applied to "treating" it? There really is no such "treatment," just as there is no such treatment for aging. Yes, we can improve our health, exercise, eat well, and take supplements, but we all age, and all women will enter menopause if they live long enough. With menopause, as with any time in our lives, we want to stay healthy and feel well.

T.K. was a 45-year-old patient of mine; she had two kids and was an accomplished writer.

Her periods were starting to spread out, and she was complaining of hot flashes, night sweats, and difficulty sleeping. Her hormone levels were below the laboratory definition of menopause, but she sure was close. She wanted relief.

There is no one magic pill that covers everything. The first step is deciding if you want anything at all. Remember, menopause is a natural process, and yet I agree that just like aging, I don't want it to happen too fast.

T.K. was started on several good supplements, with black cohosh and soy. She showed some improvement and then added magnolia bark and Damiana, a shrub native to Mexico.

She was satisfied with the results and had no other major issues.

At the same time, I had a patient, C.M., who was 51 and had severe hot flashes, sweats, no period for seven months, and was miserable. She tried the same regimen

If menopause is a natural process, why is so much attention applied to 'treating' menopause?

Not all menopausal symptoms are just hot flashes and night sweats.



and more. She had no improvement whatsoever. She wanted relief. This is where hormone replacement therapy (HRT) can have a positive effect. HRT is not for everyone, but there's a place for it in helping women who are suffering. HRT isn't the first line of therapy, but it can be very effective.

The drug premarin was developed in 1941 and became a mainstay for hormone therapy in the 1970s. It's made from horse urine; in fact, the name comes from PREgnant MAREs' urine. Very few physicians use premarin in the U.S. anymore, and they shouldn't. I haven't prescribed it in over 30 years.

Bioidentical hormones have the same molecular structure as hormones made by your body. Premarin and the progesterone Provera aren't bioidentical. We now use plant-based Estradiol, plus other types of estrogens, which are bioidentical, as well as micronized progesterone, which also is bioidentical. These newer formulations can be compounded by many pharmacies and tailored for the patient's needs. Bioidentical estrogen and progesterone are also made by large pharmaceutical companies and are well tolerated by most patients.

HRT has its pros and cons, but this isn't the format for that discussion. We try to limit the use for just the specific indications and taper women off as soon as possible. C.M. had remarkable relief from symptoms that were affecting her day-to-day life, so HRT for her was the best choice. Each person must be treated individually.

Different patients need different therapies.

Not all menopausal symptoms are just hot flashes and night sweats. Several years after the start of menopause, women can begin to experience what we call genitourinary syndrome of menopause (GSM). Those are big words to describe extreme vaginal dryness, pain with sex, bladder irritation, nocturia (having to get up to pee several times a night), and hesitancy, which is always having the feeling like you have to pee. Obviously, these symp-

toms can be quite debilitating and difficult to treat.

GSM can be a real problem for many women. I tend to see a lot of these women as referrals for difficult situations. The first line of therapy is simple basic natural oils, such as grapeseed, olive, sweet almond, and coconut oil to name a few. There are also over-the-counter vaginal moisturizers such as Luvena, Replens, vitamin E suppositories, and others. If none of those work, your doctor or nurse can give you vaginal estrogen cream or suppositories as well.

Menopausal vaginal tissues tend to get atrophic (dried out) after several years in menopause, due to the lack of estrogen. Bioidentical vaginal estrogen as well as several "pre-estrogens" can be used as well to help those vaginal cells regrow into healthy thick cells and provide moisture to the vagina. There is also a relatively new technology called a Mona Lisa touch laser, which uses a CO2 fractional laser to stimulate the body's own reparative process to produce those healthy moist vaginal cells. This laser has been especially useful for women survivors of breast cancer who can't or are afraid to use estrogen.

The bottom line is that women in menopause now have a large variety of therapies available to them to help their particular condition. The best advice is to start with the simplest most natural therapy and go from there.

An unknown author said it best: "Difficult roads often lead to beautiful destinations. The best is yet to come."

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.

ALL PHOTOS BY SHUTTERSTOCK



Some women can get great relief from difficult menopause symptoms with natural treatments. Others will appreciate hormone replacement therapy.

Study Reveals Benefits of Sunlight

Sunlight may improve sleep, elevate mood, and reduce insomnia

SARAH COWNLEY

Sleep disorders are pervasive and approximately one in three adults suffer from mild insomnia. As stress levels rise around the world, insomnia is becoming more prevalent in adults. But a new study led by Monash University has found that getting enough natural sunlight each day could help to reduce insomnia and improve mood.

The study published in the Journal of Affective Disorders included more than 400,000 participants from the UK biobank program. It was found that a lack of daytime light exposure was a risk factor for poor

mood, insomnia, and depressive symptoms.

Researchers noted that most messaging around health and light is focused on avoiding light at night. Previous research has found that light during nighttime can disrupt the body's clock, also known as circadian rhythm. This study helps to highlight the importance of getting enough daylight to ensure the body can function optimally.

By making minor adjustments to a daily routine, some may improve their sleep, mood, and energy levels.

Circadian Rhythm

Circadian rhythm is a natural internal process that regulates the sleep-wake cycle. It repeats roughly every 24 hours and can help guide the body to let it know when to sleep and when to be awake. This cycle is vital in helping the body rest and regain energy lost from being awake and performing daily activities.

In an article on Monash University's website, study co-author Sean Cain said, "In this study, we observed that the greater time spent in outdoor light during the day was associated with fewer depressive symptoms,

lower odds of using antidepressant medication, better sleep, and fewer symptoms of insomnia."

The reduction of these symptoms may be explained by the effect of light on circadian rhythm and the direct effect that sunlight creates on mood centers in the brain.

People tend to spend most waking hours in artificial lighting conditions and relatively bright nighttime light exposure. By making minor adjustments to a daily routine, some may improve their sleep, mood, and energy levels.

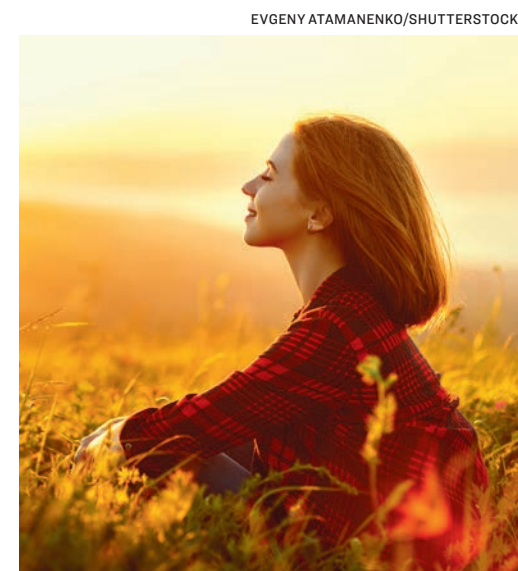
Researchers concluded the study by noting that insufficient exposure to daytime light could be a critical factor that contributes to poor sleep outcomes and depressive disorders. They suggest simple advice for everyone; when the sun is out, get as much light as you can, but after it sets, keep your environment dark. That's good advice, but likely easier said than done in northern climates, with radical shifts in daylight length between summer and winter.

This study helps to show the importance of daytime light. Researchers recommend exposure to bright lights first thing in the morning and spending time outdoors, getting enough sunlight during daytime hours. Exposure to blue light should be avoided, especially at night, and bright lights at night should be turned off, screen time limited, and lights in the bedroom blocked off.

By correcting your circadian rhythm, you

will feel more awake during the day and more sleepy at night. As this study also suggests, you can help boost mood and reduce episodes of insomnia.

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



Sunlight has a direct effect on our circadian rhythm and the mood centers in the brain.

COVID-19

Ivermectin and COVID-19: What You Need to Know

A promising therapeutic has fallen victim to politics and misinformation

Practically overnight, treating the disease with ivermectin became associated with the political right. And Big Tech began censoring people who shared information about the drug.

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Indeed, ivermectin has been shown to be a potent anti-viral against several infectious viruses, including West Nile, Dengue, yellow fever, and influenza A.

But the drug remains extremely controversial for the treatment of COVID-19. Those who champion it insist that ivermectin is a cheap, widely available, and helpful treatment for SARS-CoV-2. Its critics say that not only is it not a miracle cure, but giving patients “false hope” by promising that ivermectin can help them “could have deadly consequences.”

A Promising Mechanism

Ivermectin's mechanism—how it works against viruses—is well understood. A virus can't reproduce like a living cell: It has to enter another cell and hijack the DNA in the host cell's nucleus in order to replicate. Ivermectin makes it harder for the virus to enter the host's cells, inhibiting a virus from getting into the cell nucleus (where the DNA the virus needs to reproduce is located) and interfering with the virus's ability to replicate.

Ivermectin also appears to have a side benefit in treating COVID-19: It seems to reduce the body's cytokine response, dampening the dreaded cytokine storm that has been found to be one of the biggest dangers in acute COVID-19 infections.

Knowing that it's an effective anti-viral, South African pulmonary critical care specialist Dr. Paul Marik, professor of medicine and chief of pulmonary and critical care medicine at Eastern Virginia Medical School in Norfolk, Virginia, who has authored more than 400 peer-reviewed journal articles, 50 book chapters, and four critical care books, along with Dr. Pierre Kory, who spent more than five years as the chief of the critical care service at the University of Wisconsin Hospital and Clinics, along with other doctors (including cardiologist Peter McCullough), decided to try this cheap and widely-available drug to treat their COVID-19 patients.

Early Treatment With Ivermectin

One of the reasons for trying ivermectin was accessibility. People in many poorer regions—including South America, India, and sub-Saharan Africa—had access to the drug to treat parasite diseases. In France, it was also available over the counter for the treatment of lice. In 2012, Reuters News reported on an industry-funded study that found that application of an ivermectin hair lotion could kill head lice and their eggs in just 10 minutes.

Although the federal government focused its attention on developing a vaccine to prevent infections in the first place, many front-line doctors looked for effective ways to treat patients who were coming down with COVID-19. According to an extremely detailed article published in Mountain Home magazine in May, from the begin-

Jennifer Margulis, Ph.D., is an award-winning journalist and book author. She has worked on a child survival campaign in Niger West Africa, taught post-colonial literature to non-tradition students in inner-city Atlanta, and appeared live on prime-time TV in Paris to champion an end to child slavery in Pakistan. A frequent contributor to The Epoch Times, she was granted a prestigious Fulbright Award in 2006. Learn more about her and sign up for her free weekly newsletter at JenniferMargulis.net

ning of the pandemic, Marik and Kory had some of the best outcomes in the country by treating COVID-19 with a combination of steroids and anti-coagulants. In March 2020, they shared this experimental clinical protocol, known as MATH-plus, and have shared it with other critical care specialists and the public.

