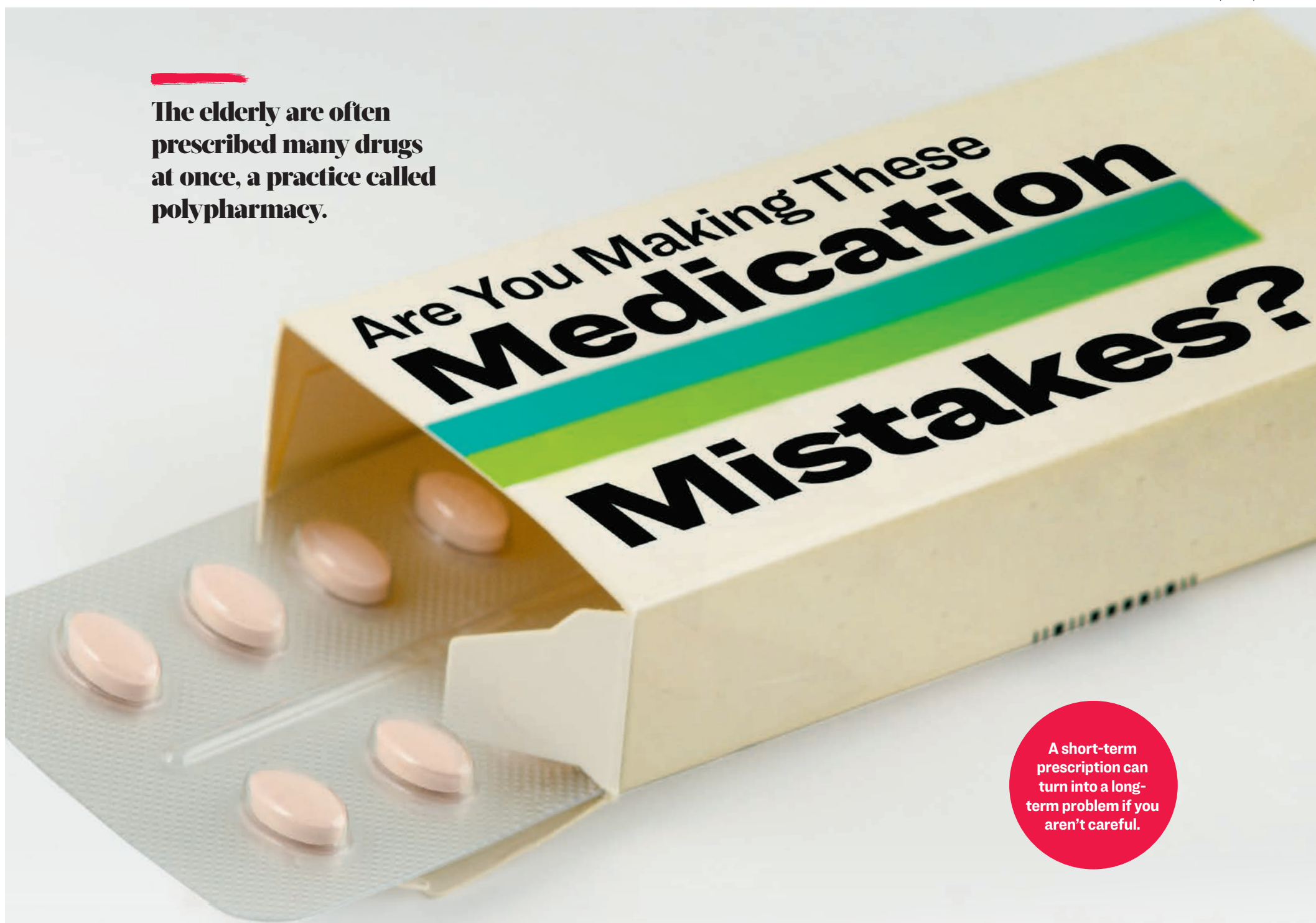


MIND & BODY

ULADZIMIR SAROKIN/EYEEM/GETTY IMAGES

The elderly are often prescribed many drugs at once, a practice called polypharmacy.



Drugs can help us, but not when we use them too long, for the wrong things, or when better treatments are available

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Side effects from many drugs can be wrongly interpreted as aging or dementia.

MARTHA ROSENBERG

Americans might be the most medicated people in the world thanks to aggressive drug-maker marketing and favorable regulation. But drugs can be overprescribed, conditions over-diagnosed, and less expensive non-drug treatments slighted. Here are common dangers to watch for in your and your family's medication use.

Too Long on Temporary Meds

Many of us have taken an occasional benzodiazepine such as Valium, Xanax, or Ativan on a turbulent airplane flight or for a root canal. But slipping into daily use—though easy to do—is a mistake, and after one month's use, you could find yourself addicted. (Most people already know this about opioids.) Not only do the drugs

lose effectiveness quickly, but with daily use, you'll likely be faced with withdrawal symptoms when you try to stop, such as personality changes, emotional instability, flu-like symptoms, and memory and sleep problems.

Some of the same dangers can occur with using sleeping pills daily, including withdrawal symptoms such as rebound insomnia and anxiety when you try to stop. Moreover, 8 out of 10 users have a hangover effect the day after using a sleeping pill, according to the Cleveland Clinic.

Some sleeping pills have been linked to "sleep-driving," and other dangerous blackout behaviors. Moreover, falls on the drugs are so common that the Mayo Clinic announced it was phasing out use of the popular sleeping pill Ambien.

Continued on Page 4

Healthy Breathing Makes You Brainier

How everyday breathing affects your ability to concentrate, and what to do about it

PATRICK MCKEOWN

There's no denying that the past two years have presented challenges.

At work and in family life, we've all dealt with unprecedented situations. The COVID-19 pandemic has created an urgent need to address mental health issues due to a global increase in anxiety and depressive disorders. While mental well-being is a multifaceted issue, research out of Harvard shows us a simple truth: A wandering mind is an unhappy mind. In 2010, Daniel Gilbert and Matthew Killingsworth collected real-time data from an app known

as Track Your Happiness. They concluded that "the ability to think about what is not happening is a cognitive achievement that comes at an emotional cost."

For many of us, the start of a new year is an opportunity to refocus on goals, work, and the quality of our lives. But what does the word "focus" mean to you? At its core, focus is the ability to be in the present, concentrating on what's happening now: To give attention to something for a sustained period, whether that's the task at hand or an overarching dream or ideal.

Continued on Page 7

A good education may rely on mental focus, but it doesn't teach you how to achieve it.



OLENA YAKOBCHUK/SHUTTERSTOCK

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While winter still seems to reign at this time, spring is well on its way.

CHINESE WISDOM FOR SEASONAL LIVING

Time to Tune Into Spring’s Early Awakening

Solar Term: ‘Spring Begins’ (Feb. 4 to Feb. 18)

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.

the awakening energy of this solar term makes it a much better time to start this resolution than Jan. 1.

