

THE EPOCH TIMES

MIND &

BODY

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The Interconnectedness Between Anxiety and Inflammation



Hanscom's COVID-19 prevention focuses on strengthening immune function through stress and anxiety reduction, with very precise recommendations on how to do that

D **JOSEPH MERCOLA**
r. David Hanscom, an orthopedic surgeon whom I've previously interviewed about strategies for chronic back pain, quit his practice to focus on educating others on becoming pain-free without surgery. After surviving COVID-19, he turned his attention to prevention and surviving it, which is an important part of this discussion.
We've known for some time now that with diet, exercise, and other interventions, you can radically reduce your risk of COVID-19. The focus of Hanscom's COVID-19 prevention is on strengthening immune function through stress and anxiety reduction, and he has very specific and precise

recommendations for how to do that.

As explained by Hanscom, pain is largely a symptom of stress and anxiety, which in turn are predicated on inflammation more so than psychological factors.

"You have to feel safe. When you feel safe, there's a profound shift in your body's chemistry. You're going from adrenalin, cortisol, histamines, and inflammatory cytokines to growth hormone, dopamine, serotonin, and GABA—all these incredible hormones and anti-inflammatory [compounds]. So there's a profound shift in the body's chemistry, and people's pain disappears. They don't just manage the pain. The pain disappears."

Continued on Page 6

COVID-19

Omicron Highlights Vaccine Limitations

As experts call for more vaccines to fight omicron, the pandemic continues unabated

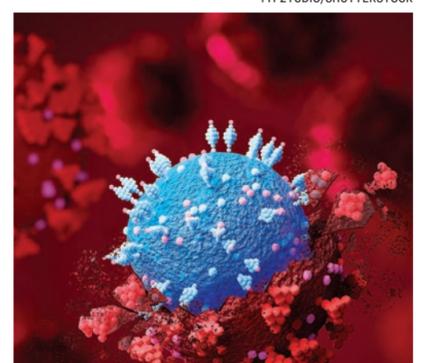
CONAN MILNER

The latest installment in the COVID-19 saga is a variant of the SARS-CoV2 virus dubbed omicron. Labeled a "variant of concern" by the World Health Organization (WHO), omicron was first reported at the end of November, and quickly triggered worry and restrictions across the globe.
Omicron was first noticed in South Africa,

but cases are now found all over the world, and it is said to be more contagious than the original COVID-19 strain. Although the South African Health Minister said that symptoms are mild and the reaction toward omicron is being overblown, there are fears that the variant may be far more deadly than the original version of SARS-CoV2.
Health officials are calling to combat

omicron with the same strategy they've used to tackle the original COVID-19: more vaccines. On CBS's Face the Nation, Dr. Scott Gottlieb, former Commissioner of the U.S. Food and Drug Administration and current board member of Pfizer, says a booster offers the best protection available for omicron.

Continued on Page 4



Omicron has become the variant of recent concern, though experts in South Africa say fears are overblown.

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Winter solstice is an important time when the energies of the earth shift in their balance and humans follow suit.

The Most Important Solar Term of the Year

Solar Term: 'Winter Solstice' (Dec. 21, 2021, to Jan. 4, 2022)

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 Solstice'

2021 Date: Dec. 21-Jan. 4

In ancient China, "Winter Solstice" was considered to be the most important solar term among the 24 terms in the year. Some folk sayings hold that Winter Solstice is an even more important day for wellness than Chinese New Year Day.

Not only does this fourth solar term of winter bring in the New Year, but it was also the very first solar term identified in history, during the Zhou Dynasty (1046-256 B.C.).

There are two significant natural phenomena on the day of the solstice (Dec. 21). One can observe the shortest daylight hours of the entire year, and also that the shadow of the sun at midday is the shortest.

Impact on People

During Winter Solstice, the yin energy inside our bodies reaches its peak, while the yang energy starts to strengthen. This period, when the yin and yang are changing over, offers the best opportunity to push diseases out of our bodies and to strengthen and balance the body's five internal elements.

From the traditional Chinese medicine perspective, if you supply nutrients correctly to your body, you will get maximum results with minimal effort.

According to traditional Chinese medicine (TCM), there are five important steps to supplementing nutrients correctly in the body: remove blockages, detox, balance, supplement, and nurture.

Here are the ideas, symptoms, and purposes for these five steps.

1. Remove Blockages

When our digestive system and the assimilation of nutrients is blocked, the areas that need support cannot get what they need, even if we are taking in plenty of nutrients. This applies to all veins, energy channels, digestive channels, and so on.

In TCM treatments, the removal of blockages is often used as the first step in a treatment plan. The congested areas need to be opened up before any further remedies can be given.

The symptoms of congestion are poor appetite, poor digestion, not going to the toilet regularly or normally, hardly sweating, low energy, obvious fatigue between 3 p.m. to 4 p.m., and difficulty falling asleep.

Helpful essential oils include eucalyptus, basil, lemongrass, oregano, and lemon.

2. Detox

If the channels have been blocked for a long time, toxins will have accumulated inside the body.

These substances, such as water, are not all bad originally, but just as stagnant water in the natural world may breed pests and bacteria, stagnation in the body can lead to infections, deterioration, and so on.

The symptoms of toxic buildup in the body may include skin irritation (such as rashes), joint pain, a poor immune system, and a tendency to get seasonal illnesses such as a cold or the flu.

Helpful essential oils include juniper berry, cypress, thyme, pine, niaouli, lavender, and German chamomile.

3. Balance

After we remove the bad stuff, we need to work on why this happened. What went wrong in our organs or system to trigger the problems?

According to TCM, in most cases, it is because our bodies were out of balance in terms of the yin and yang, blood and energy, and functions between the organs and bodily systems.

Once we restore our balance, our health should return to normal.

Helpful essential oils include sandalwood, cedarwood, rosewood, licorice, and marjoram.

4. Supplement

Due to our natural genetics, diet, and our environment, some essential elements or nutrients could be missing from our bodies.

The way to rectify this is simple. Add them to your diet to complement the deficiency so that your body can have a complete supply of all the substances it needs to function in its best possible state.

Helpful essential oils include myrrh, frankincense, rose, ginger, angelica, and hyssop.

5. Nurture

Our health is very much the result of not only our diet, but also our personalities. Our temper, habits, and routines play the main roles in determining our wellness.

To nurture not only refers to our physical bodies, but also very much to our souls and our inner selves. This is critical if we are to maintain our health and solve any problems from the root.

Things you can do to nurture yourself include listening to music with positive energy, gardening, reading quality books, or practicing meditation. All are brilliant means to bring yourself to a peaceful and better state.

Helpful essential oils include sandalwood, spearmint, neroli, and bergamot.

Even if you haven't tried traditional Chinese medicinal herbs or acupuncture, you can still take the essence from the above wellness tips and apply them to your self-care rituals.

Ancient Chinese people believed that if we take good care of ourselves and eat well during this time, our health will be in good shape for the following year.

4 Ways to Maximize Wellness During 'Winter Solstice'

1. Drink plenty of green tea for mild cleansing. For those who have skin irritation or poor circulation, add licorice root.

2. Add cinnamon powder to desserts or drinks such as coffee, to repel the winter chill.

3. Massage your feet, inner calves, and the outer part of the legs to help with circulation when feeling cold.

4. Rotate ankles to the maximum after lying down in bed. This is particularly helpful for those who have trouble sleeping, as this helps to unblock the energy channels, relax tense muscles, and enhance sleep quality.

Seasonal Foods

Wild fish and tomatoes are great for those who have weaker hearts and blood problems. Foods that are black in color, such as black mushrooms (shiitakes), mulberries, dark olives, black soya beans, black sesame, and dark chocolate, can help to restore and strengthen energy.

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



British physician Dr. Edward Jenner is credited with inventing the term "vaccine" in 1799.

MEDICALLY CORRECT

The Evolution of the Vaccine

Vaccines began over 200 years ago with an observation about milkmaids

PETER WEISS

The evolution of the vaccine is a long and convoluted story of infectious diseases that have afflicted the human race since the beginning of time and will continue to do so for a very long time to come.

Its origin comes from the Latin word for cow: vacca. Credit for the use of the term vaccine was given to a British physician in 1799, Dr. Edward Jenner. He made a fascinating observation that milkmaids who were infected with cowpox were immune to smallpox epidemics that regularly afflicted residents of his parish. The pox virus can affect many different species. Cowpox for cows, smallpox for humans.

Legend has it that he heard a milkmaid bragging that she would never get the ugly facial pockmarks of smallpox. In 1796, Jenner gave a patient a "vaccine" from the cowpox in an attempt to protect against smallpox. (Things were done quite differently back then.) He took the pus from a woman infected with cowpox and then introduced that fluid into a cut he made in the arm of an 8-year-old boy. Interestingly, that boy survived and even attended Jenner's funeral many years later.

Over a two-year period, Jenner inoculated 23 patients. This became the accepted method to prevent smallpox. While Jenner is credited with this advancement, inoculation was done earlier by other physicians using a similar but less effective and riskier technique called variolation. Variolation used pus from a patient with actual smallpox (hopefully, a mild case) with the hope of inoculating an uninfected person.

In 1796 Dr Jenner gave a patient a 'vaccine' from the cowpox in an attempt to protect against the smallpox.

It's also noted that the Chinese performed inoculations as early as the 11th century. As in other things in life, credit is often given to the one with the loudest voice at the time.

Benjamin Franklin wrote in his autobiography:

"In 1736 I lost one of my sons, a fine boy of four years old, by the smallpox taken in the common way. I long regretted bitterly and still regret that I had not given it to him by inoculation. This I mention for the sake of the parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it; my example showing that the regret may be the same either way, and that, therefore, the safer should be chosen."

Gen. George Washington made a controversial decision to order mass smallpox inoculations for all of his troops in 1777, at a time when an estimated 90 percent of

deaths were from infection and disease. The most deadly was that from smallpox, according to the Library of Congress. An interesting side note is that most British troops had immunity to variola, which protected them. Washington's plans contraindicated a 1776 proclamation by the Continental Congress prohibiting inoculations, according to Janet A. Aker. In 1801, President Thomas Jefferson declared smallpox vaccination one of the nation's first public health priorities.

For more than 80 years, vaccination referred mostly to smallpox prevention.

In 1885, Louis Pasteur developed what he called a rabies vaccine. It was actually an anti-rabies toxin, but the use of the term vaccine stuck and was no longer just related to cowpox.

The origin of the vaccine is by no means a commentary on today's use of the term and has zero reflection on the new COVID vaccines. I'll touch on that at the end.

Getting back to Franklin and his decision not to inoculate his son who died from smallpox, it wasn't such an easy decision then. As today, and back then, take the vaccine and live, don't take it and die, wasn't the rule of thumb. Life would be so much easier if all choices were so stark.

A fascinating article published in Quality and Safety in Health Care, "Making the Right Decision: Benjamin Franklin's Son Dies of Smallpox in 1736," is worth reviewing. The bottom line, there was a risk from the inoculation, a risk from contracting smallpox, as well as a choice of just leaving town to ride out the epidemic. These epidemics returned every few years. The difference back then is that roughly 15 percent of those afflicted died in the smallpox epidemic of Boston in 1721, which came out to about 8 percent of Boston's population.

Infectious diseases such as smallpox ravaged the nation and the world. (As an aside, the World Health Organization declared smallpox eradicated in 1980.)

Another epidemic raised its ugly head in 1894 as the polio curse spread across the land. Before becoming president, Franklin Roosevelt contracted polio in 1921. Polio, also known as poliomyelitis or infantile paralysis, affects the motor neurons of the central nervous system and can result in paralysis and death. Polio was spread from human to human by the fecal-oral route, from contaminated stool, then to the hand, and then to the mouth. Polio was rampant in the 1940s and was putting fear into every household. Seventy-two percent of children remained asymptomatic, with less than 1 percent developing acute flaccid paralysis, and some having partial effects.