The MATH part of the protocol stood for Methylprednisolone (a steroid), Ascorbic Acid (vitamin C), Thiamine (a B vitamin), and Heparin (an anticoagulant). The plus part of the protocol included second- and third-line treatments based on the individual patients presenting symptoms. The MATH-plus protocol was intended for hospitalized patients.

Seven months later, in October 2020, the frontline doctors added ivermectin to their original recommendations, calling it “a core medication in the prevention and treatment of COVID-19” on the covid10criticalcare.com website.

“Our medical discovery of a rapidly growing published medical evidence base, demonstrating ivermectin's unique and highly potent ability to inhibit SARS-CoV-2 replication and to suppress inflammation, prompted our team to use ivermectin for prevention and treatment in all stages of COVID-19,” the frontline doctors—who have formed a nonprofit known as the Front Line Covid-19 Critical Care Alliance—explained on their site.

The I-MASK-plus protocol, which is centered around ivermectin, is now being used to prevent and treat COVID-19 before it gets severe.

“Fun fact,” Kory wrote on Twitter on Oct. 7. “Between 100-200 United States Congress Members (plus many of their staffers & family members with COVID) were treated by a colleague over the past 15 months with ivermectin & the I-MASK+ protocol at flccc.net. None have gone to [the] hospital. Just sayin!”

Science Wars

In 2020, a team of scientists from Australia decided to see if ivermectin could also treat SARS. Their study, published in June 2020 in the journal Antiviral Research, showed that it effectively prohibited SARS-CoV-2 from replicating in laboratory cells, resulting in a 5,000-fold reduction in viral load within 48 hours.

But, critics point out, testing a drug via cells in a petri dish is very different from testing a drug in humans. Yahoo News dismissed Marik and Kory as “fringe doctors” in September and, in October, the BBC reported that “false science” is the driving force behind the enthusiasm for ivermectin. In the midst of dealing with a novel virus—as well as the fallout from government policies on how to stop it—it's extraordinarily difficult to parse out which treatments are actually effective and which are working only due to the placebo effect.

Many dismiss ivermectin as “horse paste” and “quackery.” But a compilation of extensive data from studies across the world,

which was published in the American Journal of Therapeutics four months ago, shows that ivermectin was effective across the board. In this peer-reviewed report, a team of five doctors, including Marik and Kory, analyzed the results of 24 randomized controlled trials involving 3,406 participants from countries across the world, ranging from Argentina to Bangladesh to Spain.

Their analysis suggested that ivermectin was effective prophylactically at preventing infection in Argentina, France, and Bangladesh. Indeed, among people who were already being treated with ivermectin for parasite prevention, infection rates were a fraction of the rates of the people in the same region who weren't treated with ivermectin, which is one reason for the frontline doctors' recommendation to use it as a prophylactic.

The same review showed that ivermectin may also be effective at other stages of COVID-19 infection. In studies of mildly ill outpatients given ivermectin in Spain, Nigeria, Iraq, and the Dominican Republic, thousands of patients improved with early treatment, experiencing better outcomes than patients who didn't receive the drug.

The review also found that, among sicker, hospitalized patients in Iraq, India, Brazil, and Florida, severity and complications were decreased with ivermectin treatment, and fewer people died.

When critics challenged the integrity of one of the studies that was originally included in the review, which was from India but had been retracted, Marik's team removed it from their data and published a response to the criticism in the next issue of the same journal. Even without the Indian study, Marik's team insisted, the combined data from the other 30 studies were still positive, showing statistically significant and substantial improvement in outcomes with the use of ivermectin.

The same month that the review came out, a Forbes report claimed there was no evidence of ivermectin's effectiveness, except for one study based on cell samples in Petri dishes. The Forbes report also came one month after a review of previous ivermectin studies had already concluded that people on the drug showed a 56 percent improved survival rate. Other mainstream media reports on the drug have ignored all clinical research and described it as nothing more than a horse dewormer.

Politics Muddy Ivermectin Waters

In October 2020, then-President Donald Trump tested positive for COVID-19 and spent three days at the Walter Reed National Military Medical Center before returning to the White House on Oct. 5. Trump told the American people that he had been given ivermectin, along with other remedies. Practically overnight, treating the disease with ivermectin became associated with the political right. And Big Tech began censoring people who shared information about the drug.

I was one of them. Shortly after the Buffalo News article about Judith Smentkiewicz's successful treatment with ivermectin was published, I was temporarily banned from Facebook for posting a quote from the Buffalo News and a link to the article itself, with no other commentary, on my personal profile.

At the time when Facebook and other platforms were censoring news about ivermectin, preventive measures such as double masking, wearing personal protective equipment, draconian social distancing, and social isolation, as well as vaccination became associated with the political left, even though the U.S. government's Project Warp Speed (to develop a safe and effective vaccine in record time) was initiated during a Republican administration.

News outlets began referring to ivermectin as “horse paste,” suggesting that the drug was only for animals. It's unclear if those reporters or media outlets were aware that people regularly take ivermectin in pills sized for human dosages calibrated by body weight. Ivermectin is one of the 400 most commonly prescribed medicines for humans and won its inventor a Nobel Prize after it cured two major diseases.

While clinical trials of ivermectin are ongoing in regard to COVID-19, it's included on the World Health Organization's list of Essential Medicines with a long-established safety record.

Ivermectin Alternative

Interestingly, another antiviral that may slow the virus more effectively is on the way. Taxpayer money has funded a forthcoming drug to treat COVID-19 to the tune of several million dollars, according to an investigation by STAT News. Though its mechanism is completely different, Molnupiravir has been touted as a COVID-19 cure, and proponents say that it reduces viral replication several times more effectively than ivermectin. It also costs more than \$700 per course of treatment, and it isn't yet available to the public.

The fate of this drug, too, has swung with the politics: When the Trump administration poured money into it, it was reviled by most of the media. But now that the Biden administration is continuing to fund research about it, Molnupiravir is being hailed as a cure.

University of Oxford Study

Despite the controversy and politically motivated demonization, ivermectin is far from dead as a COVID-19 treatment. The University of Oxford is currently conducting a large-scale controlled study to see if it's effective in preventing severe COVID-19 and keeping patients out of the hospital.

The Oxford data, once it's published, will certainly help inform the debate around ivermectin. But controversies over effective treatments for COVID-19 likely won't stop any time soon.

PART 2

Testing for Lyme Disease and Treating It

Beyond antibiotics, there are several ways to combat chronic Lyme disease

ASHLEY TURNER

This is part two of a three-part series exploring Lyme disease: how to test for it, treat it, and prevent it.

One of the difficulties of Lyme disease is actually figuring out if you have it. Unlike many other diseases, diagnosis can be difficult. This is true of other tick-borne illnesses as well.

The western blot and ELISA tests look for specific antibodies within the blood and are the standard conventional testing methods given by the Centers for Disease Control and Prevention (CDC). However, with these testing methods, 60 percent of early Lyme and other tick-borne illnesses are missed.

Immunoglobulin testing can offer greater sensitivity and specificity than the standard two-tiered testing methods laid out by the CDC. This testing uses recombinant proteins of several species of *Borrelia burgdorferi*, and not just from B31 used by other western blot tests.

CD57 is a blood test that looks at specific natural killer cells. Lyme disease and other pathogens can suppress the immune system and low CD57 counts can indicate chronic Lyme. While this test doesn't diagnose Lyme disease by itself, it helps clinicians understand how the immune system is addressing an illness and adds another piece to the Lyme diagnosis puzzle. CD57+ provides insight into immune status, bacterial load, and the severity of illness.

Lyme Disease Treatments

Unfortunately, *Borrelia* is very resilient and is often a tough match for the immune system.

However, treatment from a holistic, functional, integrative perspective is promising. As with any chronic or acute illness, optimizing immune function through various strategies is critical in resolving illness.

Even though I look at health from a natural perspective, I believe there's a time and place for medications. From my perspective, treating acute Lyme and other tick-borne bacterial infections with antibiotics can be helpful in some circumstances in conjunction with holistic remedies. This nips the bacterial infection in the bud before it moves into invasive, chronic stages. Beyond antibiotics, there are several other important treatment areas.

Food

Consuming a non-inflammatory diet is crucial for bolstering the immune system in the face of tick-borne pathogens, along with calming systemic inflammation.

Avoiding inflammatory foods such as sugars, refined carbohydrates, and processed foods is important because they hinder immune function. Identifying and eliminating potential food sensitivities will also take the burden off the immune system and help it thrive.

Some of the most common food sensitivities include gluten, conventional dairy, eggs, soy, corn, and food additives.

Gut Health

While antibiotics often play a role in addressing Lyme disease, especially in the acute stages, they hinder the health of the gut because they kill off all types of bacterial species, including the beneficial ones.

Furthermore, the majority of the immune system is housed within the gut.

It's important to support the gut by repopulating these beneficial organisms through quality probiotics or fermented foods such as raw sauerkraut.

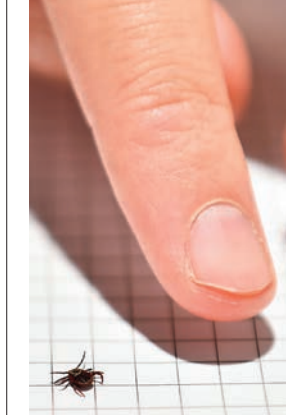
Gut-supportive nutrients including L-glutamine, gelatin, and collagen will typically support the integrity of the gut barrier.

Immune-Supporting Compounds

Vitamin D has a powerful modulating effect on the immune system. Those with optimal vitamin D levels will have a strong foundation for fighting tick-borne pathogens.

Furthermore, anti-inflammatories including curcumin, resveratrol, and omega-3 fatty acids also support optimal immune response, not to mention counteracting the inflammatory response from these tick-borne pathogens.

JEAN-CHRISTOPHE VERHAEGEN/AFP/GETTY IMAGES



Ticks carry a variety of bacteria that can lead to illness and can be difficult to detect.

As with any chronic or acute illness, optimizing immune function through various strategies is critical in resolving illness.



It's important to support the gut by repopulating beneficial organisms through quality probiotics or fermented foods.



Individuals with Lyme disease and tick-borne pathogens should exercise moderately, but be careful not to overexert themselves.



Oregano, cinnamon bark, and clove essential oils have been found to have anti-borrelia properties.

Dr. Ashley Turner is a traditionally trained naturopath and board-certified doctor of holistic health for Restorative Wellness Center. As an expert in functional medicine, Dr. Ashley is the author of the gut-healing guide "Restorative Kitchen and Restorative Traditions," a cookbook comprised of non-inflammatory holiday recipes.