Seasonal Eating

RICE SOUP: The best food to prepare our organs for the spring season is congee, a rice soup with beans or assorted grains. Soak the grains for at least two hours or as long as overnight, then cook with low heat to produce a thick and nourishing spring pick-me-up food.

SPRING SPICES: Shallot, onion, leeks, basil, and garlic are great additions to any dish during this time. Consume these frequently to warm up the body and repel the winter chill.

BEANS: Proteins are essential to support the body turning from yin to yang, as well as to support good growth for the whole year. Colorful beans are particularly beneficial. Try to have a good combination of green, red, yellow, white, and black beans to nourish your five elements.

TEA: Vanilla bean, cinnamon, or chai tea can help kickstart the body into the vigor of spring.

A GOOD FEAST: Unlike other solar terms that have a greater focus on what you should or shouldn’t eat, Spring Begins is the time for a good feast. Choose what you enjoy. Even a bit of excess fat or sugar is fine for this time. Just remember to avoid cold or chilled food, as they harm the yang energy inside your body and keep it from rising.

Here are some easy tips to get your body ready for spring and get rid of winter dullness and accumulated toxins:

DRY BRUSHING: Use soft brushes with natural animal hair in a circular motion on palms, calves, and thighs. This helps wake up the senses and improves circulation. It also helps to remove dead skin cells and beautify and tone the skin.

COMB YOUR HAIR: Comb the hair with a wooden brush and use the brush to massage the scalp from the top to the center-back of the head. You can also use the fingertips for a gentler massage.

CHEST RUBS: For those who often get the flu or cough in the spring, rub sandalwood or frankincense oils onto the center of the chest to prevent coldness from getting into the body through the lungs.

FOOTBATH: Vetiver oil is great for warming cold feet. Ginger works well, too. Start exercising or another healthy ritual: As yang energy is rising inside our bodies at this time of the year, any new routine—especially exercise—is encouraged, and it’s easier to keep doing. That’s because we’re following the natural rhythm of the world and getting in tune with the energetic patterns of mother nature. Also, yang energy helps us to get energy flowing, so you may find it easier to lose fat compared with the other terms of the year.

Epoch Times contributor Moreen Liao is a descendant of four generations of traditional Chinese medicine doctors. She’s 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

MEDICALLY CORRECT

Do You Hear What I Hear?

If your hearing is faltering, take steps before your cognitive abilities suffer for it

PETER WEISS

The phone started ringing at about 2 a.m. I think I picked it up with the second ring. It was the hospital, and I was needed. Not an emergency, but urgently. I got up, grabbed socks, scrubs, and my lucky “surgery shoes” before washing up and kissing my now wide awake wife goodbye. I was always amazed that she was wide awake when I got ready to leave for one of my early morning calls. I found out the reason for that 10 years later when I was fitted with my first hearing aids. I had always complained—or should I say my wife had always complained—that I always asked people to repeat themselves. The first night with those hearing aids was ear-opening.

The phone rang, this time at about 3 a.m. I put my hearing aids in and went through my routine. This time, my wife was sound asleep as I left. I had never noticed just how loud everything was. I never knew the drawers could make so much noise when they were closed or that just walking on hardwood floors actually makes a sound. My sweet wife later told me that she thought I was just being passive-aggressive by making all that noise in the morning. Both of us soon realized that I had never heard how much noise I was making. I had never heard what she heard.

Roughly 15 percent of Americans—more than one in seven people—older than 18 reports some hearing loss, according to a summary health statistics for U.S. adults in the National Health Interview Survey of 2012.

Adult men are twice as likely to have hearing loss than women. According to the National Institute of Deafness and Other Common Disorders (NIDC), 8.5 percent of adults aged between 55 and 64 have disabling hearing loss. Those numbers dramatically increase to 25 percent for those aged between 65 and 75. About 28 million Americans could benefit from hearing aids, according to the NIDC.

As early as the 13th century, people with hearing loss used hollowed-out animal horns to try to capture more sound. The ear trumpet was invented in the 18th century, which was an improvement from the simple ram’s horn.

In 1819, the almost-deaf king of Portugal had a special acoustic hearing chair constructed. This ornate chair had what looked like the open mouth of a lion on each of those arms. These open mouths were actually the receiving end of the acoustic sound—just like the large opening of an ear trumpet—which was transmitted by tubes to the back of the chair by the king’s ears.

Ludwig Van Beethoven used an ear trumpet as he was going deaf later in his life.

Alexander Graham Bell’s invention of the telephone led the way to the development of the first modern hearing aid. It’s of interest



to note that both Bell’s mother and wife had significant hearing loss. His mother had to use an ear trumpet, while his wife Mable was also mostly deaf and relied on lip reading to communicate. Neither his wife nor mother was able to use his great invention.

People with hearing loss soon noticed that they could actually hear a person better on the phone than in person. Thomas Edison, who suffered from hearing loss, developed a carbon transmitter for the telephone that amplified the electric signal.

In 1898, Miller Reese Hutchison invented the first electric hearing aid. This was the simple amplification of a weak signal. 1913 saw the first commercially available hearing aids, which were very bulky and not very practicable. Seven years later, vacuum tubes were able to turn speech into electric signals that were then amplified.

The transistor, invented in 1948, allowed for miniaturization and replaced the bulky vacuum tubes. Over the next several decades, advances in miniaturization improved the wearability and effectiveness of hearing aids. Today, we have Bluetooth-enabled devices.

Sadly, hearing loss is a normal part of aging. However, there are newly discovered risks associated with it. In a study published in the Frontiers in Aging Neuroscience in 2021, researchers came to the conclusion that “hearing loss may increase the risk of dementia in the adult population.” Some researchers estimate that there’s a five-fold increase in risk for developing dementia for those with moderate to severe hearing loss.

According to a 2020 report on dementia prevention and care from the Lancet Commission, age-related hearing loss is the largest modifiable risk factor for dementia. Midlife hearing loss accounts for 8.2 percent of all dementia cases. The vast majority of people, roughly 80 percent, fail to seek any treatment.

According to a 2020 report on dementia prevention and care from the Lancet Commission, age-related hearing loss is the largest modifiable risk factor for dementia.



The ear trumpet was invented in the 18th century, which was an improvement from the simple rams horn.

Dr. Alexander Chern published an interesting article in The Laryngoscope, “Do Hearing Aids Prevent Cognitive Decline” in 2021.

“Whether treating hearing loss would slow or stop the progression to dementia remains to be seen,” he wrote.

According to Chern, there’s some evidence that hearing aids may protect some people with mild hearing loss, but the data is mixed.

Another study quoted in Science Daily in 2019 had an eye-opening headline: “Hearing Aids Linked to Lower Dementia, Depression and Falls.” The original study, published in the Journal of American Geriatric Society, looked at 115,000 people older than age 66.

“Correcting hearing loss is an intervention that has evidence behind it, and we hope our research will help clinicians and people with hearing loss understand the potential association between getting a hearing aid and other aspects of their health,” the study authors said.