According to a recent article published in Infectious Disease Consultant, "A Tale of Two Viruses: Poliomyelitis and COVID-19" makes some interesting observations. The government at the time, in the 1940s, tried to contain it.

"In an attempt to control this illness, health officials instituted sanitation rules: Avoid open drains, avoid unscreened windows, reduce public exposure, and stay away



An Indian child receives polio vaccine drops on National Immunization Day in Guwahati, Assam, India, on March 10, 2019. Polio was spread from human to human by the fecal-oral route, from contaminated stool, then to the hand, and then to mouth.

from crowds. Public pools were shut down, movie theaters were closed, and schools and summer camps were suspended."

Dr. Jonas Salk developed the polio vaccine and inoculated his family in 1953. A massive vaccination of all children in the United States was started. I remember getting mine as a child.

What are the main differences then and now? The bottom line, each of us needs to make a decision based on what is best for us. Benefits versus risks. It's very simple. Adults are easy, we can make those decisions for ourselves.

Smallpox, polio, measles, mumps, and rubella vaccines protect the child from a disease that can seriously affect that child, which stands in contrast to the risk posed to children from COVID-19. Children didn't get those vaccines to protect someone else (even though it may have). Each vaccine given to a child needs to answer the basic question: Is this good for my child?

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.



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COVID-19

Omicron Highlights Vaccine Limitations

As experts call for more vaccines to fight omicron, the pandemic continues unabated



Unlike conventional vaccines which provide immunity, COVID vaccines merely reduce symptom severity.

Continued from Page 1

“If you talk to people in vaccine circles, people who are working on a vaccine, they have a pretty good degree of confidence that a boosted vaccine, so three full doses of vaccine, is going to be fairly protective against this new variant,” Gottlieb said.

Symptoms characterizing omicron include a scratchy throat, dry cough, and fatigue. But it’s not clear if the current crop of shots will be enough to keep omicron in check.

Consider the case of two Israeli doctors. Both received three doses of the Pfizer shot, but they also tested positive for omicron.

In fact, many omicron cases are found in fully vaccinated individuals.

It’s not unusual for viruses to mutate. The big concern with omicron is how much it changed. According to National Institutes of Health Director Francis Collins, this new variant has exhibited a record number of mutations that may interfere with vaccine effectiveness.

“We do know that this is a variant that has a lot of mutations—like 50 of them—and more than 30 of those in the spike

More variants are expected to follow omicron, and presumably more vaccines will be manufactured to combat them.

Symptoms characterizing omicron include a scratchy throat, dry cough, and fatigue.

ALEX GREEN/PEXELS.COM



protein, which is the part of the virus that attaches to your human cells if you get infected,” Collins said during an appearance on “Fox News Sunday.”

Some experts say a new shot is necessary. Moderna CEO Stéphane Bancel said the current COVID-19 vaccines aren’t as likely to be effective against the new variant as they have been against Delta.

But don’t expect a new product overnight. In an interview with the Financial Times, Bancel said scientists would have to first test the existing vaccines’ effectiveness against omicron. Then drugmakers would need a few more months to test and manufacture a shot specifically tailored to the new variant.

Work on an omicron shot is already underway. Pfizer and its German vaccine-making partner BioNTech said an updated version of its COVID-19 vaccine would be ready early next year if the omicron variant proves resistant to its current vaccine.

“Pfizer and BioNTech have taken actions months ago to be able to adapt the mRNA vaccine within six weeks and ship initial batches within 100 days in the event of an escape variant,” BioNTech stated.

Another omicron shot is being developed by the Maryland-based biotech company Novavax. Its updated formulation will be based on the spike protein specific to omicron’s genetic sequence. The company plans to start testing next month.

Future Variants and Grave Concerns
More variants are expected to follow omicron, and presumably more vaccines will be manufactured to combat them. But will we ever be able to vaccinate our way out of the COVID pandemic? And how will the cumulative effect of all these experimental shots impact public health?

The unvaccinated are often blamed for spawning the omicron variant, but some experts suggest that the vaccinated may in fact be the real variant driver. In a Nov. 30 article, virologist and vaccinologist Geert Vanden Bossche wrote that the continued push of mass vaccination for COVID-19 will only expand the evolutionary capacity of SARS-CoV-2 spike protein beyond the omicron version.

At issue is the type of vaccines that were developed in response to COVID-19. Unlike conventional vaccines that provide immunity, COVID vaccines merely reduce symptom severity. Bossche predicts that this will result in vaccinated people spreading variants that are increasingly contagious and deadly.

Bossche has been warning about this problem for several months. In an open letter to the WHO from March 2021, he

warns that the current strategy to vaccinate the population in the midst of a pandemic is “at risk of resulting in a global catastrophe without equal.”

“I am not against vaccination,” Bossche wrote. “On the contrary, I can assure you that each of the current vaccines have been designed, developed, and manufactured by brilliant and competent scientists. However, this type of prophylactic vaccines are completely inappropriate, and even highly dangerous, when used in mass vaccination campaigns during a viral pandemic. Vaccinologists, scientists, and clinicians are blinded by the positive short-term effects in individual patients, but don’t seem to bother about the disastrous consequences for global health.”

Some research finds fault with the vaccines themselves. A study published in the Nov. 8, 2021, edition of the journal *Circulation* noted “dramatic changes” in the heart and blood vessels following a COVID-19 vaccine.

Researcher and cardiologist Dr. Steven R. Gundry noted that the changes persist for at least 2 1/2 months after the second vaccination.

Gundry concluded that the mRNA vaccines “dramatically increase inflammation on the endothelium and T-cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.”

Another study from the UK finds that those 60 and younger who have taken the COVID-19 vaccine are twice as likely to die as those who didn’t take the jab.

However, regulators still insist that the shots are safe, and that getting more people vaccinated is critical to ending the pandemic. Even before omicron came on the scene, moderately or severely immunocompromised individuals were encouraged to receive four shots. Some experts predict that everyone may require a new shot every six months as protection begins to wane.



MDV EDWARDS/SHUTTERSTOCK

Health officials are calling to combat omicron with the same strategy they’ve used to tackle the original COVID-19: more vaccines.

SUPAMOTION/SHUTTERSTOCK

Addiction Rates and COVID-19: A Crisis Within a Crisis

Part 2: To deal with addiction effectively, we need to deal with the impacts of trauma

If health is the primary reason for mandates and lockdowns, then health must be the primary focus as we return to normality.



PAUL SPANJAR

In the previous article, which was the first of this three-part series, we explored how rampant substance use disorders are in the United States. As many as 21 million people are currently affected by substance-related addiction, but only 10 percent of those seek treatment.

We also discussed the idea of addiction as a brain disease. A relapsing condition similar to diabetes, which has strong roots in genetics. And while this may be true to an extent, the environment—both at home and in the wider context of society—poses just as much, if not more, of a risk to an individual’s risk of addiction.

We also looked at the strong relationship between addiction, mental health, and neurodiversity. We know that nearly 20 percent of those struggling with mental health have co-occurring substance use disorders, but these statistics only paint a small picture when we consider that the prevalence of co-occurrence is much higher among younger adults, with rates as high as 55 percent in some studies.

As many as 51 million Americans (1 in 5) struggle with mental health disorders, and 41 percent of adults reported feeling anxious during the pandemic. These are alarming statistics of pandemic proportions; we simply can’t ignore them any longer.

In this second episode of the series, we’re going to discuss what needs to be done now to turn the tide on this crisis. As someone who has been working in this field for many years, I can honestly say that the way in which we currently view addiction needs to change, and it needs to change very fast.

Addiction Is More Than Just the Substance

There is a huge misconception around addiction that correlates the severity of an addiction with the potency of a substance. The “war on drugs” initiated during the Reagan and Nixon administrations appears to have done very little to protect American’s from the growing problem of addiction, and while many states are now considering rehabilitation as an alternative to criminal punishment, or even legalizing drugs such as marijuana, neither will be effective at preventing rates of addiction.

Everything we’ve come to learn about addiction points to early trauma or abuse as a huge factor in determining rates of addiction. Therefore, tackling the root causes of addiction early is a far better solution for future generations to come. We will cover this in more detail for part three of this series.

The main point we need to understand here is that addiction has very little to do with the substance, or how potent or “addictive” it is. Addictive behaviors such as gambling, food, or even internet use, can pose many of the same dangers as heroin or crack cocaine use.

That may be hard to believe, but when you understand that male problem gamblers are 19 times more likely to commit suicide compared with their non-addicted peers, and the growing number

of studies that link heavy social media use to growing mental health problems, it’s clear that addiction is rampant in all areas of our society, and they all need to be taken seriously.

Addiction Is Addiction

We previously covered the definition of addiction in part one of this series, but just to recap for our new readers, addiction can be defined as:

A compulsive desire to repeat activities or actions despite negative consequences.

If we now take that definition and view it through the lens of addictive behaviors as a whole, and not just substances such as heroin or crack cocaine, addiction rates in the United States are far greater than is actually being reported.

Food addiction is a real problem, thanks in part to unhealthy foods designed to be addictive with combinations of fat, sugar, and salt. The resulting obesity rates in the United States are linked to several diseases, including severe COVID.

Social media addiction is being blamed in part for the rise in depression and anxiety, and depression among younger and younger children. There is also something to be said about sexual promiscuity among young teenagers using TikTok and the risks associated with predators.

Porn addiction is leaving many people profoundly ashamed and is ruining marriages. Porn is also easily accessible to children and creates unrealistic expectations around relationships.

Work addiction might sound harmless, but it can have disastrous impacts on family life and mental health.

Shopping addiction is a real problem for many people, who seek the short-term dopamine rush of getting a new outfit or tool despite the haunting stress of mounting credit card debt.

Further studies need to take into account the prevalence of addiction as a whole, and not just those with substance use disorders, but one could fairly assume that addiction rates among Americans are much higher than is being reported.

Addiction in a Post-COVID World

If we take the view that addiction is a manifestation of trauma and emotional pain, a symptom of a deeper issue, and a means of feeling connected with something other than ourselves, we can see that the way in which we view addiction and management needs to change.

As parents, guardians, or teachers, we have significant influence over what children are exposed to. The impact of generational trauma is very real, and we can unintentionally inflict our own traumas onto them without even knowing it. As adults, we need to take responsibility for our own traumas. We also need to be more mindful and more cautious around the potential risks associated with social media and their algorithms on children.

Instant gratification from social media isn’t the only problem. Fast food and fast fashion have also become the norm. Children and adults alike, more than ever, are chasing a daily dopamine rush in some form or another.

That’s not to say that these things are

As many as **51 million**

Americans (1 in 5) struggle with mental health disorders, and 41 percent of adults reported feeling anxious during the pandemic.



MOZAKIM/SHUTTERSTOCK

Experts say it is a misconception that the severity of an addiction correlates to the potency of the addictive substance.

If addiction is ‘a compulsive desire to repeat activities or actions despite negative consequences,’ it’s likely addiction rates are far greater than we think.

intrinsically bad; we’ve devoted an entire article to this subject in the hope that many will begin to see addiction as something more than just the substance or behavior itself. In a world where children have to compete with other children in a digital, fabricated social structure, moderation and education have never been so important.

We also need to rethink how we deal with addiction in the workplace, in communities, and in criminal justice systems. The status quo isn’t working, and to continue down the same path expecting different results is nothing short of foolish.

We also need to rethink how we deal with addiction in the workplace, in communities, and in criminal justice systems. The status quo isn’t working, and to continue down the same path expecting different results is nothing short of foolish.

Perhaps the greatest trauma of all during this pandemic is yet to be fully understood. Lockdowns may have curbed COVID-19 infection rates, but the amount of uncertainty and division it has created is yet to be fully understood. If health is the primary reason for mandates and lockdowns, then health must be the primary focus as we return to normality. Access to high-quality and affordable counseling services is critical.

In the next and final article of this three-part series, we’re going to delve into addiction preventative measures. We owe it to our children and future generations to take steps to prevent addiction.