Antimicrobials

Antibiotics do have a time and place in Lyme treatment, especially in the acute stage. However, *Borrelia burgdorferi* has been shown to quickly become resistant to common antibiotics used to treat Lyme, including doxycycline and amoxicillin.

For those who approach tick-borne illness from a functional or integrative perspective, understand that antibiotics are just one piece of the treatment puzzle. For deeper anti-microbial effect, herbs, essential oils, and homeopathics also can play an important role in resolving these infections.

Antimicrobial herbs are sometimes more beneficial than their synthetic counterparts because they target a wide array of tick-borne pathogens and various forms of *Borrelia*. Furthermore, they target harmful organisms while sparing beneficial microbes within the gut. This helps to protect the vitally important microbiome.

Antimicrobial herbs that have been shown to benefit individuals with Lyme include Japanese knotweed, Ghanaian quinine, cat's claw, sweet wormwood, andrographis, cryptolepis, and astragalus. Astragalus also can be used preventatively for those who live in high-risk areas of the world. Oregano, cinnamon bark, and clove essential oils have also been found to have anti-*Borrelia* properties. Taking specific binding agents in conjunction with herbs helps to remove pathogens and toxins from the body while keeping detoxification pathways open and herxheimer (die-off) symptoms at bay.

Many people find Epsom salt or clay detox baths to be helpful for symptom management. There are many holistic treatment protocols available that have proven successful, including Buhner Protocol, Byron White protocol, Beyond Balance, Nutramedix, and Cowden protocol.

Additionally, many holistic practitioners find homeopathic solutions helpful for decreasing symptoms of Lyme disease and co-infections. Some of these include *Ledum palustre*, *hypericum*, *arsenic album*, and *nodes* for specific pathogens.

Exercise

Individuals with Lyme disease and tick-borne pathogens should exercise moderately, but must be careful to not overexert. Physical activity is necessary to stimulate muscles and nerves and mobilize circulation and lymph flow. It also facilitates the movement of bacteria out of their hiding places within various tissues and into the bloodstream, where they may be identified and destroyed by the immune system.

Quality Sleep

Quality sleep is foundational to a thriving immune system, overcoming illness, and fostering optimal health. Unfortunately, many struggling with Lyme and other tick-borne pathogens may have the organisms cross the blood-brain barrier and disrupt sleep. Breathwork, calming essential oils and herbs, prayer/meditation, and avoiding screens for two hours before sleep can aid in sleep.

Stress Management

Stress destroys proper immune function. Finding ways to modulate the stress response, such as taking adaptogenic herbs, deep breathing, exercise, stretching, prayer/meditation, expressing gratitude, journaling, or physical touch can be very helpful. Sometimes taking part in therapies can help promote a healthier stress response in those with Lyme.

Reduce the Toxic Load

Environmental toxins such as heavy metals, plastics, formaldehyde, VOCs, per- and polyfluoroalkyl substances (PFAS), pesticides, and herbicides can have a negative impact on the immune system, nervous system, and overall biology.

It's also important to look for mold exposure in those dealing with chronic Lyme disease. Oftentimes, mold illness and Lyme disease go hand in hand because of the immune compromise and chronic inflammatory cascade that these illnesses initiate.

Taking part in specific detoxification protocols and sauna therapy is important for removing toxins from the body.



The endless distractions of screens can be addictive for anyone, but are especially problematic for the developing brains of young people.

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ability to be engaged is compromised, and our empathy has flattened.

The more we sit still, think, consider, feel, and pay attention, the more connected we can be to those around us, as well as ourselves. The world is hard-pressed to find good listeners today.

The Development of Imagination

A strong imagination is underrated. Yet more and more research is affirming how necessary imagination is to problem-solving, creativity, coping, and empathy.

Blank spaces of time in the day allow the imagination to flourish.

It's no surprise that ongoing input and the indulgence of entertainment hinder the development of one's imagination. Silence, quiet, and open space breed a healthy imagination, as these provide the opportunity to cultivate ideas and creative solutions.

A Life Free From Addiction

A surplus of research validates the addictive nature of video games, social media, and other screen entertainment. The chemical residing in the pleasure center of the brain, dopamine, spikes during entertainment screen use. And like any other addiction, the more we use it, the harder it is to disconnect from it. Likewise, more time is required to keep the rush.

When our brains get silent and quiet, it prevents the all-too-common addiction to screens. Adolescence is a vulnerable time as the brain is in formation mode. Studies have shown that 90 percent of addictions begin during the teenage years. The more time the brain has to develop without the constant stream of input, the more protected it will be from addiction.

So What Can You Do?

Establish tech-free zones in your house: Don't compromise on this. Take the time to explain to your kids why you are prioritizing spaces in your home where there is no screen use.

You'll notice, and so will your kids, that once silence becomes more commonplace, it calms us.

Preserve tech-free car time: Help your kids learn to live in the ordinary experiences that make up most of life. They will learn to pay attention to the simple beauties around them when they don't have the option to zone out on a screen. The car is a time to engage in conversation and learn to be present. Human connection is paramount.

Model the discipline of silence/down-time: Kids need to see us be OK without our phones. Sticking headphones in our ears and tuning out can be one way to avoid what we desperately need to address. Likewise, hardships such as grief, loss of job, feelings of shame, failure, or the comparison trap must be worked through or they take a deep root.

Protect the bedrooms in your house: One of the most essential rules you can make is to have no screens in the bedroom. This is a place to ready for bed, calm down, enjoy being creative, or read. Screens will suppress melatonin and amp up brain activity, making it difficult to fall asleep.

In a culture that seems to adopt the life-style of the masses, it's imperative to stop and think about what values you want to instill in your home.

What's necessary for healthy human development? When you go against the norm, your kids may hate it. They may spew out, "You are the only parent who makes these rules!" They will act mad and annoyed. But rest assured, you're doing the hard work of being a good parent. Your kids will move past it.

Developmentally, it's their job to fight you on boundaries, but eventually they'll see that you're serious. And most importantly, they will experience the peace that comes with a life of less noise.

If your kids are struggling with screen addiction, get your copy of "The Screen Strong Solution: How to Free Your Child from Addictive Screen Habits" at ScreenStrong.com. This small book will provide you with the practical steps needed to bring a reset to your home!

Dawn Poulterer-Woods has an undergraduate degree in English from Messiah College and a master's degree in Christian counseling from Gordon-Conwell Theological Seminary. She has worked with adolescents, families, college-age individuals, children, couples, and sexual offenders over the past 20 years in both private practice and the school system. She has witnessed screen addiction steal relationships and derail the path of purpose in many people's lives. This article was originally published on ScreenStrong.com



Blank spaces of time in the day allow the imagination to flourish.

Study Affirms How Compassion Helps Mental Health

JON TYSON/UNSPLASH

International study finds that people who turn away from compassion have felt more depressed, anxious

Continued from Page 1

"In a way, they have an inhibitor that prevents this compassion motivation from being turned on or acted on," Matos said. When the team analyzed the survey responses, they found that participants who expressed a fear of showing compassion for themselves or others were likely to feel more depressed, anxious, and stressed out during the pandemic. Compassion fears also seemed to magnify the danger people felt from COVID-19: While the threat of the virus brought on some psychological distress, this distress was worse in those who feared showing or receiving compassion.

"What is really key here is that this risk effect—this magnifying effect of fears of compassion—was universal," Matos said. "They were more vulnerable to the negative effect that feeling threatened by the virus had on their mental health." People with a fear of compassion also reported feeling less connected to others.

Matos's findings are consistent with earlier research showing the damaging effects of isolation and withdrawal on mental health, experts say.

"Social isolation is associated with not just loneliness, anxiety, and depression, but also an increased risk of hypertension, inflammation, cognitive decline, and vulnerability to addictions," said Australian psychologist Hugh Mackay, author of "The Kindness Revolution." "The need to restore social cohesion is our greatest societal challenge," he said.

Reversing the Downward Spiral of Isolation

On the flip side, people who choose compassion during stressful situations seem to have a more durable sense of well-being. Training programs that boost people's compassionate response appear to reduce their fear of compassion during the pandemic, based on preliminary results from another of Matos's studies. Other studies suggest that compassion training promotes activation of the parasympathetic nervous system, which instills calm and helps us recover from stress.

"Compassion is this motivation toward being attentive and sensitive to suffering," Matos said. "The activation of this motivation is linked to very important physiological regulators of our own well-being."

People struggling with pandemic mental health issues can also seek out compassion-focused therapy (CFT), which



helps clients cultivate compassion so they can heal from trauma and develop a clear sense of purpose. In CFT sessions, therapists remind clients of their capacity for compassion, leading them in exercises such as remembering times when they cared for others or helped them through difficult periods.

In addition, skilled therapists can help people escape the isolation trap by helping them get comfortable with different ways of showing compassion and connectedness.

"In the context of COVID," Weiss says, "the more afraid we get of physical proximity, maybe the way to think about it is, 'Well, what ways can you engage virtually?' Or, can you set up an environment where there's cushions that you've positioned for yourself, for your children, at a distance that you know is fine? Because the more you isolate, the less resilient you will ultimately be."

On the civic and organizational levels, pandemic-control messages that stress protecting the whole community—for example, "Help save our most vulnerable. Together, we can stop the coronavirus" as opposed to "The coronavirus is coming for you"—are highly effective at motivating people to comply with health measures to stop COVID-19, a new study shows.

Besides slowing the virus's spread, Matos says, such compassionate, community-focused messaging encourages people to look out for others in ways that benefit everyone involved.



The need to restore social cohesion is our greatest societal challenge.

Australian psychologist Hugh Mackay, author of "The Kindness Revolution"

Once people realize that compassion can benefit them in tough times as much as it benefits others, that insight can motivate them to pull out of an isolation spiral.

"We're hardwired for social connection, for community, and for kindness and compassion, because those are the pathways to social harmony and cooperation," Mackay says. "If you can find the resources to address the needs of other people, your own anxieties tend to melt away."

Elizabeth Svoboda is a writer in San Jose, Calif., and a regular contributor to Greater Good. She is the author of What Makes a Hero?: The Surprising Science of Selflessness. Her newest book, for kids, is The Life Heroic. This article was originally published in Greater Good magazine.

As COVID-19 pushed us into isolation, those who still pursued compassion and connection fared better, a study finds.

While the threat of the virus brought on some psychological distress, this distress was worse in those who feared showing or receiving compassion.



PIKSELSTOCK/SHUTTERSTOCK

DAWN POULTERER-WOODS

Years ago, before a smartphone was clutched in every human hand, I posed a question to our 300-plus high school students. After years of working in a high school as a teacher and counselor, I noticed some changes in our culture that were causing me pause. I figured it would be helpful to hear directly from the students.

"Take out a piece of paper and a pen," I said.

"As a guess, how many minutes of total silence do you get in a day? And to be clear, this is not counting when you sleep."