Hearing loss progresses over time. Protecting your ears when you’re young is vital and may become more so as we age. It’s always good to ask, “Do you hear something I don’t?” And if the answer is “Yes,” you should fix it. “Blindness separates people from things; deafness separates people from people,” according to Helen Keller.

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.

Hearing aids have come a long way and that’s good news since research now links hearing loss to dementia.

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Epstein-Barr Vaccine Trial Underway

Recent research reveals how this virus may contribute to multiple sclerosis

KRISTEN FISCHER

Most of us will be infected with the Epstein-Barr virus (EBV) during our lives. Researchers recently claimed that the virus causes multiple sclerosis (MS), and Moderna has already started an mRNA vaccine trial. At the same time, another recent study explores therapeutic avenues for treating the virus.

A team led by scientists at Harvard T.H. Chan School of Public Health recently published research in Science that says EBV, a member of the herpes virus family, is likely the cause for multiple sclerosis (MS).

Because EBV can’t be prevented, the researchers say a vaccine could be the answer. On Jan. 5, Moderna announced it was trialing a vaccine for EBV. It uses mRNA technology, which was first used

in the COVID-19 vaccines. The research is known as the Eclipse trial. The Harvard study was released Jan. 13.

The Epstein-Barr-MS Link

You can catch EBV most commonly from saliva. It can lead to infectious mononucleosis, or mono, which has also been dubbed the “kissing disease.”

About 2.8 million people globally have MS, and there’s no cure. About 90 percent of people in the world test positive for EBV, though most people don’t have any effects.

Harvard-led authors say the notion that EBV causes MS has been looked at for several years. This was the first study that showed evidence of not just a link, but a cause. “This is a big step because it suggests that most MS cases could be prevented by stopping EBV infection, and that targeting EBV could lead to the discovery of a cure for MS,” Alberto Ascherio, professor of epidemiology and nutrition at Harvard Chan School and senior author, said in a statement.

They say the onset of MS symptoms



Harvard researchers have published findings that link Epstein-Barr virus, a member of the herpes virus family, to multiple sclerosis.

doesn’t start until about 10 years after a person gets EBV.

To explore the connection, they looked at more than 10 million active U.S. military personnel. Of them, 955 were diagnosed with MS while serving.

They found that a person’s risk for MS went up 32 times after getting EBV, but the risk didn’t change after a person got other viruses. They say the findings can’t

be explained by other known risk factors for MS, leading them to believe EBV is the cause.

EBV Therapeutics Explored

Research out of The Wistar Institute published on Jan. 17 suggests there could be a new pathway to create therapeutics targeting EBV.

Their research highlights the EBV genome folds—that is, how it expresses itself and causes disease.

They used a modified DNA sequencing technique to explore the folding and pinpointed two cellular proteins—CTFC and PARP1—that are important to the process. Italo Tempera, associate professor at The Wistar Institute, said in a statement. Because drugs exist to target the proteins, Tempera said they may be able to interact with the folding.

“That means we can interfere in the way in which the EBV viral genome is functioning,” he said.

This past summer, two studies indicated that EBV reactivation could be tied to long COVID symptoms and severe COVID-19 disease.

Kristen Fischer is a writer living in New Jersey.

Are You Making These Medication Mistakes?

Drugs can help us, but not when we use them too long, for the wrong things, or when better treatments are available

Continued from Page 1

Antidepressants, used by millions, also shouldn't be used long-term. Medical sources recommend use for only 6 to 9 months and, at most, for two years. Yet even though effectiveness has only been studied for the first 6 to 12 weeks of use, according to Science Alert, 14 percent of users have taken the drugs for 10 years or more. I have interviewed patients who have been on SSRI antidepressants like Prozac or Paxil for more than 20 years.

The concept of depression as a chronic brain condition requiring life-long treatment only dates back to 1980; before the "psych drug" revolution, most depression was regarded as having a clear cause and an ending.

Long-term use of antidepressants isn't harmless, Dr. Tony Kendrick, a professor of primary care at the University of Southampton, told Sky News. Such use may pose an "increased risk of stroke or seizures or effect on the kidneys." Patients, while on the drugs, may suffer weight gain, sexual dysfunction, and emotional numbness, but more concerning are withdrawal symptoms after prolonged use. These symptoms—including anxiety, pain, palpitations, and insomnia—make many patients afraid to quit. The discontinuation syndrome may be worse than the depression itself.

SSRI antidepressants can also diminish bone mass density and increase osteoporosis risks, said Dr. James M. Ellison.

Proton pump inhibitors (PPIs) like Prilosec were only approved for up to eight weeks' use for gastroesophageal reflux disease (GERD), but many people remain on them for years. Long-term use of PPIs "increases the risk of fractures, gastric polyps, low magnesium levels in the blood, Clostridium difficile infections, and anemia," wrote researchers in a 2019 Journal of Clinical Medicine Research article. Other research cites chronic kidney disease, vitamin B12 deficiency, and even dementia as possible side effects.

PPIs are overused, according to many doctors, and even given for infants' spit-ups. And, like many drugs that shouldn't be used long-term, unpleasant withdrawal effects can occur upon quitting.

Children on Psychiatric Drugs

Epoch Times readers are no doubt familiar with the mushrooming diagnosis of "ADHD" in children. According to the Centers for Disease Control and Prevention (CDC), an astounding 1 out of 20 children in the United States takes ADHD meds, including more than 10,000 children who are only 2 or 3 years old! Children also are given drugs for conditions that weren't historically considered pediatric conditions, such as bipolar disorder, oppositional defiant disorder, obsessive-compulsive disorders, and "mixed manias."

But psychiatric drugs are only half the story. According to The Wall Street Journal, statins, diabetes pills, and sleeping pills—once considered "adult" medications—are now commonly prescribed in childhood. For example, prescriptions for high blood pressure drugs in children are up as much as 17 percent, statins are up 50 percent, and GERD medications are up an astonishing 147 percent.

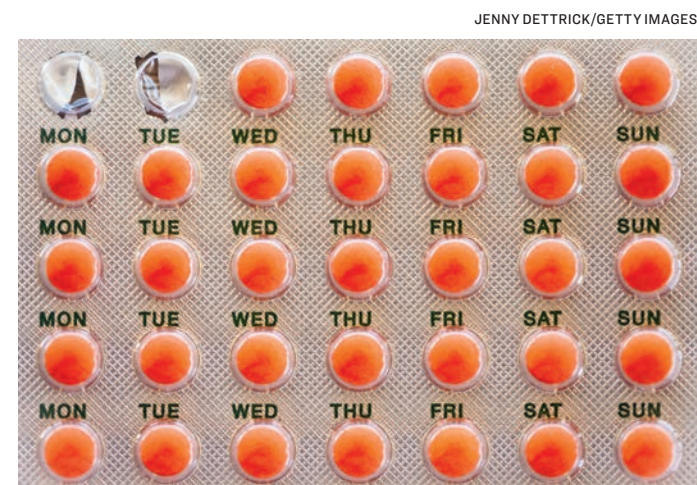
Children on so many drugs may not have normal childhoods and may be condemned to life-long medication.