Paul Spanjar, CEO of the Providence Projects UK, is a leading addiction specialist. In recovery himself for over 20 years, Spanjar and the team help others transform their lives through the rehabilitation programs offered at the Providence Projects treatment centers.

Everything we’ve come to learn about addiction points to early trauma or abuse as a huge factor in determining rates of addiction.



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The Interconnectedness Between Anxiety and Inflammation

Hanscom's COVID-19 prevention focuses on strengthening immune function through stress and anxiety reduction, with very precise recommendations on how to do that

Continued from Page 1

Cytokines, Anxiety, Pain, and Poor Immune Function

Cytokines are small proteins that serve to regulate different tissues. There are both pro-inflammatory and anti-inflammatory cytokines. Cytokines have specific relevance to COVID-19, as they modulate your immune system and its function.

By reducing or resolving stress and anxiety, you lower levels of inflammatory cytokines, thereby allowing your immune system to function better. Hanscom has developed a working group that meets once a week to discuss and share information.

Other members of the group include Stephen Porges, a behavioral neuroscientist who developed Polyvagal 30, and Dr. David Clawson, a physiatrist who specializes in physical medicine and rehabilitation and who is very knowledgeable about cytokines.

Hanscom said: "Cytokines are everywhere. Every cell in the body has cytokines. It's how [cells] talk to each other. It turns out that the glial cells in your brain, that connect the tissue of the brain, put out cytokines. So do the endothelial cells, the linings of blood vessels.

"When you have a threat—surgeons think in terms of muscle tension, sweating, and heart rate—that to us is a threat response, versus safety where you relax and regenerate. What I didn't realize is that threat fires up the immune system, and 'threat' is all sorts of stuff. It's viruses, bacteria, cancer cells, a bully, a difficult boss, but also your thoughts, emotions, and repressed emotions.

"Neuroscience has shown us that those thoughts and emotions are processed in the brain the same way as a physical threat. It turns out that every degenerative disease is, what Clawson says, the same soup. In other words, we know that cardiac disease, critical vascular disease, adult-onset diabetes, obesity, Parkinson's, and Alzheimer's are just examples of inflammatory disorders. It's all inflammatory."

Anxiety Is a Symptom of Inflammation

When your autonomic nervous system becomes dysregulated, you can—as Hanscom did—go from feeling fine one day to having a panic attack out of the blue the next. He explains:

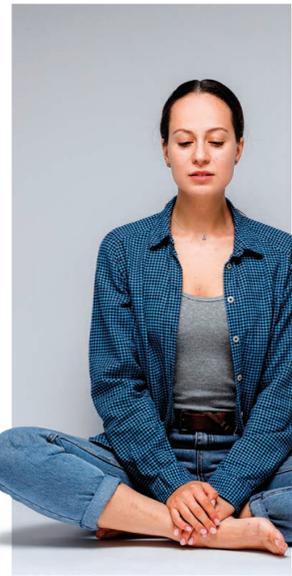
"It turns out that anxiety, bipolar, depression, and schizophrenia are all inflammatory processes. It's inflammatory.

It is not psychological. Remember, anxiety is a result of a threat. [Threat] is the cause.

"The threat creates a bodily response, which includes your immune system, and that sensation generated by the adrenalin and cortisol and these inflammatory cytokines, that's the sensation of anxiety. Since the unconscious brain processes about 20 million bits of information per second, and the conscious brain only processes 40, you can't do it with mind over matter.

"I went to a psychiatrist for 13 years and talked and talked and talked ... but I got worse. And, see, the solution for chronic pain is actually changing your brain to go a different direction. If you talk about the problem, you're actually reinforcing it.

"The way you decrease anxiety is simply to decrease that stress response. And you do it through direct means: mindfulness, meditation, relaxation, anti-inflammatory diet. The anti-inflammatory diet turns out to be a huge deal ... because what happens when you're in a constant threat, i.e., inflammation, which includes processed foods, these inflammatory cells start destroying your body.



ZADORN/SHUTTERSTOCK



“If you take charge of your health and lower those inflammatory markers, then we have this normal cytokine rise.

Dr. David Hanscom, orthopedic surgeon

There are many ways people can actively manage their biochemistry, including meditation practices that have existed for thousands of years.



When you feel safe, your body chemistry changes.

"The biggest message I want to get out there [is that] anxiety is a physiological response to a threat. Your whole body is on fire. You need to decrease anxiety, decrease cytokines, decrease that stress response. Again, if your body's inflamed, you're going to feel anxious."

With regard to diet, there are several reasons why processed foods cause inflammation. For starters, they tend to be very high in refined carbohydrates which, when consumed in excess, cause insulin resistance, thereby raising inflammatory cytokine production and massively increasing your risk of COVID-19. They're also loaded with industrially processed omega-6 vegetable oils, which are pro-inflammatory.

Lowering Inflammation Improves COVID-19 Survival

According to Hanscom, removing the threat and creating a sense of safety not only lowers inflammatory markers and eliminates pain, it also improves your immune system's ability to respond appropriately to fight off foreign invaders, be it SARS-CoV-2 or any other pathogen.

"The virus, of course, is the threat, [and] you want your immune system to respond. A vast majority of people fight off the virus very quickly, but the elephant in the room, the obvious factor that has to be looked at, is that almost every person that dies from COVID-19 has 'risk factors' ... [and] every one of these risk factors has elevated inflammatory markers."

The problem with these elevated inflammatory markers comes into focus with one of the most common causes of death for those who suffer severe COVID-19—cytokine storms. In some people, COVID triggers a rush of pro-inflammatory cytokines leading to a fatally mismanaged immune response. Hanscom said dealing with the roots of elevated inflammatory markers can alleviate this risk.

"The idea is, if you take charge of your health and lower those inflammatory markers, then we have this normal cytokine rise. In other words, the cytokines are your defense against the [virus]. We have this normal cytokine rise that stays below that threshold.

"If you hit a certain threshold, the inflammatory response becomes too strong, and you flood your lungs out. You drown in your own fluids because everything becomes inflamed. Almost every person that's passed away from COVID-19 has had some risk factor where this inflammatory process is going out of control."

The Vagus Nerve

As explained by Hanscom, your vagus nerve, the 10th cranial nerve which is the main part of your parasympathetic nervous system, acts as a brake on your sympathetic nervous system. Your sympathetic nervous system is activated in response to threats and is responsible for your fight-or-flight response. Your parasympathetic nervous system is activated through the

relaxation response and is responsible for your rest, digest, and recovery response.

"The vagus nerve is seeing all this input, and it decides what to do with your body. There's a direct effect on metabolism, the endocrine system, your blood sugars, the cytokines. Under threat, the parasympathetic brake comes off."

One of the few things that can reliably tell us we are safe is the security we get from another person. Sympathetic or friendly faces have an immediate impact on our perceived security, explains Hanscom.

"When I walk up to you, I look at your facial expressions, you look at mine, and we do what's called coregulation, which calms down the autonomic nervous system. The problem with COVID-19 is we have masks on. We can't see each other's faces and we're socially isolated."

Hanscom notes that behavioral neuroscientist Stephen Porges has pointed out that this situation dysregulates the autonomic nervous system. Amid COVID-19, people have felt as if under a constant threat.

"What happens is, when you're under chronic threat, your immune system is fired up. Then people become socially isolated, which also fires up the immune system even more. You can't coregulate, you're socially isolated, your nerve conduction doubles, you feel the pain more, and when this autonomic response is sustained, there are over 30 physical symptoms that occur.

"Stress isn't the problem. It's this physiological response to the threat. And the

way you calm down anxiety is simply drop down the body's chemistry."

Fortunately, there are many ways people can actively manage their biochemistry, including meditation practices that have existed for thousands of years. One of the more popular methods these days is mindfulness, the act of observing our own thoughts and feelings without judgment.

This process allows us to gain awareness of, and better control over, many of the internal causes of our stress response.

"When I do mindfulness, I'm actually directly lowering cytokines. That's not psychological, that's a true effect on my body. Same thing with diet. When you can link things like diet, relaxation, and calming the nervous system to your inflammatory cytokines, it makes a big difference."

How to Activate Relaxation Response and Lower Inflammation

So, just how do you activate this vagal response to induce relaxation and lower your inflammatory markers? In the interview, Hanscom reviews several strategies known to do this, including the following:

Expressive writing: According to Hanscom, there are more than 1,000 research papers showing expressive writing reduces viral load and inflammatory markers. How to do it: Simply write down your thoughts, then tear up the pages. As explained by Hanscom:

"You can't escape your thoughts, but you can separate from them. You tear them up for two reasons. One is to write with freedom, positive or negative.

The second one, which is more important, is to not analyze these things, because they're just thoughts. If you analyze and try to fix them, you actually reinforce them. What you're trying to do is stimulate neuroplasticity [through] awareness, separation, then redirection."

Quality sleep: The writing helps with going to sleep, Hanscom said, but it's also important to get seven hours of sleep. "It's a big deal," he said.

Forgiveness practice: The antidote to anxiety is control. If you lose control, your body secretes more stress hormones and cytokines, triggering anger and anxiety. Knowing this is important to addressing pain control.

"They found that 90 percent of people in chronic pain have not let go of the situation that caused the problem in the first place, but interestingly enough, the person they haven't forgiven is themselves," Hanscom said.

"We find that in this healing process, anger and forgiveness are always a tipping point. When you're angry or fired up, you're in a constant threat. When you're trapped by anything, especially chronic pain or trapped in your house from COVID, you're frustrated. Well, that has cranked up your inflammatory cytokines." Acceptance and forgiveness go hand-in-hand and can free you of grievances over situations you can't change.

Intermittent fasting or time-restricted eating:

There are several ways to do this. One of the easiest is simply to restrict your eating to a six-to-eight-hour window each day, making sure you eat your last meal at

least three hours before bed. Research has shown time-restricted eating will significantly lower your inflammatory markers.

Exogenous ketones: While time-restricted eating and intermittent fasting will boost your ketone production, you can also use a ketone supplement. Ketones catalyze metabolic pathways that reduce inflammation.

As explained by Hanscom, viruses also don't like ketones: They like sugar, so ketones can help lower viral replication. His workgroup has developed a nutritional protocol they believe could help solve the pandemic, as it affects every step of the viral stage.

"As far as COVID-19 is concerned, you have to take vitamin B and C. Vitamin D is a big deal. It's the No. 1 deficiency in the world. And then you have to take zinc and magnesium just for your enzymes to work," he said.

Activate your vagus nerve: Other simple ways to activate your vagus nerve, thereby triggering the relaxation response and lowering inflammatory markers include the following:

- Deep breathing exercises
- Mindfulness
- Melatonin
- Relaxation
- Humming
- Listening to lullabies
- Cold washcloth on your forehead
- Acupuncture

More Information

To learn more, be sure to peruse Hanscom's "Thrive and Survive" manual, available on BackInControl.com. There, you can also find free guides explaining expressive writing and other pain-treatment guidelines.

Hanscom is also the author of "Do You Really Need Spine Surgery?" available at your local bookstore and online.

Lastly, Hanscom is in the process of creating a subscription-based app called DOC Journey, designed to help you resolve chronic pain without surgery. DOC stands for "direct your own care." The subscription includes virtual group coaching, live seminars, exclusive content, and more.

"The app will take you through steps of what we call sematic work of calming things down, breathing, et cetera. It's very concise, and I think something that will be very effective," Hanscom said.

In closing, I'd like to reiterate one of the key take-home messages Hanscom stressed in this interview, namely that "anxiety is a physiological response to a threat. If your body is inflamed, you're going to feel anxious." The answer, not just for anxiety, stress, and pain, but also for general immune system health, is to implement strategies that reduce your stress response, make you feel safe again, and lower inflammation.

Dr. Joseph Mercola is the founder of Mercola.com. An osteopathic physician, best-selling author, and recipient of multiple awards in the field of natural health, his primary vision is to change the modern health paradigm by providing people with a valuable resource to help them take control of their health. This article was originally published on Mercola.com

We Can Have Deeper Conversations With Strangers

What do we gain from connecting with strangers—and what holds us back? A new study suggests some answers.