I saw a few smiles and heard a few laughs. Many were trying to calculate a realistic number. iTunes had been out for a while, and the release of the iPod was in 2001. By this point, the majority of kids owned one. CD players were in their cars and headphones were draped around their necks or plugged into their laptops throughout the day. The answer to my question was fairly clear, but I wanted them to think it out.

The kids shuffled out of the gym and handed their papers to the teachers waiting at the doors. All of them were collected and given to me. It required some self-control on my part to wait until I got back to my office to scan them. I sat at my desk glancing over their responses one at a time.

The average amount of silence they experienced in a day was 10 minutes, or less. Most of them had music playing while in the shower or getting ready for school in the morning. Most of them fell asleep to music or the TV playing.

Most of them had music streaming, with no pause or commercial break, for the entire drive to school. In between classes, walking to the field for practice, or waiting on their ride after school, they had noise going into their brains.

I had a few other questions I asked them: "What causes you to avoid silence?" "What fears pop up when you get quiet?"

Though the answers to these questions were sad, they were not surprising. Many of them talked about fear and anxiety. They were worried about their parents' marriage or wanted to tune out the fighting. Most mentioned being fearful about the future, not getting into college, or not getting the grades they needed to secure a "good future." Some had memories to block out, others just made a habit of noise.

The problem is, noise pushes everything down. Music, YouTube videos, podcasts, movies, and TV shows keep the scary and stressful thoughts just out of reach, though they constantly linger on the sidelines. Ongoing input is an easy but damaging coping mechanism.

People who lack silence miss out on the development of some necessary life skills.

The Need for a Reset

Our brains get so full; they need quiet. Constant noise and information leave us overloaded and stuffed, leaving little time to reflect, wonder, and imagine.



SOCIAL MEDIA

Noise pushes everything down. TikTok, YouTube videos, podcasts, movies, and TV shows keep the scary and stressful thoughts just out of reach.

90 PERCENT

Studies have shown that 90 percent of addictions begin during the teenage years.

The level of distraction produced from so much entertainment is hampering our listening skills.

SLOVANOVA LIJOMYLAI/SHUTTERSTOCK

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Children aren't weighed down by pressure to impress, prepare, or perform. They simply live, keeping their needs few and their joys many.

Letting Go of Imaginary Needs

Find a deeper sense of joy from reconnecting to what matters

MIKE DONGHIA

Live simply, like a child.

An infant needs very little to be happy. Clothes, food, love, and a place to explore, that's it.

They have so few needs. And yet, they're so happy. Or when they're not happy, it's usually because one of their few needs are not being met.

As these toddlers grow up, their needs multiply faster than the hairs on their head. But many of these needs are made up.

We invent them to address fears, insecurities, and worries about the future.

Worst of all, these needs are insatiable. We buy more stuff, but don't come any closer to satisfaction. We invest more of our precious time, but end up further from the destination. We work harder to find happiness, but instead, we carry an enormous burden.

Sadly, most people can't recognize imaginary needs in their own life. The sheer number and influence of these 'needs' makes them appear so real. They weave their way into our subconscious and shape the way we see the world.

Take a close, hard look. Have any of these imaginary needs become a part of your life?

- the need to keep busy
- the need to please everyone
- the need to be entertained constantly
- the need to stay current with news and trends
- the need to buy gifts for everyone, on every special occasion
- the need to hoard money and possessions to feel secure

- the need to be involved in every single activity
- the need to be the center of attention
- the need to be perfect or the best
- the need to have all the answers
- the need to control the future
- the need to impress others
- the need to be right

Letting go isn't easy, it can be painful, humbling, and even scary. Our habits, both positive and negative, are comforting to us. They provide a source of predictability in a chaotic, confusing world.

But letting go is awesomely liberating. Like a child on the last day of school, you'll be light as a feather, happy, and free to do whatever excites you. Children aren't weighed down by pressure to impress, prepare, or perform. They simply live, keeping their needs few and their joys many.

A short, but useful guide to letting go of imaginary needs:

Simplify your routines. The default for all of us is to keep adding more and more to our lives. We're constantly searching for that one thing to fill a void we are feeling in a particular moment or season. And so our list of things that we "need" to do each day becomes longer and more complicated.

To simplify, start by creating a simple morning and evening routine. Include only what is absolutely needed or good for your soul.

Strip away the non-essential. Now, as you go throughout your day, pay attention to where your mental energy is going. Make a list of all the things that you do and think about.



Try making a list of all the things that you do and think about. After recording for a day, a few days, or a week, divide the list into two columns. Put what is necessary and good in one, and what is non-essential or distracting in the other.

It might take a few days or even a week to gather a full list.

Now take that list and recreate it in two columns. Things that are truly necessary and good in one column, and things that are non-essential or distracting from what is good in another. Now try living a week with only what you wrote down in the first column.

Letting go is awesomely liberating. Like a child on the last day of school, you'll be light as a feather, happy, and free to do whatever excites you.

Sit with your boredom. If you attempt this new way of living, you will inevitably find more time on your hands, time that you used to spend on distraction, worry, or some other invented need. You will inevitably feel a bit of boredom. This will feel scary and uncomfortable but it's a normal part of the adaptation process.

Just like when you first start exercising after a long break, your body feels awkward and uncomfortable and it's hard to imagine doing this to yourself everyday. But if you stick with it, you will eventually enjoy it again.

Sit with your emotions. On top of boredom, you will likely feel other difficult emotions. I'm telling you this so you won't be surprised. Nothing is wrong. You shouldn't throw in the towel because the other side of this transformation is worth it. You've likely been using imaginary needs to fill voids in your life or hide from these difficult emotions or important but difficult personal work. In a sense we are ripping off

a bandage that was obstructing healing.

Allow your 'taste' to adjust. Imagine you've been living on a high-salt, high-fat, high-sugar fast food diet, and someone tells you to start eating more healthy and hands you a high-fiber sandwich full of veggies and avocado. That sandwich may be delicious to some, but for you the change sounds impossible—and it probably is.

Your tastes are accustomed to a diet of foods that are unnaturally stimulating and perfectly optimized for pleasure. Even a satisfying and delicious balanced diet would taste bland at first. But believe me, there's hope.

You can adjust and develop new tastes way faster than you can imagine. Once you've stripped out the junk food (in our case... imaginary needs) and given your taste buds (and brain) a chance to readjust, you'll eventually find contentment and enjoyment in your life. In fact, you'll likely find an even deeper sense of both.

Fill your life with what matters. Now for the fun part. With your life simplified and not overwhelmed by imaginary needs, you are able to find pleasure and enjoyment in life's simple pleasures again. You don't need the high stimulation that you get from distraction or worry or attention or daydreaming to get you through life. You can fill it with what is truly meaningful and important: relationships, faith, meaningful work, good food, and play.

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

BORISENKOKET/SHUTTERSTOCK



Mask mandates are particularly hard on children—and likely less effective for children also.

Masks May Be Harming Children, Study Shows

As many countries and several states do away with mask mandates, a German study suggests that masking children causes more harm than good

JENNIFER MARGULIS

As any parent can attest to firsthand, our children—from tots to teens—have been experiencing more anxiety, psychological stress, and behavioral challenges since the COVID-19 crisis began in March 2020. Adults, too, have been suffering from extreme stress and anxiety.

Now a new retrospective study, looking at data from late 2020 and 2021, confirms what so many of us have long suspected: Masking as a prerequisite to classroom learning and participation in public life is causing children both psychological and physical harm.

The study, conducted at the University of Witten-Herdecke in Germany, includes data from more than 20,000 participants reflecting on the experiences of a total of 25,930 children. The average time the children wore masks was 270 minutes (4 1/2 hours) per day.

The majority of parents—68 percent—reported that masking harmed their children. In fact, parents reported psychological and physical harms associated with masking in 17,632 children. These reported harms included:

- Difficulty concentrating
- Drowsiness or fatigue
- Headaches
- Impaired learning
- Irritability
- Less happiness
- Malaise
- Reluctance to go to school

Though the study is retrospective and doesn't purport to show a causal relationship between masking children and adverse effects, the team of German researchers argued that this data illustrates that adults must consider that some risk of exposure to coronavirus may be worth-

while in order to enable children to have a "higher quality of life without having to wear a mask."

Dr. Jeffrey I. Barke, who wasn't involved in the study, agrees. "We should always ask 'At what cost?' when considering any policy," said Barke, a board-certified primary care physician in private practice in Southern California. Barke doesn't mince words about the problems with requiring children, especially younger children, to wear masks.

"The masking of children causes direct harm," he said, "including increased anxiety, depression, suicidal ideation, and learning disorders. And most importantly, it prevents the critical bonding between students and teachers because facial expressions aren't able to be seen."

As Yale University Emerita Professor of Psychology Marianne LaFrance explored in her book, "Why Smile? The Science Behind Facial Expressions," human faces are a rich source of emotional, linguistic, and social signaling to other people. Facial expressions, LaFrance told me when I interviewed her several years ago, are much more complicated and intricate than people realize. From happiness to rage, our faces can and often do express an array of emotions—even contradictory emotions—at the same time.

But when children's noses and mouths are blocked by masks and they can only see other people's eyeballs, they have a much harder time not only learning to speak and understand language but also learning social cues and emotional intelligence.

Babies as young as 8 months old begin to lip-read, according to an article in Scientific American. But, as Dr. David J. Lewkowicz, senior scientist at Yale University's Haskins Laboratories, wrote in the same article, babies and young children can't make the connection between lip movement and speech if they can't see their caregivers' mouths.

“The masking of children causes direct harm, including increased anxiety, depression, suicidal ideation, and learning disorders.”

Dr. Jeffrey I. Barke, board-certified primary care physician in private practice in Southern California

School Children Are Not Super Spreaders

The justification for masking young children, especially in school, is to avoid spreading coronavirus from asymptomatic children to adults. But data from Sweden shows that there is little to no danger to adults (or to other school-aged children) when children attend school mask-free.

As Dr. Jonas F. Ludvigsson and three of his colleagues explained in a letter published in the New England Journal of Medicine, despite Sweden having kept their preschools and elementary schools open without masking, there were very low incidences of COVID-19, both among the children themselves and among their teachers.

In fact, of the nearly 2 million Swedish school-aged children who continued to attend in-person school with free faces, only 15 children were admitted to the hospital with COVID-19. That is equivalent to 1 in every 130,000 children.

Continued on Page 12

JULIA M CAMERON/PEXELS



Human faces are a rich source of emotional, linguistic, and social signaling to other people.

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THE EPOCH TIMES
TRUTH AND TRADITION

ERs Are Swamped With Seriously Ill Patients, Although Many Don't Have COVID-19

KATE WELLS

Inside the emergency department at Sparrow Hospital in Lansing, Michigan, staff members were struggling to care for patients who are showing up much sicker than they've ever seen.