Make sure you understand the drugs you are taking and any lifestyle changes or non-drug alternatives that can help resolve your condition.

As a patient, you have a right to know and understand your doctor's care plan for you and to double check its appropriateness.

1 out of 20 children in the United States takes **ADHD drugs.**



People often use drugs for years that were only approved for weeks of usage.



Taking as few medications as possible for the shortest period of time will result in the least amount of complications.

Elderly on 'Polypharmacy'

Because of the many chronic diseases that can come with aging—hypertension, diabetes mellitus, arthritis, renal and heart disease—the elderly are often prescribed many drugs at once, a practice called polypharmacy. In addition to the expense, there are other reasons to question the practice. Metabolic changes and reduced drug clearance in the elderly mean that adverse reactions to the drugs are more likely. And side effects from the drugs—such as decreased alertness, confusion, falls, depression, and even visual or auditory hallucinations—can be wrongly interpreted as aging or dementia when they aren't. Dr. Harry Haroutunian, author of "Not As Prescribed," has flagged the overmedication of the elderly and says, "I have seen my patients blossom when taken off harmful drugs and drug combinations."

Medicating the Side Effects of Medication

Polypharmacy often starts with a "prescribing cascade" which occurs, according to Public Citizen, "when an adverse drug reaction is misinterpreted as a new medical condition [and] another drug is then prescribed."

"Instead of lowering the dose of the offending drug or replacing it with a safer alternative, the physician adds a second drug to the regimen to 'treat' the adverse drug reaction caused by the first drug," according to Public Citizen. It recommends that you "assume that any new symptom you develop after starting a new drug might be caused by the drug" instead of a new health problem.

Gabor Keitner, professor of Psychiatry and Human Behavior at Brown University in Providence, Rhode Island, told The Wall Street Journal, "I think we are overmedicating people," and that drug cocktails with so many side effects are "leading us down a path that may not be good for patients or the profession."

'Why Should I Take This?'

Too often patients receive a prescription from a doctor without asking, "Why do I need this medicine; what does it treat?" or "How long do I take it?" or "Could it interact with other medications I take or might take in the future or with foods?" Another great question they should ask but rarely do is, "Are there any natural treatments or lifestyle changes I could try before using this drug?"

It's understandable that people are reluc-

tant to ask questions of busy doctors. Often we're relieved we got an appointment at all. We don't want to look like we doubt their judgment or seem pesky. Moreover, pharmacists will answer many medications questions in person and over the phone, and prescriptions come with information sheets.

Still, as a patient, you have a right to know and understand your doctor's care plan for you and to double-check its appropriateness. No doctor, for example, would mind a patient asking, "Did you notice I am allergic to—" or "Will this drug interact with—" when he or she is prescribing a new medication.

Overusing Over-the-Counter

Just because a drug is sold without a prescription doesn't mean it's without risks. For example, "tens of thousands of people become ill every year from taking too much acetaminophen [Tylenol]," says Harvard Health Publishing, and a "smaller number of cases" result in death. Even a drug as familiar as acetaminophen doesn't reveal all of its side effects quickly. It took decades to discover "prenatal exposure to acetaminophen is associated with neurodevelopmental and behavioral disorders" in infants, as noted in a research review published in the Journal of Endodontics.

Nor is aspirin totally innocuous. In adults, aspirin can irritate the stomach lining and trigger ulcers and bleeding, according to Johns Hopkins Medicine. The use of aspirin in children or teenagers can be dangerous because of its links with Reye's syndrome, a rare condition marked by swelling of the liver and brain. Warnings on the medication bottles and online will help you stay safe.

We shouldn't be overly fearful about prescription and over-the-counter drugs, but neither should we be overly trusting and take them without regard. It never hurts to explore the many natural treatments that exist for anxiety, sleep problems, depression, GERD, and other conditions.

Martha Rosenberg is a nationally recognized reporter and author whose work has been cited by the Memorial Sloan Kettering Cancer Center, Mayo Clinic Proceedings, Public Library of Science Biology, National Geographic and Wikipedia. Rosenberg's FDA exposé, "Born with a Junk Food Deficiency," was widely praised and established her as a prominent investigative journalist. She has lectured widely at universities throughout the United States and resides in Chicago.

Would You Try Biological Dentistry?

This holistic practice of dentistry offers a unique approach to oral health

JENNIFER MARGULIS

Unlike most of us, Mandara Cromwell loves going to the dentist. Though she lives in Augusta, Georgia, Cromwell drives two hours each way to see her dentist in Greenville, South Carolina.

"In today's dentistry, we're doing it wrong," said Cromwell, who has been engaged in health-related work for more than 45 years. "We really need to take a different approach." Cromwell, the founder of Cyma Technologies (a company that manufactures stress and pain-relieving devices), said the right approach is called biological dentistry.

Biological Dentistry

If you're not in a holistic health field, you may not have heard the phrase "biological dentistry." Biological dentists believe that problems in the mouth are connected to a person's overall wellness. These natural-minded dentists don't just want to fix your teeth. Instead, biological dentists also try to help their patients optimize their health and well-being by treating the root causes of their oral symptoms.

Biological dentists argue that dental problems—from swollen gums to cavities—are best treated by looking at the whole person and using comprehensive holistic therapies.

"In Ayurvedic and Chinese medicine, the teeth are connected to all the major organ systems," Cromwell told me. "When we do something natural and non-invasive to relax the body, focus on a healthy oral biome, and allow the release of toxic build-up, then the body has the ability to regenerate and take care of itself. That's the premise of biological dentistry."

According to Cromwell, when the oral biome is out of balance, harmful bacteria and other microorganisms can start to dominate. Eating highly processed foods, having high levels of stress (cortisol levels disturb the pH of the mouth), and other lifestyle factors encourage the overgrowth of unhealthy mouth bacteria, she said.

What Are Your Mouth Problems Trying to Tell You?

Oral health issues, such as bacterial overgrowth or a yeasty white coating on the tongue, are often connected to—and perhaps even causing—other health conditions. These health problems include heart disease, autoimmune conditions, and even cancer.

Several studies have found that people with poor oral hygiene who suffer from gum disease or tooth loss are often at higher risk for cardiovascular problems and strokes than people who have good oral hygiene. As early as 1996, scientists from Harvard School of Dental Medicine found that men with fewer teeth were at greater risk of heart disorders. Since then, as a team of Australian researchers explained in a 2017 study published in PLoS One, "there is increasing evidence linking periodontal disease with [cardiovascular

disease] and its adverse outcomes."

A 2019 review and analysis of 10 articles by Lithuanian researchers found a link between gum disease and rheumatoid arthritis. And in 2020, a team of researchers from Sichuan University in China found that certain characteristics of a person's oral microbiome (that is, the make-up of bacteria in the mouth) were linked to pancreatic cancer. According to this study, published in the World Journal of Gastroenterology, when individuals had Streptococcus and Leptotrichia in their mouths, it was an indication of pancreatic adenocarcinoma. At the same time, individuals who had other strains of bacteria in their mouths seemed to be protected against cancer.