SUMMER ALLEN

When we talk to strangers, if we talk to them, we often default to "small talk" or "chit-chat." We may muse about the weather or a recent movie or what we did over the weekend. This surface-level talk may keep us comfortable, but it's often unfulfilling.

What prevents us from deepening our conversations with strangers?

A recent study by Michael Kardas, Amit Kumar, and Nicholas Epley published in the Journal of Personality and Social Psychology finds that we tend to underestimate how much strangers are interested in and care about our more personal revelations. We also mistakenly assume that conversations with strangers will be uncomfortable and unrewarding. These miscalibrated expectations create a psychological barrier that prevents us from

having more "deep talk."

The study raises a question for all of us: What if we took more chances in connecting with strangers?

Asking the Big Questions

In the study's first set of experiments, the researchers told participants that they would answer and discuss four deep questions with a stranger, such as "For what in your life do you feel most grateful?" and "Can you describe a time you cried in front of another person?"

After reading the questions, but before meeting their randomly assigned conversation partner, participants predicted how interested they would be in hearing the other person's answers, how interested they expected the other person would be in hearing their answers, how awkward they would feel during the conversation, how much they would like the other person, and how happy they would feel about the conversation. After 10 minutes spent discussing the deep questions with their partner, participants answered questions about how the conversation actually went.

Overall, participants weren't very good at predicting how the conversation would go. They underestimated how interested they and their conversation partner would be in each other's answers, as well as how connected and happy they'd feel afterward.

They also overestimated the awkwardness of the conversation.

"Not only does having a deep conversation with another person seem to be a surprisingly positive experience, it seems to be more positive than having a shallow conversation," write the researchers.

We mistakenly assume that conversations with strangers will be uncomfortable and unrewarding.

The researchers hypothesized that the reason people have such a tendency to avoid deeper conversations with strangers is because they believe strangers won't care about their answers or find them interesting.

Experiments bore this out. For example, in one experiment, participants were able to choose from a list of shallower and deeper questions to answer with a stranger. Participants who were told beforehand that people tend to underestimate how much strangers will care about each other's answers selected significantly more of the deeper questions than did participants

who were told people tend to overestimate the caring of strangers.

Throughout the experiments in this study, a simple theme emerged: Our expectations about how conversations with strangers will go often run in a negative direction. Unfortunately, these assumptions likely govern how we interact with people we don't know well in our day-to-day lives. As the researchers write:

"Our data suggest that underestimating others' deeply social nature—assuming that others will be more indifferent and uncaring in conversation than they actually are—could help to explain why conversations in daily life are shallower than people might prefer. Our participants consistently expected their conversations to be more awkward, and lead to weaker connections and less happiness than they actually did."

What Strangers Can Give Us

What's unknown is to what extent these findings are generalizable. Although the experiments in this study included a range of different groups—American undergraduate and master's students, financial services employees, international MBA students, community members in a park, and online participants—most of the experiments were conducted in the United States. So, it remains to be seen if the same

results would be found in other cultures.

Here's another open question: Do impromptu conversations with strangers differ from conversations prompted by experimenters? As the researchers acknowledge, it's a lot easier to engage in deeper conversations when instructed to do so. And because "small talk" is a social norm in many settings, trying to engage in a more intimate conversation in the "real world" may make some people wonder if you're angling for a date or trying to sell them something.

But other studies in more naturalistic settings suggest that we frequently make false assumptions about how interactions with strangers will likely go. In a study of train and bus commuters, people predicted that they would have a more positive experience keeping to themselves than while talking with a stranger, when the opposite was actually true.

In another study, people instructed to give a compliment to a stranger overestimated how uncomfortable and bothered—and underestimated how positive—the compliment recipient would feel. And a study that included pairs of new dorm mates and strangers at a workshop found a robust "liking gap" between how much people thought strangers liked them after a conversation and how much they actually did.

Together, these studies show that we may benefit from experimenting with talking to strangers even when we don't feel like



A recent study reveals we have a negative bias in our expectations when it comes to talking with strangers. It turns out, strangers care more than we think.

it—and consider moving beyond small talk when we do engage in these conversations.

"If you think that a deep conversation is likely to be especially awkward, then you are unlikely to give yourself the chance to find out that you might be a little bit wrong," write the researchers. "Only by engaging with others do people accurately understand the consequences of doing so."

There's another possible benefit from deepening our conversations with strangers: feeling more socially connected and even maybe gaining more friends. After all,

Studies have found that 'deep talk' speeds up the formation of friendships.

all friends were strangers at one point, and studies have found that "deep talk" speeds up the formation of friendships.

This doesn't mean, however, that we need to go straight for the vulnerability jugular, exposing our worst fear or past traumas while ordering a cup of coffee. Instead, we may consider asking gradually more intimate questions—or disclosing more vulnerable information about ourselves—the next time we have the opportunity to have an extended conversation with a stranger.

In fact, in this study, the researchers noticed that some pairs assigned to discuss shallow questions eventually gravitated to deeper topics, suggesting there may be a natural drive to increasing intimacy over the course of a conversation.

So if you see yourself veering toward more vulnerable territory the next time you talk to your seatmate on a plane, consider using this as a reason to give in to the impulse. You might just walk away with a new friend—or at least feel happier and more connected than you expected.

Summer Allen, Ph.D., is a research/writing fellow with the Greater Good Science Center. A graduate of Carleton College and Brown University, she now writes for a variety of publications including weekly blog posts for the American Association for the Advancement of Science. This article was first published on Greater Good Magazine.

TRADITIONAL CHINESE MEDICINE

The Roots of Resilience

The elements of resilience can help you turn adversity into an opportunity for growth

LYNN JAFFEE

Many years ago, I took a class from a woman who was doing her doctoral thesis on the topic of psychological hardness. She was a nun, but not the black and white kind of nun I remember from growing up. This particular nun wore flannel shirts and swore from time to time, but that's not what I remember most. What stuck with me over the decades was her study of psychological hardness and what exactly that means.

In Chinese medicine, the ancients had a saying that if the "shen" was bright, the patient will survive; but if the shen was dull, the prognosis isn't so good. Shen, in Chinese, is the idea that the spirit, consciousness, memories, and being-ness of a person resided in their heart, but was reflected in their eyes. As a practitioner of this medicine, I agree that looking into a person's eyes is a good indicator of their spirit or psychological hardness, and can be a gauge of their prognosis.

ALL PHOTOS BY SHUTTERSTOCK



Looking into a person's eyes is a good indicator of their spirit or psychological hardness, and can be a gauge of their prognosis.

Flexibility. Being able to see things in shades of gray, rather than black and white, or to stand back and look at the situation from a different viewpoint, takes flexibility. Additionally, like the wood element in Chinese medicine, being able to bend without breaking is the essence of resilience.

Humor. When your life is crumbling around you, being able to throw a little humor on the whole mess keeps things in perspective and relieves tension. Clearly, there are times when humor isn't appropriate, but they're rare.

Kindness and empathy. Your kind words have the ability to change someone's entire day for the better. Admittedly, it can be really hard to be happy for someone who just landed their dream job right when you've recently been laid off. However, the reality is that their happiness doesn't make your situation any worse unless you want to go down the comparison rabbit hole. It's entirely possible that saying something kind or being genuinely happy about someone else's good fortune might just make you feel a little bit better.

We all know people who inspire awe because of their ability to live fully despite great hardship. Simply put, it's the difference between coping and getting stuck. Whether you call it resilience or psychological hardness, the ability to deal, bounce back, and maybe even learn some lessons from life's hard times is how you get through them and maybe even come out stronger.

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

Being able to see things in shades of gray, rather than black and white, or to stand back and look at the situation from a different viewpoint takes flexibility.

In the years since hearing about Sister Flannel's thesis, I've thought about the topic of psychological hardness, and why some patients seem to shrug off seemingly huge amounts of pain or disability, while others are completely leveled by comparatively inconsequential health complaints. And while I don't have all the answers, one word keeps cropping up to explain these phenomena—resilience.

Resilience is the ability to bounce back quickly in the face of a tough situation. It makes me think of the element of wood in Chinese medicine—from the green shoots that single-mindedly sprout out of the earth each spring, to the flexible strength of mature wood that can bend but not break.

Resilience isn't one thing or another but is the sum of several pieces that make up the whole. The components of resilience are also the tools that help you get through difficult times, including:

Perseverance. The Japanese have a proverb: Fall down seven times, get up eight. Not quitting when things get tough is a key component of resiliency, whether it's something as simple as continuing to play the guitar even though your fingertips hurt or as overwhelming as continuing to function through great pain or illness.

Optimism. Knowing that things will turn out OK even when the deck is stacked against you.

Gratitude. Personally, during some very dark days, I found that being grateful for what was not going wrong, appreciating the people around me, and acknowledging the small miracles in my life is what got and continues to get me through.

The confidence that you can handle hard times, even when you're in the middle of them. Self-assurance in your abilities to cope means that ultimately, you will cope.

A strong support posse is a huge piece of resilience. Knowing you have people in your life who have your back when things are rough can give you the mojo to keep going.

Resilience is the ability to bounce back quickly in the face of a tough situation. Some people have it, and some people need it.



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There are useful habits that can help us stick with a difficult new endeavor.

WISE HABITS

Why We Don't Stick to Things

Here are 10 reasons why we give up and what we can do about them

LEO BABAUTA

We all do it in some form: We tell ourselves we're going to do something, and then end up not sticking to that plan. As the season of New Year's resolutions is upon us, it's worth reflecting on why this is.

When the new habit gets uncomfortable, we stop enjoying it and make up excuses to put it off.

Maybe some of these scenarios will sound familiar to you:

- You try to stick to a certain diet, end up breaking it in a day, and then abandon it.
- You try to work hard on a project and stop procrastinating, and then get distracted and your plan fails.
- You try to meditate (or do yoga, read, exercise, etc.) every morning, and then one morning you're in a rush or are tired and skip it. Then you skip it again the next day, and eventually quit.
- You aim to stay on top of your email, or finally tackle that clutter, but your plan doesn't even get off the ground.

So what's going on? Are we just lazy people, with no discipline? Are we destined to spend life on the couch eating junk food, watching Netflix, and hating ourselves?

I find this a fascinating subject, and I've been observing it in myself and in the thousands of people I've worked with. Here's what I've found.

Why We Don't Stick With Our Plans

There isn't always just one reason for failure. Sometimes it's multiple reasons at once, or different reasons depending on the situation or the type of person you are.

Continued on Page 14

How Polypharmacy Led to 43 Prescriptions at Once

JOSEPH MERCOLA

Polypharmacy, or the use of multiple medications, is common in older adults. While 89 percent of people aged 65 and older take at least one prescription medication, 54 percent take four or more. Data from Merck similarly found that nearly 80 percent of older adults regularly take at least two prescription drugs, while 36 percent regularly use five or more different drugs—and this doesn't include over-

the-counter medications. Adverse effects from polypharmacy are common and may drive patients to seek out ever-more drugs to treat the side effects caused by their drug regimen. This can create a vicious cycle that's perpetuated by a health care system where doctors have little time to spend with patients and are directed to use treatment protocols centered on pharmaceutical-driven care.

Not only do many patients see multiple doctors, each of whom may prescribe their own set of medications, but patients may pressure doctors to prescribe drugs they've seen on direct-to-consumer advertisements. Instead of looking at the big picture of how to get healthy, tending to essential factors such as diet, stress, and physical activity, "health care" for seniors often turns into "drug care," with potentially disastrous results.



"Health care" for seniors often turns into "drug care," with potentially disastrous results.

NATALY STUDIO/SHUTTERSTOCK

Continued on Page 12

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Spirulina and chlorella are tiny single-celled plant-like organisms that offer a range of health benefits.