Tiffani Dusang, the emergency room's (ER) nursing director, practically vibrated with pent-up anxiety, looking at patients lying on a long line of stretchers pushed up against the beige walls of the hospital hallways.

"It's hard to watch," she said. But there's nothing that she could do. The ER's 72 rooms are already filled.

"I always feel very, very bad when I walk down the hallway and see that people are in pain or needing to sleep or needing quiet. But they have to be in the hallway with ... 10 or 15 people walking by every minute," Dusang said.

The scene is a stark contrast to where this emergency department—and thousands of others—were at the start of the pandemic. Except for initial hot spots such as New York, in spring 2020, many ERs across the country were often eerily empty. Terrified of contracting COVID-19, people who were sick with other things did their best to stay away from hospitals. Visits to emergency rooms dropped to half their typical levels and didn't fully rebound until this summer, according to the Epic Health Research Network.

But now, they're too full. Even in parts of the country where COVID-19 isn't overwhelming the health care system, patients are showing up to the ER sicker than before the pandemic, their diseases being more advanced and in need of more complicated care.

Months of treatment delays have exacerbated chronic conditions and worsened symptoms. Doctors and nurses say the severity of illness ranges widely and includes abdominal pain, respiratory problems, blood clots, heart conditions, and suicide attempts, among other conditions.

But they can hardly be accommodated. Emergency departments, ideally, are meant to be brief ports in a storm, with patients staying just long enough to be sent home with instructions to follow up with primary care physicians or sufficiently stabilized to be transferred "upstairs" to

inpatient or intensive care units. Except now those long-term care floors are full, too, with a mix of COVID-19 and non-COVID-19 patients. People coming to the ER get warehoused for hours, even days, forcing ER staffers to perform long-term care roles that they weren't trained to do.

At Sparrow, space is a valuable commodity in the ER: A separate section of the hospital was turned into an overflow unit. Stretchers stack up in halls. A row of brown reclining chairs lines a wall, intended for patients who aren't sick enough for a stretcher, but are too sick to stay in the main waiting room.

Forget privacy, Alejos Perrientos learned when he arrived. He came to the ER because his arm had been tingling and painful for more than a week. He couldn't hold a cup of coffee. A nurse gave him a full physical exam in a brown recliner, which made him self-conscious about having his shirt lifted in front of strangers.

"I felt a little uncomfortable. But I have no choice, you know? I'm in the hallway. There's no rooms," Perrientos said, before joking, "We could have done the physical in the parking lot."

Even patients who arrive by ambulance aren't guaranteed a room: One nurse runs triage, screening those who absolutely need a bed and those who can be put in the waiting area.

"I hate that we even have to make that determination," Dusang said. Recently, staff members have been pulling out some patients already in the ER's rooms when others arrive who are more critically ill.

"No one likes to take someone out of the privacy of their room and say, 'We're going to put you in a hallway because we need to get care to someone else,'" she said.

ER Patients Have Grown Sicker

"We are hearing from members in every part of the country," said Dr. Lisa Moreno, president of the American Academy of Emergency Medicine. "The Midwest, the South, the Northeast, the West... they are seeing this exact same phenomenon."

Although the number of ER visits returned to pre-COVID-19 levels this summer, admission rates, from the ER to the hospital's inpatient floors, are still almost

Snacks That Might Seem Healthy—but Aren't

Don't get fooled by the marketers of these tricky junk foods

IAN KANE

If you're already leading a lifestyle that involves a fitness regimen, then kudos to you. However, just having the fitness part of your lifestyle nailed down doesn't guarantee your health. To complete the package, you need to eat well—and sometimes that can be tricky.

Many of the "healthy" food and snacks in grocery stores offer alluring promises that don't hold up to scrutiny. Marketing agencies have shrewdly figured out that slapping the words "healthy" or "natural" or photos of active people onto food and snack packages can get health-minded people to purchase them.

For example, someone might walk down the health food aisle of their grocery store and pick out some granola bars or veggie chips or purchase a zero-calorie beverage believing they're wisely choosing a healthy snack.

But these foods aren't always as healthy as you assume. But don't despair if any of the foods you enjoy are on the list below—you can still eat them occasionally. Moderation is key so make sure these are



Granola bars are marketed as a healthy snack but are typically packed with sugar and empty calories.

a "sometimes food" and not something you eat daily.

Here are some of the sneaky treats hiding as 'health' foods on a grocery store shelf near you:

Canned Fruits

Canned fruits seem to have several advantages: they are less expensive, easy to store, have long shelf lives, and are simple to prepare. Unfortunately, many canned fruits are smothered in syrup, which means lots of added processed sugars.

If you're dead set on getting packaged fruit, pick some that are sealed either in



20 percent higher. That's according to the most recent analysis by the Epic Health Research Network, which pulls data from more than 120 million patients across the country.

"It's an early indicator that what's happening in the ED [emergency department] is that we're seeing more acute cases than we were pre-pandemic," said Caleb Cox, a data scientist at Epic.

Less acute cases, such as people with health issues such as rashes or conjunctivitis, still aren't going to the ER as much as they used to. Instead, they may be opting for an urgent care center or their primary care doctor, according to Cox. There has been an increase in people coming to the ER with more serious conditions, such as strokes and heart attacks.

So, even though the total number of patients coming to the ER is about the same as before the pandemic, "that's absolutely going to feel like I'm seeing more patients and I'm seeing more acute patients [if I'm an ER doctor or nurse]," he said.

Moreno works at an emergency department in New Orleans. She said the level of illness and the inability to admit patients quickly and move them to beds upstairs has created a level of chaos she described as "not even humane."

At the beginning of a recent shift, Moreno heard a patient crying nearby and went to investigate. It was a paraplegic man who had recently undergone surgery for colon cancer. His large post-operative wound was sealed with a device called a wound vac, which pulls fluid from the wound into a drainage tube attached to a portable vacuum pump.

But the wound vac had malfunctioned, which is why he had come to the ER. Staffers were so busy, however, that by the time Moreno came into the room, the fluid from his wound was leaking everywhere.

"When I went in, the bed was covered," she recalled. "I mean, he was lying in a puddle of secretions from this wound. And he was crying, because he said to me, 'I'm paralyzed. I can't move to get away from all these secretions, and I know I'm going to end up getting

an infection. I know I'm going to end up getting an ulcer. I've been laying in this for, like, eight or nine hours."

The nurse in charge of his care told Moreno that she simply hadn't had time to help this patient yet. "She said, 'I've had so many patients to take care of and so many critical patients. I started [an IV drip] on this person. This person is on a cardiac monitor. I just didn't have time to get in there.'"

"This is not humane care. This is horrible care."

But it's what can happen when emergency department staffers don't have the resources they need to deal with the onslaught of competing demands.

"All the nurses and doctors had the highest level of intent to do the right thing for the person," Moreno said. "But because of the high acuity of ... a large number of patients, the staffing ratio of nurse to patient, even the staffing ratio of doctor to patient, this guy did not get the care that he deserved to get."

The instance of unintended neglect that Moreno saw is extreme and not the experience of most patients who arrive at ERs these days. But the problem isn't new: Even before the pandemic, ER overcrowding had been a "widespread problem and a source of patient harm," according to a recent commentary in the *New England Journal of Medicine*.

"ED crowding is not an issue of inconvenience," the authors wrote. "There is incontrovertible evidence that ED crowding leads to significant patient harm, including morbidity and mortality related to consequential delays of treatment for both high- and low-acuity patients."

And already-overwhelmed staffers are burning out.

Burnout Feeds Staffing Shortages and Vice Versa

Every morning, Dusang wakes up and checks her Sparrow email with one singular hope: that she won't see yet another nurse resignation letter in her inbox.

"I cannot tell you how many of them [the

their own juices, or water. And if you do use canned fruit, be sure to repackage it in an air-tight container instead of letting it linger in an open can. Fruit in open cans lets air in which in turn can cause bacteria to grow.

Tricky Trail Mixes

While both fresh fruits and nuts are great for you, some fruit and nut mixes include processed ingredients, like salty cracker-like bits, Smarties, milk chocolate or "yogurt" covered raisins. Look for mixes that only include nuts and dried fruit, and be aware that both can be high calorie so these are easy to overeat.

Margarine

Margarine masquerades as a healthier, "plant-based" alternative to butter. But this message can be highly misleading.

Many of the "healthy" snacks in grocery stores offer alluring promises that don't hold up to scrutiny.



ALL PHOTOS BY SHUTTERSTOCK

Terrified of contracting COVID-19, people who were sick with other things did their best to stay away from hospitals.

COVID fears have triggered chaos in hospitals as people who tried to avoid the emergency department delayed treatment and developed more serious problems.

Already-overwhelmed staffers are burning out.



nurses) tell me they went home crying" after their shifts, she said.

Despite Dusang's best efforts to support her staffers, they're leaving too fast to be replaced, either to take higher-paying jobs as travel nurses, to try a less-stressful type of nursing, or to simply walk away from the profession entirely.

Kelly Spitz has been an emergency department nurse at Sparrow for 10 years. But, lately, she has also fantasized about leaving.

"It has crossed my mind several times," she said. And yet, she continues to come back. "Because I have a team here. And I love what I do."

But then she started to cry. The issue isn't the hard work or even the stress. She struggles with not being able to give her patients the kind of care and attention she wants to give them and that they need and deserve, she said.

Spitz said she often thinks about a patient whose test results revealed terminal cancer. She spent all day working the phones and hustling case managers, trying to get hospice care set up in the man's home. He was going to die, and she just didn't want him to have to die in the hospital, where only one visitor was allowed. She wanted to get him home and back with his family.

Finally, after many hours, they found an ambulance to take him home.

Three days later, the man's family members called Spitz: He had died surrounded by family. They were calling to thank her.

"I felt like I did my job there, because I got him home," she said. But that's a rare feeling these days. "I just hope it gets better. I hope it gets better soon."

Around 4 p.m. at Sparrow Hospital, as one shift approached its end, Dusang faced a new crisis: The overnight shift was more short-staffed than usual.

"Can we get two inpatient nurses?" she asked, hoping to borrow two nurses from one of the hospital floors upstairs.

"Already tried," replied nurse Troy Latunski.

Without more staff, it was going to be hard to care for new patients who come in overnight—from car crashes to seizures or other emergencies.

But Latunski had a plan: He would go home, snatch a few hours of sleep and return at 11 p.m. to work the overnight shift in the ER's overflow unit. That meant he would be largely caring for eight patients—alone—on just a few short hours of sleep. But lately, that seemed to be their only, and best, option.

Dusang considered for a moment, took a deep breath, and nodded.

"OK," she said.