According to Robert H. Shmerling, a medical doctor and senior editor at Harvard Health Publishing, although many studies have shown a link between different health conditions and oral health, researchers aren't sure if the harmful bacteria in the mouth are causing damage to other parts of the body, or if the bacteria in the mouth are an indication of a generally weakened immune system, or if there are other reasons for the correlation (smoking, for instance).

Though the question about cause and effect is still open, the paradigm of biological dentistry is to solve health problems related to the mouth and also resolve the patient's underlying health issues.

Oral health issues, such as bacterial overgrowth or a yeasty white coating on the tongue, are often connected to—and perhaps even causing—other health conditions.

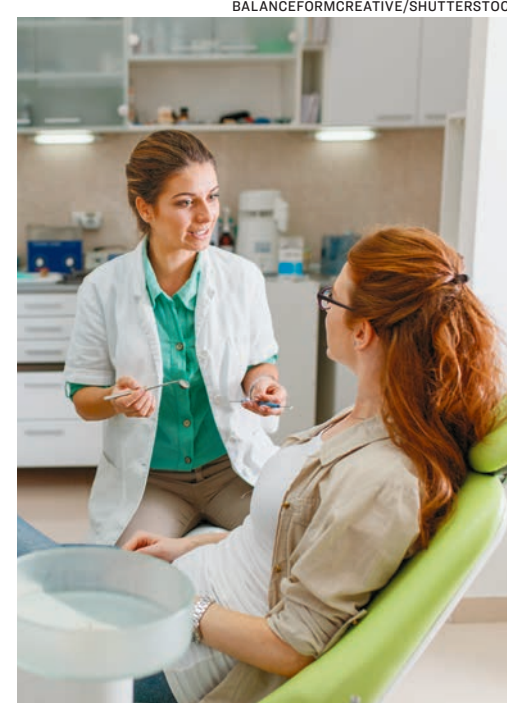
Conventional Dentistry Dangerous

Dr. Griffin Cole, who has been practicing biological dentistry in Austin, Texas, for more than 20 years, argues that traditional, mainstream dentistry may actually be dangerous.

At a health conference in Allen, Texas, in November 2021, Cole said nearly 50 percent of American dentists are still filling cavities with mercury amalgams, despite the well-known and well-documented dangers of mercury to human health.

Cole also pointed out that mainstream dentists mistakenly encourage their clients to use fluoride, which Cole said isn't needed for any reason and shouldn't be in the water.

A key aspect to biological dentistry, according to Cole, is undoing problems that may have been caused by mainstream dentistry. Cole encouraged the audience to learn about safe mercury removal and also educate themselves about no-drill cavity techniques and other techniques to preserve as much of the original tooth as



The health of our mouth has been linked to a number of diseases, and researchers think our oral microbiome may explain why.

possible when filling cavities. He argued that the best dentists are the ones who take their time with each patient, instead of seeing 20 to 25 patients per day, which, according to Cole, is the average for mainstream dentists.

Safe Mercury Removal

Central Dentist, a practice based in Dallas, Texas, that specializes in holistic dentistry and functional oral health, was another biological dentistry practice at the conference. "The Central Dentist Way," according to a handout offered to participants, includes the safe removal of mercury amalgams. Individual responses to mercury vary, but researchers have implicated exposure to mercury to a variety of very troubling health problems, including Alzheimer's disease, kidney disease, and even depression.

For this reason, the International Academy of Oral Medicine and Toxicology created a set of recommendations for the safe removal of mercury amalgams, called SMART. This technique includes preparing the body for the mercury removal, implementing protective protocols for the patient and the dental team, and using replacement materials for the fillings that are nontoxic to the individual patient.

Avoiding Fluoride

Biological dentists don't advocate the use of fluoride, whether in toothpaste, tooth powders, or drinking water. While conventional dentists argue that fluoride helps strengthen and protect the teeth, biological dentists point out that fluoride is a known neurotoxin and that children who are exposed to fluoride at higher levels score lower on IQ tests than children who are exposed at lower levels. A 2012 systematic review published in the journal Environmental Health Perspectives conducted by scientists from Harvard's School of Public Health and China's Medical University in Shenyang

analyzed 27 studies and found a strong indication that fluoride negatively affects children's cognitive development.

A 2019 study combed 14 subsequent studies and found similar results. Dr. Philippe Grandjean, the study's author, is a Danish-born environmental epidemiologist at Harvard University whose work focuses on the lifelong impacts of early exposure to toxic chemicals. Grandjean concluded that early-life exposure to fluoride was negatively associated with children's brain abilities and that "safe exposures are likely to be below currently accepted or recommended fluoride concentrations in the water."

Using Ozone

Ozone is a reactive manmade compound that consists of three oxygen atoms. Its chemical formula is O₃. Ozone is commonly considered harmful because, in its gaseous form, it can be irritating or even poisonous to breathe. Even small amounts of ozone can lead to chest pain, shortness of breath, throat irritation, and coughing, according to the Environmental Protection Agency.

To use ozone safely, dentists ensure it isn't inhaled. It is applied topically to the teeth with suction used to keep it from entering the lungs. In this manner, dental patients can get the benefits of ozone without the potential consequences.

Biological dentists advocate for the use of ozone to fight infection, speed up healing, and help with sterilizing fillings and crowns. When used in biological dentistry, Cole said, ozone can be effective in fighting bacterial and fungal infections, as well as mouth sores and herpes. Biological dentists argue that ozone is a safe and effective treatment for preventing tooth decay and a host of other oral health problems.

If you want personalized dental care that looks at the problems you're having in your mouth as part of your overall health, holistic (aka biological) dentistry may be right for you. As with other individualized health modalities in the United States, however, the barrier to seeing these kinds of dentists is often the cost.

But Jean Roorda, 44, who lives in Candler, North Carolina, says biological dentistry is worth it. Roorda's family has always avoided conventional dentists, she says. The mother of three sons (ages 24, 12, and 7), Roorda insists that seeing a biological dentist will ultimately save you money.

"They address the cause of the problem, so less intervention is necessary," she said. "Prevention might be more expensive up front, but it's so much more rewarding. It always costs more money in the long run if you need more fillings and more crowns and more root canals and all of that. And [if you go to a biological dentist] you get to keep your teeth," Roorda laughed. "What's better than that?"

Jennifer Margulis, Ph.D., an award-winning science journalist, book author, and sought-after speaker, is a frequent contributor to The Epoch Times.

Cleaning Our Sinuses of Viruses

Just as we can clean viruses from countertops, we can also clean them from our sinuses

ASHLEY TURNER

Did you know that one of the most important ways to reduce your chance of succumbing to a virus is cleaning the nasal passages and throat? Fostering oral and nasal hygiene is exponentially more effective than masking and sanitizing everything. In fact, Dr. Peter McCullough, a highly credentialed and published cardiologist, internist, and epidemiologist, says this strategy alone has been shown to reduce progressive disease by up to 75 percent.