Reasons You Should Eat Blue-Green Microalgae

Spirulina and chlorella deliver a potent mix of nutrients in a tiny package

DEBORAH MITCHELL

If you are looking for superfoods that have whole-body benefits, come in a convenient supplement and powdered form, are high in protein, and rich in phytonutrients, then look no further than spirulina and chlorella. These algae are cousins that have similar-but different-health benefits, and they are well worth adding to your daily routine.

If you are not overly fond of leafy greens or don't get enough of them in your diet, then spirulina and/or chlorella may be helpful (though fresh vegetables are irreplaceable). When you blend them into a smoothie, you will barely even notice them, but you will benefit from all of their green goodness.

What Is Chlorella?

Chlorella is a blue-green one-celled microalgae that is native to Japan and Taiwan and is a super source of amino acids, omega-3 fatty acids, potassium, phosphorus, biotin, magnesium, the B vitamins, beta-carotene, and chlorophyll. Three tablespoons (about 1 oz) of powdered chlorella provide 16 grams of protein, 287 percent RDA of vitamin A, 202 percent of iron, 133 percent of zinc, 71 percent of vitamin B2, 33 percent of vitamin B3, and 22 percent of magnesium.

[Editor's note: Many people have too much iron in their blood, which can cause adverse health effects. Be aware if you are eating processed foods fortified with iron, have high iron content in your well water, or take multivitamins that include iron.]

What Is Spirulina?

Like chlorella, spirulina is single-celled, blue-green microalgae that are high in protein (more than in chlorella), boasts a detoxifying factor, and harbors impressive levels of nutrients, including omega-3s, iron, magnesium, copper, and several B vitamins. It has been named the "single most nutritious food on the planet."

Three tablespoons (21 grams) of dried spirulina contains: 12 grams protein, 33 percent RDA of vitamin B1 (thiamin), 45 percent vitamin B2 (riboflavin), 12 percent niacin, 62 percent copper, and 33 percent iron, as well as good amounts of magnesium, manganese, potassium, and omega-3 fatty acids.

Use of chlorella and spirulina have been credited with a lot of health benefits. Here are some of the more notable ones.

Detoxify Heavy Metals and Radiation

Chlorella has the ability to attach to toxins in the body, including cadmium, lead, mercury, and uranium, and prevent their absorption. These and other heavy metals can enter the body through food (e.g., fish), mercury dental fillings, air pollutants, affected water, paint, environmental factors, and vaccinations. The chlorophyll in chlorella also can protect against damage from ultraviolet radiation treatments. Regular intake of chlorella can help prevent heavy metals from accumulating in the body and eliminate radioactive particles.

Promote Gut Health and Digestion

Both spirulina and chlorella support and promote healthy digestion and a flourishing beneficial bacteria environment in the gut. A healthy gut, in turn, supports an optimally functioning immune system.

Boost Immune Function

Immune system cells called natural killer cells get a boost from chlorella, according to Korean researchers. Other research has shown that individuals with brain tumors who took chlorella had fewer respiratory infections and flu-like illnesses than those

not taking the supplement.

Slow Aging

Who wouldn't like this benefit? Spirulina contains a winning combination of carotenoids and the enzyme SOD (superoxide dismutase, a potent antioxidant), which has been shown to be good for skin health by improving age spots, acne, rashes, and eczema.

Research published in Clinical Laboratory article noted that chlorella significantly reduces oxidative stress, a major factor associated with aging. Oxidative stress is caused by a poor diet, pollution, and stress. The microalgae also naturally boost the levels of glutathione, vitamin A, and vitamin C in the body, which in turn gets rid of cell-damaging free radicals.

Help With Weight Loss

Chlorella facilitates weight loss in several ways, including regulation of hormones, improving circulation, stimulating greater energy levels, reducing body fat, eliminating toxins, and promoting metabolism. In a Japanese study, the authors found that chlorella supplementation resulted in "noticeable reductions in body fat percentage" among both healthy adults as well as those at high risk for lifestyle diseases.

Fight Cancer

Use of chlorella supplementation may help fight cancer by enhancing immune system function, removing toxic heavy metals from the body, and boosting the activity of T cells (immune cells that fight abnormal cells).

Serve as Plant Protein Alternatives

Spirulina and chlorella are better sources of complete protein than are red meat and most other plant proteins. In fact, beef is 22 percent complete protein and lentils are 26 percent, while spirulina is about 65 to 71 percent and chlorella is 58 percent protein.

Support Cardiovascular Health

Spirulina has a special cell structure composed of mucopolysaccharides, which are easily digested. This feature is a reason why the algae can lower triglycerides and cholesterol and thus support cardiovascular health.

The authors of one recent study reported that overweight adults with high blood pressure who consumed spirulina daily for three months showed improvement in blood pressure and endothelial function, as well as in weight and body mass index, all of which have an impact on cardiovascular health.

How to Buy and Take Spirulina and Chlorella

Both supplements are available as a powder, tablet, and capsule. The recommended form is powder, since it is easily added to smoothies and liquids. Because the cell walls of chlorella are a challenge to digest, you should look for supplements that read "cracked cell wall chlorella," which means your body will more easily absorb the supplement.

Suggested preventive and therapeutic dosages of spirulina for adults are, respectively, 6 to 10 grams daily and 11 to 20 grams daily. For chlorella, they are 3 to 4 grams daily and 5 to 7 grams daily, respectively.

Deborah Mitchell is a freelance health writer who is passionate about animals and the environment. She has authored, co-authored, and written more than 50 books and thousands of articles on a wide range of topics. This article was originally published on *NaturallySavvy.com*

It's Time to Ask Santa for Crutches and Catheters

Supply chain difficulties are leaving hospitals short of essential supplies

RACHANA PRADHAN

America's hospitals, strained by nearly two years of fighting the COVID-19 pandemic, are now scrounging for basic medical supplies.

In another consequence of the global supply chain crisis, hospitals managing holiday COVID surges and all their other patients are running short of many necessities of care: crutches, syringes, needles, tubing, gloves, catheters, drapes for surgery, suction canisters for medical waste, and even urine cups.

After the difficulties that health care workers faced in securing personal protective equipment in 2020, supply chain managers and other experts say shortages and delays of other common supplies escalated this year.

A global aluminum shortage has left hospitals short on crutches, so clinicians have organized donation drives for gently used items.

President Joe Biden's promises to speed supplies into the country have repeatedly focused on ensuring that holiday gifts fill U.S. store shelves. "Only Santa Claus" can make sure they arrive on time, Biden said in a Dec. 1 speech about his administration's efforts. Medical supplies received a passing reference.

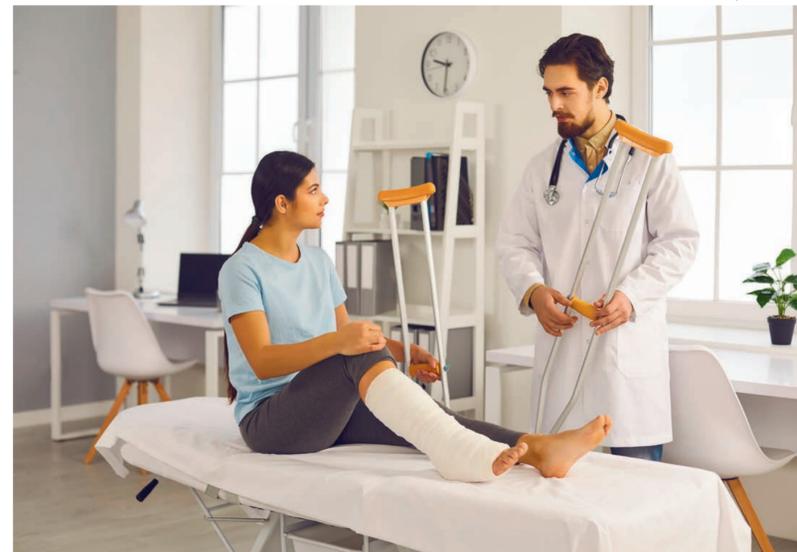
In the meantime, clinicians describe making do, which sometimes requires piecing together what's needed with odds and ends. And while they play MacGyver, their attention can be diverted from patient care.

In late November, executives at CentraCare in Minnesota said a lack of the urine collection kits the health system uses forced them to secure four alternatives and even order individual parts to make their own. Some of the cups can't be transported through normal hospital tube systems, so workers must walk samples to the lab instead of tending to patients.

Dr. George Morris, CentraCare's physician incident commander for COVID response, worries about higher risk of harm for patients. "Now our supply shortage is actually affecting our ability to do the care."

"When you throw in all these variations—four different types of collection kits, an infinite number of different types of crutches—there's always that little slight chance of error," Morris said. "And that's unfortunate, but that's the reality."

"We just can't get enough volume," said Kelsey Ochsner, CentraCare's manager of procurement. Federal emergency medical teams were dispatched to Minnesota in late November to help hospitals—including CentraCare's St. Cloud Hospital, the system's largest—manage a spike in COVID-19 infections.



Patient care is being affected as hospitals are forced to improvise due to supply issues.

The scarcity of supplies is driven by raw material shortages, port backlogs, shipping delays, and a dearth of truck drivers for transporting goods. Another factor making things worse for hospitals in general: staff shortages.

"If you don't have health care workers, you can't do the work," said Debbie White, a registered nurse and president of Health Professionals and Allied Employees, a union in New Jersey. "Whatever supplies you have are kind of a moot point if you can't even take care of your patients."

A global aluminum shortage has left hospitals short on crutches, so clinicians have organized donation drives for gently used items. "Imagine trying to get around after hip surgery or after breaking your leg without the aid of these devices," read one recent call for walkers, canes, and crutches from Utah hospitals, including Intermountain Healthcare and University of Utah Health.

The campaign, called Lean on Utah, collected items on three Saturdays this fall, bringing in 963 sets of crutches, 652 walkers, 333 canes, and 153 nonmotorized wheelchairs.

Glordon Slade, Intermountain's senior director of supply chain logistics, said lead times are so long that the health system has paid for expedited shipping, pushing costs ever higher.

"In some cases, you're paying more for freight than the product," he said.

Microchip and metals shortages have slowed the production of wheelchairs and other medical equipment. Also scarce are resin and silicone, used for canisters, catheters, and the kits used to insert them in patients.

"Anything plastic-wise has been a little bit slowed down," said Mark Welch, senior vice president of supply chain for North Carolina-based Novant Health. Among the items delayed are catheters, syringes, gauze, and medical tape. As of early December, about 6.5 percent of items in Novant Health's inventory were delayed, compared with 1 percent or less during normal operations.

The hospital has urged clinicians to conserve supplies such as tape and gauze. "We're asking them to really think before you use," Welch said. "If you happen to just grab extra things to take to the room because you think you might use it, a lot of times it gets wasted."

"This degree of disruption for this period of time is unusual," said Melanie Fisher, a senior vice president for Beaumont Health, which operates hospitals in Michigan.

"To have 100 backorders a day is much different than traditionally having 25," she said. "And to have back orders with either no substitutes available or having to make the kits ourselves when we're already short-staffed—these are the complexities of what we're working through now."

Still, "this is very different from the shortages we saw last year" related to PPE, said Tinglong Dai, a professor of operations management and business analytics at Johns Hopkins University. With those, Dai said, the danger was grave: "People were actually infected, in certain cases actually died."

Hospital executives were split on whether actions taken by the Biden administration—forcing major ports to operate round-the-clock, lowering container fees, and allowing truck drivers to work longer hours—were improving the situations in

their facilities. Some, like Welch of Novant Health, haven't seen meaningful differences. Still, Fisher of Beaumont Health said, it's hard to imagine what would have happened without them.

Hospital workers hope for some improvement after the holiday season. Industry reports, however, are "predicting another 18 to 24 months of supply chain challenges," said Alyssa Kangas, CentraCare's senior director of contracting and procurement.

Many hospitals contract with group-purchasing organizations to secure discounts from vendors. Managers said the contracts have offered protection against price gouging. But with the supply logjam, they might have to go off-contract to lock down goods—and risk escalating prices.