"Go home. Get some sleep. Thank you." And then she pivoted because another nurse was approaching with an urgent question. On to the next crisis.

Kate Wells is a Peabody Award-winning journalist currently covering public health and the COVID-19 pandemic. She's also the co-host of the Michigan Radio and NPR podcast Believed. This story is part of a partnership that includes Michigan Radio, NPR, and KHN and was republished from Kaiser Health News.

lands and caffeine that aren't regulated and therefore, have no established upper limits. Energy drinks have been associated with many health problems, including cardiac events. According to the American College of Cardiology, energy drinks can affect the heart very quickly and cause incidences of abnormal heartbeats, full-on heart attacks, and other cardiovascular issues.

If you're dead set on getting packaged fruit, pick some that are sealed either in their own juices, or water.

Protein and Granola Bars

Like energy drinks, both protein and granola bars are heavily marketed as being healthy food for an active lifestyle. However, if you read the labels on their boxes (or wrappers), you'll see that they're little more than glorified candy bars.

While many of the current health-conscious buzzwords are emblazoned across these products' packaging, such as "no preservatives," "non-GMO," and "gluten-free," they can be misleading. That's because, while each of these can be good by themselves, you have to back up and look at the whole picture.

Popular protein and granola bars are typically packed with sugar (or high fructose corn syrup) and sodium, as well as lots of empty calories. Conversely, they nor-

mally don't contain much in the way of crucial vitamins, minerals, or even fiber.

If you want to add some extra protein to your diet, you can either start making your own protein bars or make some jerky by drying the lean meat of your choice.

Flavored Yogurt

Yogurt is another product that is assumed to be healthy. While that might be true for a choice such as "natural," or unflavored Greek yogurt—which has lots of pre and probiotics that are great for gut health—flavored yogurts are an entirely different matter.

Don't let the bright, flashy packaging fool you—flavored yogurt is loaded with added sugar to improve its taste, which is linked to increased risk of cancer, obesity, and various cardiovascular problems.

If you want to sweeten your yogurt, simply throw some fresh fruit (such as coconut and berries), nuts (like pecans or almonds), or cinnamon into the mix—you'll get great taste without added sugars.

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



Margarine masquerades as a healthier, "plant-based" alternative to butter. But this message can be highly misleading.



When researchers from Rational Ground analyzed data from 50 states from May 1 to Dec. 15, 2020, they found no evidence that mandated masking slowed the spread of COVID-19.

Masks May Be Harming Children, Study Shows

As many countries and several states do away with mask mandates, a German study suggests that masking children causes more harm than good

Continued from Page 9

Four of these children had serious underlying conditions (two had cancer, one had chronic kidney disease, and one had a blood disorder). No child with COVID died.

Does Masking Children Even Work?

In addition to the harms masks may be causing, whether they actually work to stop the spread of COVID-19 is still an open question.

In November 2020, the *Annals of Internal Medicine* published a randomized controlled study to evaluate the effectiveness of surgical face masks against SARS-CoV-2.

In this study, which included more than 6,000 people, a team of Danish scientists found that masks didn't reduce the incidence of SARS-CoV-2 infections in a statistically significant way. Infection rates were slightly higher among those who didn't wear masks: 42 participants wearing masks (1.8 percent) tested positive for COVID-19 while 53 participants (2.1 percent) among those who didn't wear masks tested positive. However, the difference in this sample wasn't considered statistically meaningful.

The researchers' conclusion, in part: "The recommendation to wear surgical masks to supplement other public health

“All of these blue and similar surgical face masks cause plastic fiber inhalation, and the outcomes could be devastating, especially to our children.”

Dr. Paul Alexander, former senior COVID-19 pandemic adviser, U.S. Department of Health and Human Services

In a randomized clinical trial of cloth masks used by hospital health care workers in Vietnam, almost 97 percent of the masks were penetrated by viral particles.

measures did not reduce the SARS-CoV-2 infection rate among wearers.”

States With Mask Mandates Have Higher Infection Rates

Other independent research has found that states with mask mandates actually had higher incidences of COVID-19 spread than states with no mask mandates.

When researchers from Rational Ground (a COVID-19 information clearinghouse that provides “reasoned and fact-based analysis of the current pandemic using extensive charts, infographics, videos and other mediums” according to their website) analyzed data from 50 states from May 1 to Dec. 15, 2020, they found no evidence that mandated masking slowed the spread of COVID-19.

In states where masks were mandated, there were 9,605,256 confirmed COVID cases, averaging 27 cases per 100,000 residents per day.

In states where there were no mask mandates, there were 5,781,716 confirmed cases of COVID, averaging 17 cases per 100,000 residents per day.

In a detailed opinion piece about this data, Daniel Horowitz, senior editor of *TheBlaze* and host of the *Conservative Review* podcast, wrote: “The burden is on those who want to violate the Constitution with such a draconian mandate ... to present affirmative evidence that their [masking] works ... But while they force us to prove 100 percent that they don't work, mandaters don't have to prove any efficacy at all, even as 2-year-olds are forced to have their faces covered on planes.”

Commonly Used Masks Often Least Effective

The kind of mask also matters. As Dr. Peter Weiss explained in an article in *The Epoch Times*, the most commonly used masks are likely the least effective.

“Surgical masks are made of three plied layers of synthetic microfibers and extra-fine synthetic fibers, which block out much larger particles, but do a poor job of blocking the much smaller particles associated with COVID-19 viral transmission,” wrote Weiss.

Dr. Paul Alexander, an evidence-based medicine specialist and epidemiologist, agreed. “Our examination of the entire body of evidence regarding these blue surgical and white cloth masks shows that they are ineffective and confer no benefit.”

Alexander is a former evidence synthesis advisor to WHO/Pan American Health Organization for the COVID pandemic and former senior COVID pandemic adviser for the U.S. Department of Health and Human Services under the Trump administration.

“What is indeed frightening is that all of these blue and similar surgical face masks cause plastic fiber inhalation, and the outcomes could be devastating, especially to our children,” Alexander said. “These plastics will degrade very slowly over time and as such, in the lungs it may remain and just build up to dangerous levels. We do not even know what is an ‘acceptable’ level, for there should be none, zero.”

Cloth masks, the type that most children are wearing to school, are also ineffective. In a randomized clinical trial of cloth masks used by hospital health care workers in Vietnam, almost 97 percent of the masks were penetrated by viral particles (compared to 44 percent of the medical masks.) In addition, workers wearing cloth masks were much more likely to contract respiratory infections.

Weiss likens a cloth mask to tying a rope around your waist while driving and claiming it is a seatbelt. “It also isn't too much of an exaggeration to say wearing a Gucci style face-covering ... is like asking an X-ray technician to wear their grandmother's kitchen apron when taking X-rays.”

Worn Incorrectly

In order for them to be effective, masks must be worn correctly. But in one study of mask wearers in Japan, where wearing medical masks is culturally normative (unlike in the United States), scientists found that only 23 percent of mask wearers complied with recommendations. The study, published in the *International Journal of Environmental Research and Public Health*, suggests that 77 percent of people in Japan don't adequately follow mask guidelines.

If you spend time in any classroom in the United States where children are required to wear masks, you quickly see that most children are not wearing them correctly. The CDC guidelines stipulate that you shouldn't touch your mask while you are wearing it. But children (and adults) constantly touch their masks.

“I don't generally see children wearing masks correctly,” said Angie Bowman, a mother of four and an educator based in Medford, Oregon. “I see them under their nose or chewing on the center of the mask, which then pulls it off the nose. And I've seen kids use their mask to wipe their nose and then put it back on. It's gross. Their masks end up being wet and sticky and probably have more germs on them. Children, in my opinion, should not be wearing masks at all.”

The CDC recommends that reusable masks be washed as soon as they are soiled or at least once a day. But most parents are unaware of this directive and send their children to school wearing the same mask for days on end. Disposable masks, which are designed to be thrown away after a single use, are often re-worn for weeks.

“The burden is on those who want to violate the Constitution with such a draconian mandate ... to present affirmative evidence that their [masking] works ...”

Daniel Horowitz, senior editor, TheBlaze, and host, Conservative Review podcast

Collateral Damage

What will be the long-term effects of masking and other COVID-19 mitigation measures on our children? No one can say for certain. What we do know is that suicide rates are at an all-time high in the United States, according to the World Health Organization, though that rate has been trending upward for some time. We have also seen sharp rises in child abuse and domestic violence since the beginning of the COVID-19 mitigation measures, as well as in overdose deaths, especially among young people. According to the CDC, more than 96,750 drug overdose deaths were reported between March 2020 and March 2021, an increase of almost 30 percent from 2019.

At the same time, more children than ever before are being prescribed antidepressants, anti-anxiety drugs, and even anti-psychotics. So are adults. According to government data, there has been an upsurge in adults experiencing anxiety and depressive disorders since the beginning of the pandemic.

“I don't want my kids being in a fear-based environment. I want them to experience the full joy of childhood.”

Sherry Syence, a mother of 11-year-old twins in Asheville, North Carolina

“I'm vehemently opposed to masking children,” said Sherry Syence, a mother of 11-year-old twins who lives in Asheville, North Carolina. “Not only does it jeopardize their physical health, it sends them a message that they're vectors of disease. I don't want my kids being in a fear-based environment. I want them to experience the full joy of childhood, to breathe freely, and to have normal interactions with other people that aren't compromised by wearing a mask. They need to see other people's full facial expressions.”

Syence's twins attend a small home-school co-operative where masking is up to the parents. Syence and her husband decided to take their children out of public school because of the mask mandates, among other reasons.

“Never mind that masks offer little if any protection against respiratory viruses,” Barke said. “Never mind that asymptomatic children simply don't spread infection to at-risk adults. We must always ask what are the consequences of our mandates?”

Jennifer Margulis, Ph.D., is an award-winning science journalist and book author. She worked on a child survival campaign in Niger West Africa, taught post-colonial literature to non-traditional students in inner-city Atlanta, and appeared live on prime-time TV in Paris, France to speak out against child slavery in Pakistan. She is a frequent contributor to The Epoch Times. Learn more and sign up for her free weekly newsletter at JenniferMargulis.net

TRADITIONAL CHINESE MEDICINE

Godspeed Healing a Parkour Knee Injury

Building resilience into the body keeps us strong and useful



BRANDON LAGRECA

It was an epic fail. The full force of an impact that should have been displaced by two hips, thighs, and legs, was instead taken by only the right lower limb. Limping away, I knew I was out for the night with the full extent of the injury looming as pain radiated from the knee joint.

The immediate good news is that I did not hear a pop that would suggest a significant ligament tear. My leg muscles were strong enough that my knee did not buckle with the awkward landing; the leg and thigh muscles took the brunt of the trauma exactly as they are designed to do.