Some viruses live in the nasopharynx (the part of the throat that goes up into the nasal cavity) for any duration of time up to 10 days before causing respiratory problems and inflammation. However, many compounds kill viruses upon contact, such as hydrogen peroxide, iodine, essential oils, and saline (saltwater).

There are various solutions that have been used as prophylactic and healing measures for COVID-19. It's best to use distilled water, as tap water can contain an ameba called Naegleria fowleri that is able to trigger a dangerous brain infection. Additionally, tap water has minerals and can have bacteria that irritate nasal cavities. To prepare, combine one of the following solutions in a neti pot.

The solutions:

- 2 teaspoons betadine (povidone iodine) and 6 ounces water. You can use 1/2 teaspoon Lugol's iodine instead.
- OR
- 1/2 to 1 tablespoon of 3 percent food-grade hydrogen peroxide and 8 ounces pure warm water
- OR
- 1 teaspoon colloidal silver in 8 ounces pure warm water

To prevent burning in the nasal cavity, stir 1/4 to 1/2 teaspoon kosher or unrefined salt into the solution until dissolved.

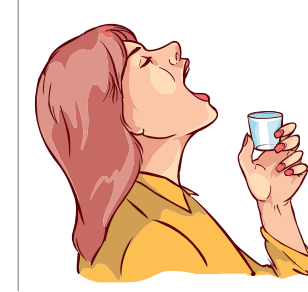
Use a neti pot to rinse the sinus cavity using a few ounces of the solution per nostril. Gargle with the rest of the solution and spit it out. It's advised to use a glass or ceramic neti pot to avoid plastic exposure.

Seeking to prevent or aid the body in illness? Do a nasal rinse or nasal spray with the solution above followed by mouthwash every time you're in a densely populated public place or have a known exposure. This can be done up to twice daily.

If you have an active infection, rinse up to four times daily. Follow it up with a quality mouthwash. I favor mouthwashes utilizing antimicrobial essential oils such as cinnamon bark, orange, clove, rosemary, and eucalyptus.



Two of the most direct, effective, and safe ways to combat the early stages of a viral infection are all but being ignored.



Keep in mind, overuse of nasal and oral viricides has the potential to negatively impact the microbiome within the sinus cavity. The delicate balance of microflora inhabiting the area can be disrupted with constant exposure to antimicrobials such as iodine, colloidal silver, or hydrogen peroxide.

While natural compounds are usually more protective than synthetic ingredients that go in and wipe out the microbial ecosystem, it's wise to be judicious with frequency of use. This strategy is intended for short-term use. Please keep in mind that this isn't medical advice and is intended for educational purposes only. Please check with your doctor before starting this therapy.

With up to 75 percent effectiveness, nasal viricides should be one of our primary methods of contagion control. I wish this were a bigger part of the mainstream conversation and approach.

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



What I want is to be completely where I am, and to stop having to want something else all the time.

MINDSET MATTERS

Forgetting the 5-Year Plan

Instead of striving to get somewhere down the road, you can find deeper contentment where you are now

NANCY COLIER

The workshop started with a simple question: “What do you want?” That question was followed shortly with, “What is your deepest intention?” And then, “What do you want to create in your life?” After that, out came the magic markers, poster boards, glue sticks, glitter, and all sorts of other art supplies. We were to start drawing, mapping, and fleshing out a future life and future self, complete with the action steps that would lead us to our deepest wants and intentions.

From the time we’re very young, we’re conditioned to be strivers. We’re trained to want and keep wanting for more and better. Better versions of ourselves and better experiences for ourselves—this is where we’re supposed to aim our attention.

Truth be told, when confronted with these kinds of broad, future-oriented questions, I often find myself blank, unable to identify what I want for my future in any real detail. I usually use the magic markers and glitter to make a picture for my daughter. It’s not to say there aren’t things I want to do and create: I want to spend more time in the desert, I want to build my speaking business, and I want to do more silent retreats. But mostly what I feel in the face of these five-year-plan questions is a big fat “should” with a sprinkle of confusion and a splash of fogginess. The strong sense is that I should have a clear plan and an overarching vision of the future—and that there’s something wrong if I don’t want to participate in the exercise.

But then I remember: We take our progress-oriented, more-and-better mindset

After thousands of workshops and too many hours spent journaling, talking, meditating, singing, and so on, I realized that where I really wanted to get to was here.

When we enter this present moment fully, we discover that time feels more like a vertical experience than a horizontal one. With each now, we drop into a kind of vertical infinity that is its own destination.

PAVEL SKOPETS/SHUTTERSTOCK

and apply it to ourselves and our time on the planet. We relate to ourselves as an object in our model of unending progress. We focus on the future, where we want to get to, what else there could be, and what we’re aiming for. At the end of the day, we assume that wanting means wanting for something, and specifically, something else, something external, and something new and different.

After years of asking myself these sorts of well-intentioned questions, I discovered that they’re not the right questions for me or for many of my clients. While asking “What do you want?” can be wonderfully helpful in some ways, it can also become another demand on us, one more thing to accomplish.

After thousands of workshops and too many hours spent journaling, talking, meditating, singing, and so on, I realized that where I really wanted to get to was here. That is, to experience this moment, this ordinary moment, and to experience it as enough. The intention I hold is to stop trying to get somewhere else, stop becoming someone else, and stop figuring out a better reality. While there’s nothing wrong with any of that, for me, the work is in diving deeper into this present moment and finding the wonder and awe in this. My five-year plan is to show up for all of the individual moments on the way to that moment in five years, which itself will then be just another now.

We’re trained to think of time and our life as something that’s moving forward on a horizontal line, hurtling into the future. Progress is our north star. It gives us a place to move toward, and with it a sense of purpose and meaning. At a deeper level, the idea of progress protects us from our existential fear of meaninglessness, from the vastness that comes with just being here, one now at a time. If we’re not heading somewhere else, somewhere better, then we’re left simply with this moment, heading nowhere in particular. If now is all we have, then what? Can we bear that existence?

But what’s remarkable is that when we enter this present moment fully, dive completely into now, with no next, and nowhere else to get to, we discover that time feels more like a vertical experience than a horizontal one. With each now, we drop into a kind of vertical infinity that is its own destination.

After diligently searching for an impres-

sive “want” that would warrant a giant poster board and bright green sparkles, I discovered that what I want is far simpler than what I thought I should want. What I want is to be completely where I am, and to stop having to want something else all the time. I want for this moment to be everything, whatever it is. Furthermore, I want to feel a more consistent sense of awe for the fact that I get to be here at all.

I offer my own experience here so that you may know of an alternative to the habitual striving and wanting that we’re encouraged to participate in. But please, if these sorts of intentional inquiries are useful; if they help you gain clarity and move the dial forward in your life, then use them without hesitation.