"At that point, we're kind of at the mercy of the market," said Slade of Intermountain Healthcare, adding that he's concerned about price gouging when contracts come up for renewal. Oxygen tanks, he said, cost 600 percent more than they did a year ago. "I do see an avalanche of price increases in the future."

Rachana Pradhan is a Kaiser Health News correspondent who reports on a broad array of national health policy decisions and their effect on everyday Americans. KHN is a national newsroom that produces in-depth journalism about health issues. Together with Policy Analysis and Polling, KHN is one of the three major operating programs at KFF (Kaiser Family Foundation). KFF is an endowed nonprofit organization providing information on health issues to the nation.

If You Want Strong Bones, You Absolutely Need This

Vitamins will help but you can't supplement the most essential ingredient for good bone health

MAT LECOMPTÉ

What do you need for strong bones?

Of course, calcium and vitamin D are essential in building and maintaining bone mineral density. But you can't draw the line there. To really optimize bone strength, you need something you can't supplement: real muscle.

You don't need a ton of it, either. Being jacked-up and muscle-bound isn't necessary, but some degree of muscle strength is. Why? There are two main reasons.

The first is that muscle offers support for bones. It can help protect them from bumps and breaks and provides some essential resiliency.

But perhaps more importantly, the process of building muscle can actually make your bones stronger and boost bone density.

Putting stress on your bones through resistance training forces bones to respond to the pressure by becoming stronger and denser.

Being jacked-up and muscle-bound isn't necessary, but some degree of muscle strength is.



Use it or lose it is a pretty good motto when it comes to bone strength and density. So how do you use your bones? You put them through their paces.

And you don't necessarily need to start squatting heavy weights or doing shoulder presses, either. You can get the benefits with light, regular resistance exercises such as walking or wall push-ups.

The key, really, is to make it a part of your daily routine. If you can get some load-bearing exercise for at least 30 minutes per day (like going for a walk around the block or heading back and forth up the stairs), you're doing a lot for your bones.

It's not even necessary to bundle that 30 minutes all up in one, either. You can

distribute them in five-minute intervals throughout the day if that's easier for you. Sitting less and being more active is important for your bones.

Make exercise a part of your bone routine to go along with calcium and vitamin D. Try to include some more protein in your diet as well to help build the muscle surrounding the bone.

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

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How Polypharmacy Led to 43 Prescriptions at Once

More than half of those over 65 take four or more prescription medications, with sometimes questionable effects on their health

Continued from Page 9

One Patient—43 Prescription Drugs
A commentary by Dr. Mark E. Williams published on Medscape in November highlights just how extreme polypharmacy can become. In some cases, it's not "just" four or five medications but dozens of them, and in the case of Williams' patient "Allison," it was 43. The woman had been transferred to a chronic care facility for long-term care due to bipolar illness.

Days earlier, she was treated at a hospital for "altered mental status," which Williams said "was probably related to inappropriate polypharmacy."

"Despite being admitted to the hospital for adverse drug reactions related to polypharmacy, Allison was discharged to my facility on 43 prescription medications and an almost equal number of over-the-counter (OTC) drugs. It took more than 10 minutes for the nurse to review the admission medications with me over the phone," he wrote.

Allison's symptoms included fatigue, dizziness, muscle aches, headache, nausea, insomnia, and more, and she requested additional medications to treat them. Not only was the woman taking duplicate medications meant to treat the

same symptoms, but she was also taking medications intended to treat common adverse effects.

"The 'chemical soup' in her body is leading to mental and physical problems," Williams told the patient's daughter, but she, too, bought into the notion that more drugs equaled better care. After overcoming the patient's resistance to going off the drugs, over a three-month period, Williams was able to reduce Allison's medications to about 15—still a staggering number, but less so than 43.

"Allison improved, both mentally and physically," Williams wrote, but challenges still ensued, including the patient demanding a memory drug she had seen advertised on television, and an incident in which her daughter gave her an over-the-counter sleep aid, leading to lethargy, confusion, and slurred speech.

Ultimately, Allison was transferred to another facility, where the dangerous polypharmacy undoubtedly continued. While Williams' commentary highlights an extreme case, it's not unique—polypharmacy is prevalent among seniors.

Polypharmacy Worsens Health

When medications are prescribed in excess, including to treat the side effects of

other drugs, the patient's health suffers. "The use of numerous medications may result in medication-related problems such as inappropriate indications, therapeutic duplication, adverse effects, drug interactions, unnecessary medications, poor adherence and a strain on health care resources," according to a featured article in *The Journal for Nurse Practitioners*.

It also noted that polypharmacy is a preventable risk factor for hospital admission in older adults due to adverse drug events. The risks of polypharmacy, meanwhile, are well noted. In *BMC Geriatrics*, adverse outcomes including mortality, falls, adverse drug reactions, increased length of hospital stay and hospital readmission are listed, and the risk of harm increases with the number of medications. According to the systematic review:

"Harm can result due to a multitude of factors including drug-drug interactions and drug-disease interactions. Older patients are at even greater risk of adverse effects due to decreased renal and hepatic function, lower lean body mass, reduced hearing, vision, cognition and mobility."

In 2007, Dr. Michael Stern, geriatric emergency medicine specialist at New

NEARLY 80%
of older adults regularly take at least two prescription drugs, while 36 percent regularly use five or more different drugs.



JORGE FERREIRO/SHUTTERSTOCK

York Presbyterian Hospital, even told a *New York Times* reporter that polypharmacy accounts for more than one-fourth of all admissions to the hospital and that it would be considered the fifth leading cause of death if it were categorized that way.

Older People Are More Vulnerable to Drug Side Effects

The fact that older people are more likely to be taking more prescription drugs is a double-edged sword, as the elderly are already at increased risk of drug side effects. In fact, the elderly are estimated to be twice as susceptible to adverse drug events compared to younger people.

"Side effects are also likely to be more severe, affecting quality of life and resulting in visits to the doctor and in hospitalization," according to the *Merck Manual*, which also explains several reasons why older people are so vulnerable to drug side effects:

- Older people have less water and more fat tissue in the body; this allows higher concentrations of drugs that dissolve in water and increased accumulation of drugs that dissolve in fat
- The kidneys are less effective at excreting drugs into urine
- The liver is less able to metabolize drugs, so they're not removed as readily from the body
- "Older people are more likely to have chronic medical disorders that may be worsened by drugs or that may affect how the drugs work"

Some common examples of how drugs may affect seniors differently include blood pressure drugs, which may lead to more dramatic drops in older people, leading to symptoms of dizziness and falls. Older adults may also become confused and sleepy when using anti-anxiety drugs, more so than typically seen in younger people. Such effects may be compounded when multiple drugs are taken at the same time.

In fact, due to changes that occur during biological aging, it's now recognized that medications should be clinically tested specifically with older adults in mind. However, older adults are often excluded from clinical trials, which means the safety and efficacy of drugs in this population is often unknown, with supportive evidence lacking.

"Inevitably, this lack of evidence has often led to inappropriate drug treatment and, consequently, to various adverse clinical outcomes," according to a review published in March 2021 in *European Geriatric Medicine*.

Why Are So Many More Seniors Taking Antidepressants?

Overprescribing appears to be rampant among the senior population, and antidepressants are one such example. There's been a major rise in the number



WAVEBREAKMEDIA/SHUTTERSTOCK

of antidepressants being prescribed for older adults over the last two decades, without a similarly sharp increase in the number of depressed, according to a study published in *The British Journal of Psychiatry*.

The findings suggest that seniors may be being overprescribed antidepressant drugs, which could have serious implications for their health, although the researchers weren't willing to state this, noting instead, "we can't infer that older patients are prescribed antidepressants unnecessarily."

In the first study group, 4.2 percent of the adults were taking antidepressants, but this jumped to 10.7 percent in the later study. During this time, the prevalence of depression decreased, but only slightly, from 7.9 percent to 6.8 percent. Also noteworthy, among older adults living in care homes, the prevalence of depression was unchanged but the use of antidepressants rose from 7.4 percent to 29.2 percent.

There were a few suggestions offered for why antidepressant prescribing rates increased so steeply without a similar increase in depression, including over-diagnosis or prescribing the drugs for conditions other than depression. However, most of those prescribed antidepressants had not been diagnosed with depression.

Further, antidepressants carry a risk of side effects that could easily spiral into more drug prescriptions. For instance, antidepressant users have an increased risk of developing Type 2 diabetes, and antidepressant use has been linked to thicker arteries, which could contribute to the risk of heart disease and stroke.

Nearly Half of Over-75s Take Statins
Statin cholesterol-lowering drugs are another example of an overprescribed drug class that's contributing to polypharmacy risks. In the United States, nearly 50 percent of U.S. adults over 75 years take a statin, even though their use may also harm brain health, more than doubling the risk of dementia in some cases.

A connection also exists between statins and diabetes, to the extent that

It's important to work with a health care provider who understands the risks of polypharmacy and the fact that good health doesn't come from a pill.

A holistic approach is needed, one that addresses the key tenets of good health and creates real wellness instead of attempting to cover up symptoms with more pills.

Dr. Joseph Mercola is the founder of Mercola.com. An osteopathic physician, best-selling author, and recipient of multiple awards in the field of natural health, his primary vision is to change the modern health paradigm by providing people with a valuable resource to help them take control of their health. This article was originally published on Mercola.com



BARBARA OLSEN/PEKELS.COM

Instead of looking at the big picture of how to get healthy, tending to essential factors such as diet, stress, and physical activity, "health care" for seniors often turns into "drug care," with potentially disastrous results.

people who take statins are more than twice as likely to be diagnosed with diabetes than those who don't, and those who take the drugs for longer than two years have more than triple the risk. With a diabetes diagnosis, of course, comes more drugs.

Often, statins are unnecessary in the first place. While they're effective at lowering cholesterol, there is limited evidence this actually helps avoid heart disease and extend lifespan, which has led to heated debate around the practice. In 2018, a scientific review presented substantial evidence that high LDL and total cholesterol are not an indication of heart disease risk, and that statin treatment is of doubtful benefit as a form of primary prevention for this reason.

Drugs Don't Equate to Good Health

All too often, overprescribing pills is setting seniors up for a downward spiral of increasing side effects and worsening health. A holistic approach is needed, one that addresses the key tenets of good health and creates real wellness instead of attempting to cover up symptoms with more pills.

As just one example, in a study of older depressed adults, 80 percent experienced a significant reduction in depressive symptoms after taking up strength training for 10 weeks, such that researchers concluded that the exercise was "an effective antidepressant in depressed elders, while also improving strength, morale and quality of life."

It's important to work with a health care provider who understands the risks of polypharmacy and the fact that good health doesn't come from a pill. Only by building a health plan that addresses diet, exercise, sleep, emotional wellness, and toxic exposures, along with only targeted and truly necessary medications and/or supplements, can you reach optimal health.

Is Your Gallbladder Causing Your Symptoms?

Gallbladder problems are often overlooked despite contributing to various ailments

ASHLEY TURNER

The health and function of the gallbladder is often overlooked unless gallstones cause significant pain or require surgical removal. The vast majority of gallstones are asymptomatic. The reality is, the gallbladder is the root cause of many chronic gastrointestinal issues. You do not need to experience a "gallbladder attack" to have underlying concerns within the biliary system.

First, let's delve into the biliary tract to understand gallbladder physiology.

The Biliary System

The biliary system consists of the liver, gallbladder, and bile ducts that work together to produce, store, and secrete bile. Bile is made in the liver and then travels through the common bile duct and into the gallbladder. The gallbladder is the storage reservoir for bile. When specific cells in the small intestine sense dietary fats, the hormone cholecystokinin is released. Cholecystokinin then spurs the gallbladder to release bile.