Still, I knew I was in for some recovery, so I planned to take time off from treating patients to rest and heal. What could have been a multi-week recovery for some people ended up only taking a week. I shortened my recovery time with therapies that are readily available.

Heat Therapy and Hydrotherapy

As soon as I got home, I limped into the shower and blasted my thigh and knee with alternating steaming hot and ice-cold water. This form of acute hydrotherapy maximizes circulation rather than suppressing swelling as an ice pack would. Predictably, my body's response was to swell my knee to twice its normal size. I continued applying heat several times a day during my recovery. Heat supports the body's healing response to an acute injury, which includes swelling, while cold suppresses this response.

Topical and Other Pain Relief

The night of the injury, I also began taking oral arnica 30x and applying topical arnica cream to the traumatized area multiple times a day. Arnica is a herb in the sunflower family.

The first night was rough as it was difficult to find a comfortable position with a swollen knee, but I took the edge off the pain with a tincture of the herb ghost pipe. I could have taken an anti-inflammatory for the pain, but again, the therapeutic principle is to avoid suppressing the body's innate wisdom—a short-term investment for a long-term gain of a quicker recovery.

I experienced spasms in the thigh muscles the next day, so I took a hot bath with Epsom salts and pain-relieving essential oils before applying magnesium oil. The spasms did not return.

Enzymes

Within the first 24 hours, I began taking a high dose of the enzyme serrapeptase on an empty stomach two or three times a day to help heal the damaged tissue. There are other enzyme blends formulated for this purpose, but the serrapeptase is all I had on hand.

Acupuncture and Massage

Acupuncture was also high on my therapy list. Although it is not ideal to work on myself, I was successful in providing stimulation to four or five key acupuncture points, including two in my distal quadriceps muscles where the swelling was most prominent. While few people are trained

Developing resilience—physical, spiritual, and mental—can set us on quicker paths of recovery from life's unexpected injuries or events.

in acupuncture or have a live-in acupuncturist, even gentle massage to a sore area goes a long way.

The second night I slept 10 hours straight and awoke to being able to bend my leg to 90 degrees. I could put just enough weight on it that I was able to walk with both feet touching the ground, assisted by crutches. By the third day, I stood with my weight equally distributed on both legs.

I kept up the regimen of topicals, supplements, heat, bodywork, and prayer. By the fourth day, I was walking (albeit slowly) without crutches. I returned to the clinic the following Monday, having only missed one week of work.

Resilience

That's the story of my treatment, but it is not the most important factor in my recovery nor the principal message I wish to impart. I believe I healed as quickly as I did because I front-loaded resilience into my body prior to the injury.

I believe I healed as quickly as I did because I front-loaded resilience into my body prior to the injury.

Parkour was the source of my injury, but training in the sport also enabled my resilience. I don't consider parkour to be a high-risk activity when taught in a controlled environment by a certified coach, as I had trained for six years prior without incident. Besides, people injure themselves all the time doing questionable activities or in fluke occurrences. Most of the acute injuries I treat for patients result from “black-swan events” such as tripping over a dog in the middle of the night or slipping while getting out of the shower. No one escapes such traumatic occurrences, so all we can do is build resilience to prepare for them.

Parkour involves training in situations uncharacteristic of other forms of exercise, such as hopping on one leg for long stretches. Functional movements like climbing and crawling help build well-rounded strength. Thus, the morning after my injury, I could stand on one leg for as long as I needed to while tending to daily needs. I balanced on one leg while I brushed my teeth, washed my face, and shaved.

Heal to Help Others

There is a saying amongst special operations forces soldiers originating from Gen. H. Norman Schwarzkopf: “The more you sweat in peace, the less you bleed in battle.”

The applicable wisdom for the rest of us is summarized by the parkour aphorism, “Be strong to be useful.” It means to be of strong body, mind, and heart so that you can help yourself and others in a time of need. I have trained in parkour ever since my stage 4 cancer diagnosis in 2015 (from which I achieved full remission eight months later by following an integrative medicine protocol that included immunotherapy without the use of chemotherapy, radiation, or surgery). That training has given me the strength and confidence to get up when I fall, endure through struggle, and be prepared for whatever may come.

Equipped with the tools of natural medicine, bolstered by hard-earned resilience, and proceeding with an abiding faith that the power that made the body heals the body, a Godspeed recovery from challenges far more severe than a knee injury is possible.

Brandon LaGreca, LAc, MACOM, is a licensed acupuncturist in the state of Wisconsin. He is the author of “Cancer and EMF Radiation: How to Protect Yourself From the Silent Carcinogen of Electropollution” and “Cancer, Stress & Mindset: Focusing the Mind to Empower Healing and Resilience.” He shares his thoughts at Empowered Patient Blog.



PHOTO: SHUTTERSTOCK

Why Your Teen Should Replace Screen Time With Green Time

A large new study looks at how much exercise and screen time teens get and how it relates to their mental health



New research suggests limiting children's screen time is half the battle, the other half is making sure they get enough exercise.

JILL SUTTIE

Recently, the Wall Street Journal ran an article about how Instagram was affecting teen mental health. In particular, some internal studies at Facebook (which owns Instagram) appeared to confirm that when teen girls used the site, they suffered poorer body image and were at increased risk for depression and eating disorders.

But is social media use itself at fault for making teen mental health worse? While some studies suggest it is, others paint a more nuanced picture, finding it difficult to pinpoint problems with screen time itself versus other factors sometimes associated with social media use that may reduce teen well-being—such as cyberbullying or social isolation. Plus, current conclusions are often based on data from a single point in time, which makes it hard to prove that extended screen time actually causes poorer mental health.

Now, findings from an international study on teens add more to this debate and point toward potential guidelines for screen use. Focusing on more than 577,000 adolescents from 42 countries across Europe and North America, the study's results suggest that we might not have to worry about screen time in smaller doses, until it reaches a certain harmful level, and that exercise can play a protective role no matter how much time a teen spends on screens.

For the study, researchers used large-scale surveys four years apart (in 2006, 2010, and 2014). Teens between 11 and 15 years old reported on how much of their free time they spent regularly on screens, watching TV or YouTube videos, gaming, checking social media, chatting or emailing with friends, and surfing the internet. They also reported how many days a week they exercised, how satisfied they were with their lives, and about their mental health,

noting how frequently they felt emotionally down, irritable, angry, or nervous, and how often they had difficulties falling asleep, dizziness, headaches, stomachaches, and backaches (physical symptoms associated with poor mental health).

Analyses showed that lower amounts of screen time had no effect on teen well-

“If I'm watching Netflix for five hours, it's nonsense to assume that my teen is going to go outside and do activities there.”

Asaduzzaman Khan, lead author of study

being. Girls who spent less than an hour on screens and boys who spent less than 90 minutes on screens were not negatively impacted by it. But at higher amounts of screen time, their life satisfaction dropped significantly—they were less happy with their lives, and it got worse the more time they spent. If screen time went above 105 minutes per day for boys or 75 minutes per day for girls, their mental health also got worse.

According to the lead author, Asaduzzaman Khan of the University of Queensland, Australia, these findings support the earlier guidelines issued by the American Pediatric Society, which suggests that teens not spend more than two hours on screens per day.

“If screen time goes beyond about two hours per day, there's a detrimental relationship with mental health,” he says.

On the other hand, he adds, his study also found that teens who got more regular exercise had greater life satisfaction and

fewer physical complaints for both genders. Not only that, the effects were largely unrelated to how much time a teen spent on screens, so that if teens exercised more, it could potentially undo the damage to their well-being that went along with even six or eight hours of screen time.

Khan says that this suggests a two-pronged approach to improving teen well-being.

“If we want to improve kids' mental health, we need to target both behaviors—to minimize screen time and maximize physical activity,” says Khan. “If we are targeting just one behavior, then it might be a missed opportunity.”

In the study, the greatest life satisfaction was reported by boys who had one to two hours of screen time a day and were active seven days per week, while girls who exercised every day and had less than an hour of screen time fared best—in line with Khan's suggested fix.

But Khan warns parents and others not to be overly concerned by his results ... yet. There are limitations to the study, including uncertainty about the effects of different types of screen time on mental well-being. For example, it may be that scrolling through social media has a very different impact on well-being than playing video games, or that girls do better with one type of digital entertainment than boys. Some of his more current research (not yet published) supports this idea, he says, though clearly much more needs to be done before we can know all of the nuances of this.

Still, it does suggest that parents might want to encourage their teens to lessen screen time in favor of more exercise if they can. He suggests parents consider employing online tools that can alert teens (or anyone) when they've reached a reasonable limit on their screen time—such as after they've watched an hour of YouTube videos.

Or it's a good idea, he says, to take planned breaks from all screens from time to time—a sort of “digital detox.”

While it makes sense to promote this idea to teens, it may be easier said than done to change a teen's use of digital media—especially now, when COVID-19 has forced many teens online more than ever. Khan also notes that it's hard to impose restrictions on teens unless parents are role-modeling good behavior themselves.

“If I'm watching Netflix for five hours, it's nonsense to assume that my teen is going to go outside and do activities there,” he says. “Parents and kids need to work together on this and figure out how to replace some of their screen time with ‘green time.’”

Schools can also help improve adolescent well-being, he says. Too often, schools rely heavily on digital tools to teach or communicate with students, while not providing enough access to outdoor physical activities. Programs that encourage more exercise—like organizing bike riding commutes to school—could be a plus.

In the meantime, he and his colleagues hope to publish their next study, which may help provide more finely tuned recommendations on screen time, helping pediatricians and parents alike to make smart choices around children's well-being.

“We are very close to the time when we can make more precise guidelines that consider not only how overall time on screens impacts mental health, but how exposure to different types of screens affects it in different ways,” he says. “That will help practitioners, parents, and kids understand what limits to set.”

Jill Suttie, Psy.D., is Greater Good's former book review editor and now serves as a staff writer and contributing editor for the magazine. This article was originally published by the Greater Good online magazine.

WISE HABITS

Tackling Hard Tasks

These practical approaches make it easier to get big jobs done

So what I've found to help are things people know but often dismiss.

Do a small bit of the bigger task. People dismiss this because they underestimate how powerful it can be. Have a big report to do? Just rough out the first two paragraphs. It increases your ability to tackle the hard task by a hundredfold, because you're much more likely to start, and once you start, you're much more likely to take on the next small bit.

Get into the practice of choosing and trusting. If a decision freezes you up, you'll likely stop doing the hard task. So don't let yourself freeze up—just choose, and trust that you made a decent choice, or that you'll be able to deal with whatever comes. This becomes a freeing practice, because you can just choose, choose, choose, and trust yourself without fretting too much. Choose quickly, move on, repeat.

Get into the practice of focusing on hard tasks in small bits.