But if you find yourself feeling blank or lacking when asked about what you want and want to make happen, about where you’re headed, then perhaps you can give yourself permission to stop striving to get somewhere better, and instead strive to just be here.

Getting off the five-year-plan highway can feel like getting off the “normal” grid, opting out of the way we do life in this society. But that’s okay. Getting off the striving highway and turning your attention to where you are can lead you to a far richer life, which, paradoxically, is exactly the kind of life you are supposed to be striving toward. It’s the ultimate challenge to just be in this moment, with no agenda and no need to improve it. To arrive here and stop trying to get somewhere else may be the most difficult and remarkable achievement of our lifetime.

In a society that values striving above all else, we can add “striving to be in my life (as it’s happening)” to our want list. We can add “here” to our list of sought-after destinations. At the end of the day (and the beginning and middle too), the journey to where we are is the most important journey we will ever embark on.

What do I want? Truth be told, I want to be here.

Nancy Colier is a psychotherapist, interfaith minister, public speaker, workshop leader, and author of “Can’t Stop Thinking: How to Let Go of Anxiety and Free Yourself from Obsessive Ruminations” and “The Power of Off: The Mindful Way to Stay Sane in a Virtual World.” For more information, visit NancyColier.com



I want to feel a more consistent sense of awe for the fact that I get to be here at all.

LIDERINA/SHUTTERSTOCK

Healthy Breathing Makes You Brainier

How everyday breathing affects your ability to concentrate, and what to do about it

Continued from Page 1

Focus is the result of hundreds of days of habit building, years of determination, and clarity of vision. On a purely practical level, focus requires concentration. From school through university and in the workplace, military, professional sports, and the arts, success and fulfillment depend on our ability to concentrate without distraction, to absorb and retain information, to stay alert. How many mistakes have we made during our day-to-day lives simply because we weren’t paying attention?

The frustrating thing is that this lack of attentiveness isn’t deliberate. Most people generally show up wanting to do their best. But we’ve gone through life with little to no guidance on how to concentrate. A good education may rely on mental focus, but it doesn’t teach you how to achieve it. Modern life presents more distractions than we had to face even a generation ago. If we aren’t careful, today’s youngsters (and those of us who aren’t so young) can spend hours scrolling aimlessly on their phones, increasing mind activity and reducing the ability to hold attention.

And then there’s the problem of breathing. From a scientific perspective, if your breathing patterns are dysfunctional, your concentration will suffer. There are good reasons why contemplative traditions such as yoga equate steadiness of breath with a stillness of the mind. Breathing affects blood flow and oxygen delivery to the brain. It directly affects the balance of your nervous system, activating or moderating stress response. When your body is in a heightened state of stress, brain cells die, and as more primal survival mechanisms take over, your intelligence literally switches off.

When your physiology is out of whack, it’s hard to turn things around using mindset, positive thinking, and raw effort. It’s therefore vital to approach focus from the bottom up. Begin with deep sleep, functional breathing, and becoming aware of your breath, body, and mind in that order. Then you’ll have a clear path toward your goals. I like to illustrate this with a revised hierarchy of needs. Get a good night’s sleep first, and the rest will follow.

How to Sleep Well

To achieve deep sleep, breathing must be slow, light, from the diaphragm, and through the nose. Sleep hygiene is important, but the elephant in the room is mouth breathing. When you breathe through an open mouth during sleep, areas of the brain that signal arousal are activated.

You’re more likely to snore loudly or experience obstructive sleep apnea (OSA) and to be in a chronic state of stress. In the same way that fatigue causes thousands of road traffic accidents every year, it affects your ability to focus at work. In children, poor sleep contributes to behavioral problems. The very fact that sleep apnea is considered a risk factor for dementia indicates the effect it can have on the health of your brain.

Dr. Christian Guilleminault, who was a leading researcher in the field of sleep medicine, said “elimination of oral breathing, i.e., restoration of nasal breathing during wake and sleep, may be the only valid end point when treating OSA.”

Breathing to Flow

The ultimate form of concentration is something called flow. Flow is the state in which you bring your full attention to a task and complete it with your utmost capability—often effortlessly. The right action happens by itself and time flies. In performance, it’s the culmination of years of patient practice and the ability to get out of the way—to step back from the conscious mind and its “hows” and trust the work. In the words of Formula One racing driver Michael Schumacher: “You have to become one with the car.”

In flow, the mind is relaxed and alert at the same time. It’s not the same as zoning out, and despite the common instruction to “follow your bliss,” it doesn’t require that you feel some divine calling to whatever work you’re doing. But it does demand the ability to immerse yourself in a task. And for that, you need to be able to concentrate.

If you have some experience being in flow, think back. Did you ever manage to get reliably into flow when you were exhausted or feeling unwell? If you were in a state of fight or



flight, could you achieve flow? Physiologically, there are reasons why stage fright may have knocked you off your game. Why you couldn’t get past the negative self-talk and into a flow state during that important presentation, despite hours of preparation.

The Biochemistry of Breath

As I discussed in my book, “The Breathing Cure,” studies involving music students have found that those who experience the worst performance nerves hyperventilate and breathe irregularly before a performance. Cold hands, shaking, and a sense of dissociation are all symptoms of low blood carbon dioxide caused by over-breathing. Hyperventilation is breathing that’s fast, hard, and into the upper chest. It involves taking in too much air, and it trips your body into stress. This is why the instruction to “take a deep breath” to calm the nerves can be counterproductive.

Light, nasal breathing, on the other hand, stimulates the vagus nerve, a long cranial nerve that activates the parasympathetic nervous system (the body’s rest and digest mode). When breathing is slow, during longer exhalations, the vagus nerve releases a neurotransmitter that slows the heart. Light breathing increases levels of carbon dioxide in the blood. Carbon dioxide opens blood vessels in the brain, improving circulation to your thinking machinery. It’s also instrumental in the release of oxygen to organs and tissues, including your brain. The brain needs oxygen to think.

Remember, when breathing is harder and faster, the brain interprets that the body is in danger. No matter what ambitions you have for your mental acuity, when the body is under stress, the brain will prioritize survival, undermining executive functions such as planning and decision-making. It’s why our good judgment goes out the window when we’re stressed.

Breathing Better Decisions

Scientists have proven that slow breathing can help us make better decisions. In one study, 56 students were randomly assigned either a two-minute breathing exercise involving a slow inhalation and an extended exhalation or to watch an “emotionally neutral” film.

They were then asked to perform a challenging 30-minute decision-making task with multiple choice answers. While the control group who had watched the film reported heightened stress, the breathing group had no uptick in stress. The people who completed the slow breathing task had 50 percent more correct answers than their counterparts as well—a significant improvement in decision-making ability.

The Nose Knows

I often get questions about slow breathing. Students are confused that when they slow their breath their lungs never seem full. This is correct. The key to slow breathing isn’t to disproportionately increase the volume of air. Big breaths, even performed slowly, sacrifice your blood biochemistry and blow off too much vital carbon dioxide. Aim to keep your breathing slow, light, from the diaphragm, and through your nose.