Bile is an incredibly important secretion that helps to emulsify fats in the diet. Bile is made up of bile acids, cholesterol, bilirubin, phospholipids, inorganic salts, and trace minerals. It is known as a powerful anti-inflammatory agent for its pivotal role in



Gallbladder issues are one of the most common reasons people have chronic gastrointestinal symptoms that are difficult to treat.

gut health and detoxification. Bile is essential for the digestion of fats within the body as well as the assimilation of fat-soluble vitamins A, D, E, and K, and cholesterol.

Gallstones

Gallstones are crystallized deposits of cholesterol and other bile constituents. Oftentimes they are obvious and easy to diagnose. When gallstones arise, people usually experience such strong symptoms that they need to visit the emergency room or have the gallbladder surgically removed. Interestingly, gallbladder removal surgeries are one of the most common surgeries people receive. Considering the health and function of the gallbladder should empower individuals to avoid unnecessary surgery and improve overall health.

Symptoms of gallstones include:

- Severe and sudden pain in the upper right abdomen and possibly extending to the upper back or right shoulder
- Fever and shivering
- Severe nausea and vomiting
- Jaundice (yellowing of the skin or eyes)
- Clay- or khaki-colored stools or dark urine

Biliary Stasis

The underlying issue with many cases of poor gallbladder health isn't gallbladder stones but instead biliary stasis. This is a condition in which the bile becomes overly thick and doesn't secrete well to help digest fats.

Sometimes in individuals with biliary stasis, an ultrasound can show gallstones that have formed but not yet obstructed the gallbladder. However, for many people, overly thick bile is the problem. This can be identified with several symptoms.

Symptoms of biliary stasis include:

- Burping after meals
- Fish oil burps from fish oil capsules
- Fatty foods make you feel worse
- Floating stools
- Chronic constipation

Biliary stasis is especially common in overweight women over 40 who have had children. This is due to the effects of hormonal shifts on the gallbladder.

General Gallbladder Concerns

While we have differentiated between gallstones and biliary stasis, there are other

red flags that could indicate gallbladder problems.

Other gallbladder-related symptoms include:

- Dry hair, eyes, brittle nails, itchy skin, skin rashes
- Diarrhea, bloating, cramping, excessive gas
- SIBO (small intestinal bacterial overgrowth)
- Headache/migraines
- Chemical sensitivities (perfume, cologne, tobacco smoke)
- Hypothyroidism
- Weight loss resistance

These symptoms can be attributed to various underlying concerns. In order for restoration to occur and optimal health to be achieved, the root cause gallbladder function and biliary stasis must be addressed. Without proper gallbladder function, fat cannot be digested which can result in various symptoms throughout the body.

Undigested fats can lead to poor sphincter function in the digestive tract, especially the ileocecal valve between the small and large intestines. When the ileocecal valve is not functioning properly, it can cause bacteria from the large intestine to make its way into the small intestine, which usually does not have very much bacteria residing in it. This condition is called small intestinal bacterial overgrowth (SIBO). SIBO causes many symptoms, including gas and bloating, chronic constipation, chronic diarrhea, or alternating constipation and diarrhea.

Biliary stasis hinders the liver's detoxification pathways which can increase the

toxic burden within the body. When the liver cannot adequately detox hormones, toxins, and other metabolites, the entire body is impacted. As a result, the inflammatory load on the body increases.

Oftentimes individuals with biliary stasis or gallbladder concerns experience symptoms when dietary fats are consumed, even health-promoting fats such as coconut oil or extra virgin olive oil. We often see people with gallbladder problems experience "fish burps" after taking fish oils. Because dietary fats cause unwanted symptoms, individuals with gallbladder concerns often avoid fats. This can be problematic because health-promoting fats are essential for overall health, especially for optimal hormone and brain function. Avoiding fats can also lead to deficiencies in the vital fat-soluble vitamins A, D, E, and K.

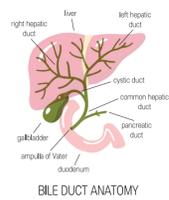
Perhaps you find yourself supporting your gut through diet and supplements, but still experience gastrointestinal symptoms. This is an indicator that gallbladder health should be considered.

How to Improve Gallbladder Health

Thankfully, there are various strategies for supporting gallbladder health, fat digestion, and liver detoxification. Incorporating these dietary factors and supplements go a long way in supporting the body.

In order to improve and maintain your gallbladder health, consider these strategies:

- Eat more fiber. Aim for 25 to 40 grams daily.
- Avoid highly refined carbohydrates (white flour, sugar, potatoes, pasta, etc.).
- Avoid trans fats, hydrogenated fats, and



BILE DUCT ANATOMY
The biliary system is comprised of the liver, gallbladder, and bile ducts that work together to produce, store, and secrete bile.

processed vegetable oils. Consume plenty of essential fatty acids and omega 3 fatty acids. Eliminate food sensitivities. Gluten and dairy are the two most common.

Heal the gut lining to break the cycle of gut inflammation, biliary stasis, lack of bile, and further inflammation within the gut.

- Promote bile flow with curcumin, dandelion, milk thistle, and ginger.
- Reduce or dissolve gallstones with beetroot, taurine, phosphatidylcholine, lemon, peppermint, or vitamin C.
- Support your body if it suffers low thyroid function or Hashimoto's autoimmune hypothyroidism.
- If you have had your gallbladder removed, all of these strategies would be helpful. Also consider supplementing with ox bile with meals.

Next Steps

If you are experiencing any of the symptoms listed above, there is so much that can be helpful from a holistic perspective. You can be assessed for various markers on in-depth blood panels to understand liver, gallbladder, and thyroid function along with markers to understand nutrient deficiencies, inflammation, fatty acid profiles, and many others to help improve your overall health.

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.

Gallstones are crystallized deposits of cholesterol and other bile constituents. diphosphatidylcholine, and taurine.

WISE HABITS

Why We Don't Stick to Things

Here are 10 reasons why we give up and what we can do about them



When we meet with difficulty, how we view it is critical in determining whether we progress or give up.

Continued from Page 9

Here are some of the most common reasons we don't stick to things:

We don't take it seriously. This is my No. 1 problem in this area. I tell myself I'm going to stick to a new plan and assume that's enough to make it happen. I somehow think it's going to be easy, despite all the past evidence that shows I only succeed when I take goals seriously and put in the effort. When we "half commit" to something, it's like only being half in a relationship—with that kind of commitment, sooner or later it will fail.

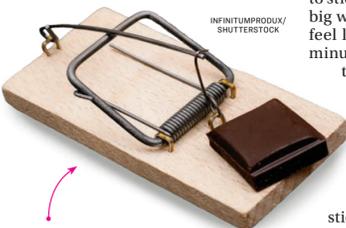
We just forget. We tell ourselves we're going to meditate every day, with complete resolve. Then the morning comes, and we just plain forget. We remember later, but we're busy then. The next morning, we forget again. By the time we remember, we feel disappointed with ourselves and give up.

We run from discomfort or uncertainty. When the new habit gets uncomfortable, we stop enjoying it and make up excuses to put it off. When we face a challenge like exercise or big tasks at work, there's a lot of discomfort involved, so we find reasons to put it off. We don't like uncertainty and discomfort, so we try to get out of it.

We give in to temptation out of habit. Temptations are all around us: the temptation of chocolate cake when we're on a diet, the temptation of TV when we're trying to go to bed earlier, the temptation of the internet when we intend to meditate. Our habitual response is to just give in, rationalize, and let the temptation rule our choices.

We rationalize giving in. When something gets difficult, our minds start to rationalize why it's OK to give up and give in. Our brains can be very, very good at rationalizing: "Just one more won't hurt," or, "You've worked hard, you deserve it," or, "It's a special occasion, this is an exception." Those all sound reasonable, except when they sabotage our plans. Once we start to believe these rationalizations, sticking to anything goes out the door.

Werenegotiate. When the moment comes to do something difficult, we negotiate



Rather than give in to our temptations, we can see them as opportunities to practice saying "no."

with ourselves and say, "Well, I'm still going to do it, but in five minutes, after I check my messages." Or, "I'm tired right now. I'll just take a day off and do it tomorrow." This is another form of rationalization, a habitual response, and a way to avoid something. The habit of renegotiating with ourselves erodes self-discipline and trust in ourselves.

We avoid things we dislike. This seems natural; if I don't want to face an uncomfortable task, I'll put it off. But the problem is that with every habit or difficult project, we're going to find multiple moments of discomfort, of disliking the experience. We'll never stick to anything if we bail as soon as we dislike something. Instead, we have to see that this habit of disliking, judging, resenting, mentally complaining, and avoiding is hurting us. We don't need to like everything about an experience in order to commit to it. We're stronger than that.

When we 'half commit' to something, it's like only being half in a relationship—with that kind of commitment, sooner or later it will fail.

We forget why it's important. Maybe you started out taking a new habit seriously, but then a week into it, you've forgotten why. Now you're just thinking about how uncomfortable it is. If we forget the importance of the task, we won't have a good reason to push into discomfort. And if something doesn't really matter to us, we shouldn't commit to it in the first place.

We get down on ourselves. When we falter and don't meet our ideals or expectations, it's actually not a big deal. Just learn from it and start again. But instead, we often beat ourselves up, feeling extremely disappointed in ourselves. This isn't helpful, and it can sabotage our efforts and motivation.

There are too many barriers. This is a big problem with most things we want to stick to—even small barriers are too big when we're tired, rushed, or don't feel like doing anything. Driving 20 minutes to the gym, having to declutter the living room before you meditate, having a lot of distractions where you work—anything that requires more than five minutes of prep time before we can get started can be too high of a barrier.

So those are the reasons we don't stick to things. It's a good idea to give them some deeper consideration and see which ones are holding you back. Why do we let these obstacles continue to trip us up? Are there any solutions? Yes—and the solutions are actually quite simple.

How to Get Better at Sticking to Plans
These solutions are not all that difficult to implement if we just consciously commit to them and then take action to bring the results.

Take your goal seriously. Is the goal important enough to commit to? Do you want it enough to tolerate discomfort when it gets difficult? Consider this before trying to stick to something. Then give it the effort that it deserves. Make a plan, set a reminder, and commit. Clear the time and space to do it every day. Remove barriers. Don't take it lightly.

Make sure you don't forget. How will you remember when the time comes to implement the new habit? Where will you be when it's time to do it? Put a reminder note or other visual cue there. This is really important because when we start to do something new, it's easy to forget. If it's important enough to commit to, it's important enough to create these reminders.

Relish the discomfort and uncertainty. We have to retrain ourselves to see discomfort and uncertainty as a signal to practice and get better, instead of a signal to run away. There's no good reason to run away. We won't die or be hurt because we're eating broccoli or doing a few pushups (unless you have a serious medical condition, of course). There's no need to panic and run when we're uncomfortable. Instead, we can see it as part of the process of getting better, learning, and improving ourselves.

See temptation as a signal to practice. In the same way as discomfort, each time we have temptation, we can train ourselves to see it as a signal to practice getting better instead of giving in to temptation. For instance, when you're trying to eat healthier and you wind up at a party where there's chocolate cake, say "no" to the cake but "yes" to the opportunity to practice refusing temptation. Say "yes" to the chance to explore what that's like—and find joy and gratitude in the middle of it.

Set boundaries to recognize your rationalizations. It's hard to see our own rationalizations sometimes because we're so used to allowing ourselves to cheat. So it's helpful to have firm boundaries, because then we clearly see when our mind is trying to sabotage us. For example, if you say, "I'm only going to eat between 11 a.m. and 6 p.m.," then it's obvious when you're trying to convince yourself to eat at 9 p.m. When you set hard boundaries, you see yourself trying to rationalize. When you realize this, just don't let yourself fall into it. Rationalizations sound convincing, but they're sabotaging you.

Don't renegotiate in the moment. Just don't let yourself. Make the plan the day before (or at the beginning of the week, the month, etc.), but don't let yourself decide in the moment. You're too prone to put it off, or you're trying to get out of discomfort. Instead, tell yourself that you can't renegotiate for a set period



Make a plan, set a reminder, and commit.

of time. Only after that period can you sit down and give it some thought and decide whether you want to recommit.