Think of failing as learning. When we think of the possibility of failing at something, we may interpret that as something bad about ourselves, that we're inadequate, stupid, unworthy. But what if we frame it as part of the learning process, meaning nothing about us and everything about what we might learn? Let this free us.

These take practice. Start with the first item, and get into the practice of focusing on hard tasks in small bits. The number of hard but important tasks you're going to start crushing will be staggering.

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



Complicated but important tasks are less intimidating if you start small, make quick decisions, and take mistakes as opportunities to learn.

DEAN HENDERSON/SHUTTERSTOCK

Life Lessons From the Birds

Birds are delightful creatures that offer nature's wisdom

DONNA MARTELLI

I fell in love with birds when I took care of a conure (small parrot) for a friend while she was on vacation. Until that point, I thought birds were pretty to look at and sometimes lovely to listen to, but I didn't believe they could exhibit much personality. I was happily mistaken.

I have “outside birds” at multiple bird feeders, but I also have two “inside birds” that are my lovable pets. These tiny creatures have minds, wills, and emotions, and they naturally do the right thing most of the time. Besides making me happy, they have taught me many things about life.

Routines

Birds are creatures of routine. They wake up when it is light and sleep when it is dark. This natural practice was the way of life for human beings, too, before they discovered electricity. We have made alterations and lengthened our workdays so that this timetable is an impracticality for us today. However, I can't help but wonder if observing this schedule would open up deeper abilities within us that are not otherwise attainable.

When they have found a good thing, birds immediately call their friends with the news.

Self-Care

Constantly preening and grooming, birds take great care of themselves. They get ready for their day like their contributions are necessary and needed. Should we not do the same? We don't want to miss any opportunity, whether for ourselves or for what we can give someone else.

Community

Huddling together and working together, birds demonstrate the importance of community. Even though they may quarrel when one gets out of line, they quickly resolve their differences and get on with the business at hand. In so doing, they uplift and enjoy each other.

Whereas alone, we are vulnerable; we are strong when we stand together against



You wouldn't think there is much we could learn from birds, but you'd be wrong. Living light and enjoying life really is for the birds.

threats and adversity. When they sense danger, birds quickly warn each other, presenting a united front against the adversary. One spring, I saw a baby robin that had fallen from its nest. I went to pick it up to return it to the nest, and suddenly more than 30 robins appeared in the nearby trees screaming at me. Fortunately, I saved the baby and left before the army could attack.

Rest

Birds take breaks to enjoy a snack or bath whenever they feel the need. Do we, or do we forfeit the lift that even a 10-minute break can give us? We have deadlines, so we must keep on working so that we can meet them. I know we can't take a bath if we work outside the home, but what about a walk around the block or a cup of tea? A break of only a few minutes will renew our strength and rejuvenate our mental energy.

Shelter and Healing

Birds seek shelter or move away when it is too cold out. They rest and quiet themselves when they are ill. What do we do? We try to keep going, and we post our pains on Facebook. Meanwhile, our bodies are created to heal in quietness and rest.

Awareness

Are we, like the birds, as present and aware of our surroundings as we need to be? They notice even the little things, be they harmful or helpful. They never miss an opportunity to frolic with their friends, but they can be intensely serious at the same time. We should be aware of our surroundings and walk circumspectly to know our position in the scheme of the moment. If something doesn't seem right, birds fly away from it, and so should we.

Birds seize the moment as they grab that sunflower seed lying in front of them. We ought to notice and be appreciative of the blessings that come our way every day. Let's determine not to let tunnel vision cause us to miss the many little things that will indeed bless our hearts.

Healthy Eating

Then there is the matter of diet. We often eat things that are not healthy while they eat only the right foods: proteins along with fresh vegetables and fruits in season. If we followed this one lesson from the birds, we would have the energy and mental forti-

tude we need for the day. That said, birds will eat poorly if presented the chance, like the bread bits we may feed to ducks. Here too is a lesson: Avoid situations where you will be tempted to eat poorly.

Sharing

When they have found a good thing, birds immediately call their friends with the news. It only takes one bird to stop by my newly filled feeders and vocalize their delight. Before long, the air is filled with all sorts of clucking, chirping, and flapping as they abandon themselves to the feast. Yes, good news should be shared and enjoyed! Cooperation wins over competition.

Like the birds, we must sing our songs so that others can hear us.

Spending Time in Nature

True, birds live in nature, but the benefits of outdoor life can be ours, too. Being outside and even working with our hands in the dirt, weather permitting, can give us peace and joy like no other activity.

Parenting

Adult birds nurture their children and equip them with everything they need to know for survival in the outside world. When they come of age, the parent birds kick them out and force them to fly independently. They do not try to keep their fully grown children in the nest.

In Conclusion

Like the birds, we must sing our songs so that others can hear us. Each of us has a unique tune that the world needs to hear. And when it is time to move forward, we have to let go of the branch that we were clutching and trust our wings to carry us.

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.

Closet Clutter Problems (and How to Fix Them)

There's a good chance you have one or all of these 7 common closet problems

MOLLIE DONGHIA

Have you recently taken a good look at what's inside your clothing closet? You can probably think of a handful of items you wear on a regular basis, but what about the rest? Does it only contain items you've worn lately? Shoes that still fit? Jeans that make you feel good about your body?

A recent study surveyed nearly 20,000 people worldwide and asked them a simple question. “What percentage of your wardrobe hasn't been worn in the past 12 months?”

Based on that question, Belgians and Americans were found to have the highest percentage of unused clothes in their closets. Both countries came in at not using over 80 percent of their clothing—far more than each group initially thought to be true. That's an incredible amount of unused clothing!

I recently asked my followers on social media whether they found their kitchen or bedroom closet to be harder to declutter, and the result was unanimously the clothing closet. So why do we struggle with the dilemma of feeling like we have nothing to wear, yet we're unable to part with items that have been hanging unused in our closets for years?

Common Problems With Our Closets

1. We have too many items. When your home feels cluttered, it's proba-

bly because of one simple problem—there's too much stuff. This is the root cause of our clutter problem. Our closets are no different. They hold a select number of pieces we love and wear regularly, but are crowded out by the dozens of other items we haven't worn in the past year.

We would feel far less overwhelmed if we would keep just the clothes we actually wear and enjoy, and remove the items that just take up space. I love opening up my closet and seeing only what I currently love to wear. It makes choosing my clothes for the next day easy, and I feel more grateful for what I have.

2. We hang onto items because we once loved them.

I was guilty of hanging onto many clothes, jeans, T-shirts, and shoes that I once loved and had fond memories of. For example, all my bridesmaid dresses that I wore in my dear friends' and sisters' weddings the past decade. They held so many great memories, but did I ever once wear them again? Nope.

It's OK to have items that you once loved, but if they no longer make their way into your regular wardrobe, it's probably time to let them go. Decluttering aficionado Marie Kondo would advise us to thank them for their service and move on.

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There's a very good chance you only wear 20 percent of the clothes in your closet. It's also likely that the other 80 percent makes it hard to decide what to wear.

Closet Clutter Problems (and How to Fix Them)

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Being able to detach emotionally from an item that once brought you joy isn't easy, but the freedom you find through having less stuff to manage will feel like a breath of fresh air.

3. We feel guilty about the money we spent on items we no longer wear. We've all likely splurged at one time on an item in our closets. Maybe it was fancy boots or a designer pair of jeans. But oftentimes, the item didn't live up to its hype and we ended up not wearing it like we thought we would.

But what about all that money we paid for it? We have to at least keep it in our closets to use someday, because it would be a waste to get rid of it after what we spent on it.

Hanging onto items because you feel guilty about wasting money is a common problem. Learn to recognize what you actually wear on a regular basis and apply the "48-hour rule" to avoid those costly im-

When we learn to live with less in our closets, it encourages us to continue those habits elsewhere in our lives as well.

Keeping a few go-to staples and learning to part with the things we never wear but hold onto can make decisions much easier.

pulse buys (waiting 48 hours to purchase an item to decide if you truly need it).

4. We're in a transitional season and might someday wear it when the time is right.

Our bodies change as we age, especially with having babies, and what fit us before might not continue in the next season of life. Or what was once in style may no longer be, but we hang onto these items "just in case."

Keeping items just in case we might someday wear them is a common way we add clutter to our closets. I finally let go of an old pair of hiking shoes I wore during college while studying abroad in the beautiful rolling hills of the English Cotswolds. Since returning, my regular old sneakers met all of my casual hiking expeditions, but I hung onto those hiking shoes "just in case" I ever got back into more serious hiking.

If you're hesitant to get rid of items because you're unsure if you'll want to wear them eventually, I recommend creating a "just in case bin." Place all the items inside this bin that you can't yet part with. Store that bin out of sight. After 6 to 12 months, if you haven't had a need for the item, it's probably safe to let it go.

5. We think more choice is better.

When it comes time to select our outfit for the next day, we tend to think that the more choices we have, the better off we'll be. Right?

The opposite is more often true.

When my closet contains my favorite few pairs of jeans, a handful of comfortable, good-quality sweaters, and some shirts that I know fit well, the decision of how to put together an outfit takes less than a minute. I'm not faced with a sea of options that drown out my favorites; I can see what I regularly wear easily without the added clutter.

6. We feel wasteful getting rid of clothing that still fits.

Just because you own something doesn't mean it deserves to remain in your home forever. For many of us, we have more than

enough options in our closet compared to the rest of the world. For this, we should feel grateful. But a problem that some face when decluttering their closet is a feeling of being wasteful by getting rid of clothing that still serves a purpose.

For me, I've found a lot of gratitude by donating the clothing that I no longer wear.

There are many organizations that willingly accept gently used clothing and can use those profits to benefit others in your community.



▲ Hanging onto items because you feel guilty of wasting money is a common problem.

7. We see what others have and desire that for ourselves, even if we don't need more clothes.

Comparison. We're constantly trying to keep up with the Joneses. We see what others have and we begin to desire that for ourselves. It happens easily while scrolling social media, visiting friends' homes, or watching television.

There are always going to be items we desire, and that's okay.

But you can learn to be content with what you have and find even more delight on the less-frequent occasions when you do make a special purchase.

Start Small to See Big Improvements

If opening your closet is a constant struggle, I'd encourage you to choose a few of these common closet problems to work through. Start evaluating what you actually wear and learn to let the excess go. See how you can use your unwanted items to benefit others who are in need. When we learn to live with less in our closets, it encourages us to continue those habits elsewhere in our lives as well.

Choosing to live with less of what doesn't matter is choosing to make room for what does. It's a rewarding feeling to let go of what merely takes up physical and mental space.

Mollie (and her husband Mike) blog at This Evergreen Home where they share their experience with living simply, intentionally, and relationally in this modern world. You can follow along by subscribing to their twice-weekly newsletter. This article was originally published on This Evergreen Home.

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