See this opportunity as a gift. When you find yourself committed to something you dislike, it's easy to try to get out of it or resent having to do it. Instead, we can train ourselves to shift our mental attitude, and see it as an opportunity to practice opening our minds to this experience. What can we be grateful for right now, in the middle of this experience? How can we see it as a gift instead of focusing on what we dislike? Relish the opportunity.

Reconnect with why it's important. Every day, as you're about to do the thing you've committed to, ask yourself "why." Why is this important to you? Why have you devoted yourself to it, and is it worth devoting yourself fully to it? Reconnect your actions to your devotion.

Practice self-compassion. When you mess up or feel inadequate, observe how this causes you pain and difficulty. Then offer yourself some self-compassion. Give yourself a loving wish for peace, happiness, and an end to your struggle. Instead of seeing this as a reason you're no good, see it as a reason to love yourself. Then find something to learn from the experience, and start again. It's no big deal.

Remove as many barriers as you can. You're fully committed, you've set up reminders, you know why this is important to you, you've set hard boundaries, and you're ready to face your discomfort and temptations. Now remove as many barriers as you can to make it easier on yourself. Can you prepare things ahead of time? Can you make your healthy meals for the week on Sunday? Can you get your exercise gear ready so you can head straight to the gym after work? Find your barriers, and remove them all. Eliminate excuses.

I believe that if we implement these steps, we can be much more successful at sticking to new habits. What do you want to stick to for the rest of this month? For the next year? Consider it now, figure out why it's important to you, and whether it's worth the discomfort of self-discipline. Then commit yourself fully and wholeheartedly, with all of your being. You're worth it.

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

Life Lessons for Our Children

These are 8 ways we try to prepare our children for the world they live in



MOLLIE DONGHIA

"I'm so bored. ... There's nothing to do at home! Can we just watch TV?" groaned my 6-year-old daughter, Sophie.

My daughter is no different, in many ways, than most children her age. She seeks instant gratification. She wants constant stimulation and becomes bored when her toys become boring. She sees what others have and desires more, having a "the grass is always greener on the other side" mentality some days.

Children are always observing what we do, so being a role model for these young people is an important job. And as our own kids transition beyond the toddler stages and into more mature youth, we find ourselves challenged with how to parent them in this modern world full of choices, efficiency, busyness, and constant stimulation. Mike and I have our own ideals about how to live simply. But we also desire to share these habits and values with our children—in an age-appropriate way, of course.

Below are 8 life lessons in simplicity that we find most important to teach our children. These lessons may take years to fully saturate into their lives, but we hope they'll lead to a more generous, intentional life.



1. Just because you own something doesn't mean you need to keep it forever.

Over the course of a year, our kids go through stages of affection for toys. Within a few months, a special truck or doll may be discarded and replaced by another item as the favorite toy. Teaching our kids to keep only what they really use and play with allows them to not hold too tightly to their "things."

Just as we regularly declutter our home, we teach our children to evaluate their things as well. If something can be mended or repaired, let's fix it. If not, it's time to let it go. If a special toy is no longer played with, who else could benefit from it?



2. More options doesn't always mean more fun.

Too many choices leads to decision fatigue and overwhelm when it's time to clean up. It can also lead to an ungrateful spirit. This heart can leave our

Perhaps the most important of these lessons is to teach our kids how to live with a generous heart.



3. It's okay to be bored.

It's okay to be bored, because this provides fertile ground for creative solutions and imaginative play, says Jodi Musoff, an educational specialist at the Child Mind Institute. "Boredom also helps children develop planning strategies, problem-solving skills, flexibility, and organizational skills—key abilities that children whose lives are usually highly structured may lack," Musoff wrote in an article on the institute's website.

During the kids' afternoon quiet time, we provide lots of materials for them to get creative—legos, magnetiles, tape (including decorative wash tape), glue, scraps of paper, beads, sequins, paint, and crayons. It's amazing what they can create with an open mind and a low-structured setting.



4. Spending money isn't always the solution.

This lesson has been a hard one to learn, even for me as an adult. Our society teaches us that when our clothes and toys no longer bring us pleasure, we should just buy something new to satisfy the desire. We try to teach our children to be creative with what we have or allow ourselves to make do for a time if possible. Pushing back against impulse buying by implementing the 48-hour rule is a helpful habit we've begun, including times when they use their own piggy bank money.



5. Simple, repeatable routines create healthy rhythms.

When kids know what to expect, they feel more safe and secure. Regular routines provide the structure that orders their days. As members of our home, that routine includes a few age-appropriate

chores. Doing these jobs has taught them how to do them independently and encouraged them to take responsibility, such as making their bed, setting and clearing the dinner table, or doing their afternoon quiet time well.



6. Every item has a home.

Teaching our kids that every item has a home and encouraging them to clean up after themselves is a simple way to reduce a lot of clutter from toys, dirty clothes, and shoes. When we make each item's home a logical, realistic location, it's a much more attainable task for them to accomplish.

One strategy that has helped our kids with this lesson has been the creation of our "clutter bin."

It's a canvas bin in our living room where toys, shoes, and other items that become scattered on the floor get placed into at any given time (as Mike or I walk by and notice a cluttered floor, we simply toss the items into the Clutter Bin for the kids to put away later). The benefit is that we aren't always asking the kids to clean up the floor, but at the end of the day, the expectation is that the bin gets emptied and every item put back into its home.



7. Be content with what you have.

Gratitude is something many parents try to teach their children, but even adults can struggle to live it out. Being ungrateful is one of the main reasons we continue to desire more and more things.

We recently got the Amazon Christmas toy catalog in the mail, and, unsurprisingly, my kids began circling and pointing out everything they thought they had to have. Their playroom full of toys was no match to the endless possibilities this magazine held.

Fortunately, moments like this allow us to have conversations with them about needs and wants, being grateful for what we have, and finding contentment.



8. Live with a generous heart.

Perhaps the most important of these lessons is to teach our kids how to live with a generous heart.

We live in a "me-centered" society, where entitlement and self-ambition are driving forces. To contrast these paths and lay the groundwork for a flourishing life, we encourage our children to seek the needs of others, which is nearly impossible to do well at their young ages. But through teaching them this lesson, we hope it will encourage them to have this attitude as they become adolescents and young adults.

Regularly donate toys and clothes that we no longer have a use for—that's a no-brainer when it comes to owning less and reducing options for our children. Over the past few years, we've looked for ways that our kids can share their time and gifts with others. They enjoy visiting our elderly neighbors, making cards for family members, giving their special "stuffedies" to their cousins, and donating food to the local food pantry. These are small but meaningful ways to teach them to seek the needs of others.

These are some of the lessons we've tried to impart to our children. They will have to walk this journey themselves and choose how to live as adults when they're older, but we see the great value in teaching them habits that will prepare them for life in this modern world.

Routines, like reading a story before a consistent bedtime, provide structure that helps children feel secure.



Children today face marketers empowered with AI and consumer psychologists. That's one reason we need to educate them well.

Junk Food and the Brain

How modern diets lacking in micronutrients may contribute to angry rhetoric

BONNIE KAPLAN & JULIA J RUCKLIDGE

Emotional, nonrational, even explosive remarks in public discourse have escalated in recent years. This is sometimes attributed to social media. But are there other influences altering communication styles?

As researchers in the field of nutrition and mental health, and authors of “The Better Brain,” we recognize that many people in our society experience brain hunger that impairs their cognitive function and emotion regulation.

Ultra-Processed Products

Obviously, we aren’t deficient in macronutrients: North Americans tend to get sufficient protein, fats (though usually not the best fats), and carbohydrates (usually not the good complex carbs). But we are being cheated of micronutrients (minerals and vitamins), particularly those who eat a lot of ultra-processed foods.

Ultra-processed products include things such as soft drinks, packaged snacks, sweetened breakfast cereal, and chicken nuggets. They generally contain only trivial amounts of a few micronutrients unless they are fortified with select vitamins and minerals.

Three published analyses from the 2004 Canadian Community Health Survey and the 2018 U.S. National Health and Nutrition Examination Survey revealed these sobering statistics. In Canada, in 2004, 48 percent of the caloric intake across all ages came from ultra-processed products. The situation was worse in the United States where 67 percent of what children aged 2 to 19 years consumed and 57 percent of what adults consumed in 2018 were ultra-processed products.

Most of us are aware that what we eat is a huge issue in physical health because diet quality is associated with chronic health conditions such as obesity, diabetes, and cardiovascular disease. Fewer people are aware of how nutrition affects brain health.

Micronutrients and Mental Health Symptoms

Given that our society’s food choices have moved so strongly toward ultra-processed products, it has become important more people understand that micronutrient intake influences mental health symptoms, especially irritability, explosive rage, and unstable mood.

The scientific evidence base for this statement is now vast, though it’s so rarely mentioned in the media that few people are familiar with it. A dozen studies from countries such as Canada, Spain, Japan, and Australia have shown that people who eat a healthy, whole foods diet have fewer symptoms of depression and anxiety than people who eat a poor diet (mostly ultra-processed products).

Most public awareness is restricted to the ill-fated search for magic dietary bullets.

Correlational studies cannot prove that nutritional choices are the cause of mental health problems—for that, we turn to some compelling prospective longitudinal studies. In these studies, people with no apparent mental health problems enter the study, are evaluated for their health and dietary patterns, and are then followed over time. Some of the results have been astonishing.

In a study that followed about 89,000 people in Japan for 10 to 15 years, the suicide rate in those consuming a whole foods diet was half that of those eating less healthy diets. This finding may provide an important new direction not yet covered in current suicide prevention programs.

In Canada, another study revealed that how children ate and followed other health guidelines on exercise and screen



Our brains require a broad range of micronutrients that many people are not getting. The result: their brains are starving.

time predicted whether they would be referred for diagnosis of a mental disorder in the subsequent two years. In this study, the children were aged 10 to 11 years. The findings provide a strong reason for why nutrition education should be one of the first lines of treatment for children facing a mental disorder.

Irritability and unstable mood often characterize depression, so it’s relevant that multiple independent studies have found that teaching people with depression, who were consuming relatively poor diets, how to change to a whole foods Mediterranean-style diet resulted in significant improvements. A Mediterranean-style diet is typically high in whole grains, fruits, vegetables, nuts, legumes, seafood, and unsaturated fats such as olive oil.

In one such study, about one-third of the people who changed to a whole foods diet in addition to their regular treatment found their depression to be in remission after 12 weeks.

The remission rate in the control group using regular treatment but no diet changes was fewer than 1 in 10. The whole foods diet group also reported a cost savings of about 20 percent in their weekly food budget. This final point helps to dispel the myth that eating a diet of ultra-processed products is a way to save money.

Several studies that evaluated using micronutrient supplements to treat mental health problems have provided important evidence that irritability, explosive

rage, and unstable mood can be resolved with improved micronutrient intake. Most public awareness is restricted to the ill-fated search for magic dietary bullets. This is exemplified by media reporting that highlights studies focused on a single nutrient at a time. That is a common way to think about causality (for problem X, you need medication Y), but that isn’t how our brains work.

To support brain metabolism, our brains require at least 30 micronutrients to ensure the production of neurotransmitters such as serotonin and dopamine, as well as to break down and remove metabolic byproducts. Many studies have found that eating more micronutrients improved mood regulation and reduced irritability and explosive rage, including in placebo-controlled randomized trials of children with attention deficit hyperactivity disorder and mood dysregulation.

The evidence is clear: A well-nourished population is better able to withstand stress. Hidden brain hunger is one modifiable factor contributing to emotional outbursts, aggression, and quite likely even the loss of civility in public discourse.

Bonnie Kaplan is professor emerita in Cumming School of Medicine at the University of Calgary in Canada, and Julia J Rucklidge is a professor of psychology at the University of Canterbury in New Zealand. This article was first published on The Conversation.

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