Finally, a word for those who can’t breathe through their nose. A blocked nose can feel like a real obstacle for many people, but this simple exercise will help. Unless you have a severe physical obstruction, in which case you might consider surgery, you should be able to breathe through your nose. In my experience, if you can breathe through your nose for one minute, you can do so for life. I’ve taught many people who were scheduled for nasal surgery to breathe through their nose without going under the knife.

This nose unblocking exercise was my own first introduction to breathing exercises in 1997. Try it. It works in as little as five minutes by increasing carbon dioxide in the blood and opening the nasal passages.

From school, through university, in the workplace, military, professional sports, and the arts, success and fulfillment depend on our ability to concentrate.

How to Unblock Your Nose

Here are six steps to unblock your nose.

Sit upright on a straight-backed chair. Allow your breathing to calm. Take a small breath (two seconds) in through your nose if you can and a small breath out (three seconds). If you’re unable to breathe in through your nose, take a tiny sip of air in through the corner of your mouth.

Now pinch your nose to hold your breath. Keep your mouth closed.

Gently begin to nod your head or sway your body from side to side. Continue nodding or swaying until you feel that you can’t hold your breath any longer. Maintain the breath-hold until you feel a relatively strong need for air. Don’t push it until you’re gasping, or your next breath in will be too hard and fast.

When you need to breathe in, let go of your nose and breathe gently through it. Breathe in and out with your mouth closed. When you first inhale, avoid taking a deep breath. Instead, calm your breathing as soon as possible by focusing on relaxation. Repeat to yourself, “relax and breathe less.”

Repeat this exercise until you can breathe fully through your nose. If your nose doesn’t become completely unblocked, wait for about a minute and perform the exercise again. At first, you may need to repeat the steps several times to clear your nose.

Once you have tried the exercise a few times, your nose will be unblocked. But if you continue to over breathe, you’ll lose the additional carbon dioxide, and it will congest again. It’s normal for the nose to block again until the underlying breathing starts to change. Each time your nose blocks, perform the exercise again. Even if you have a cold, this exercise is very effective. Over time and with regular practice of breathing exercises, your body will adapt to higher levels of carbon dioxide in your blood, and your nose will remain clear.

How to Improve Your Focus

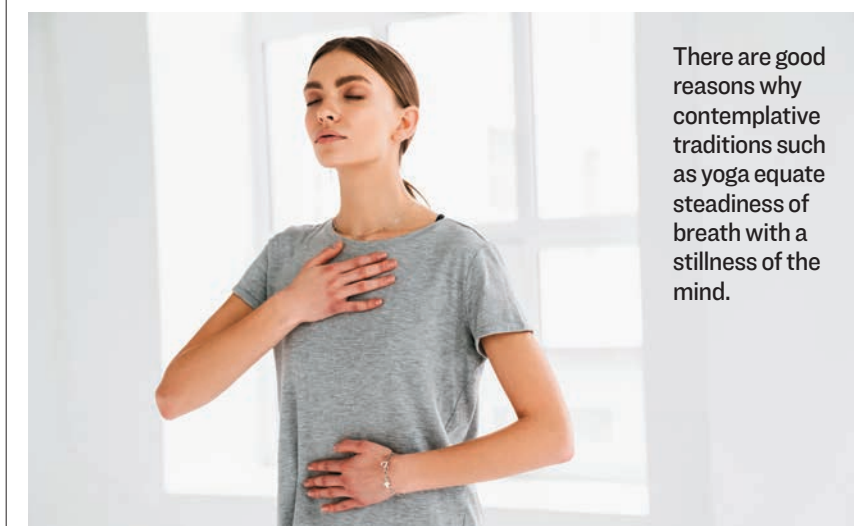
If you feel like life is pulling you down or if your lack of focus is affecting work performance, and family life, begin paying attention to your breathing throughout the day. If your breathing is getting a little faster, bring attention to your breath and slow down the exhalation. Even 90 seconds of a slow and relaxed exhalation can help activate a relaxation response.

You’ll find a much more detailed explanation of the connection between breathing and focus in my book, “Atomic Focus.” You’ll also find many exercises to train your brain to concentrate and boost your intuition and confidence. And remember, breathe light, slow, low, and through your nose. Your brain will thank you!

Patrick McKeown is an internationally renowned breathing coach, author, and speaker. He’s the creator of Oxygen Advantage, founder of Buteyko Clinic International, and a fellow of the Royal Society of Biology in the UK. His published works include research in the Journal of Clinical Medicine and books including “The Oxygen Advantage,” “The Breathing Cure,” and “Atomic Focus.”



Light, nasal breathing stimulates the vagus nerve, a long cranial nerve that activates the parasympathetic nervous system (the body’s rest and digest mode).



There are good reasons why contemplative traditions such as yoga equate steadiness of breath with a stillness of the mind.

The Medicine of Laughter

Humor can be a powerful antidote to many of the things that ail us

DONNA MARTELLI

Go ahead and giggle or sneak a snicker if you want. Don't cork a chortle or choke a chuckle that you should flaunt. Why not? Your bellowed amusement is more than a delight for you, it can be a blessing to those who hear it.

For ages, human beings have known that laughter has healing properties. Lord Byron, Aristotle, and the Bible all agree that laughter is medicine. It's a stress reliever par excellence with no preplanning or scheduling required. It's a boredom buster and readily offers an escape from the mundane. Definitely contagious, its effects are positive in many ways. Laughter begets laughter. Have you ever seen a group of people laughing and felt like laughing, too? I say go for it.

In ancient times, people knew laughter was healing, but they didn't understand why. They knew that laughter made them feel better, and that's what mattered.

Studies on the health benefits of laughter have turned up some favorable findings. Like the fact that laughter burns calories, boosts your heart rate, and increases respiration. It also reduces anxiety and therefore heightens your energy levels. In a study published in *Geriatrics and Gerontology International*, it was found that laughter therapy reduced depression in elderly patients by inducing a feeling of well-being and improving their social interactions.

Laughter may ease pain by causing the body to produce its own natural painkillers, the Mayo Clinic said.

Researchers found that regular sessions of "mirthful" laughter substantially reduced inflammation markers and improved several other health indicators, such as stress hormones and cholesterol profile in Type 2 diabetics.

Laughter can stimulate circulation and aid muscle relaxation, both of which can

help reduce some of the physical symptoms of stress.

Laughter even reduces inflammation. That's likely because it can reduce stress levels and the hormones that stress triggers. Humor is also an antidote to depression. Try to stay depressed when you are laughing. "Laughter can also make it easier to cope with difficult situations. It also helps you connect with other people," the Mayo Clinic said.

Research also suggests that laughter boosts your immune system by increasing the number of natural killer cells and activated T cells. (These are the cells that make up your immune system.) It also puts the T cells to work in defending your body against infections and diseases.

Your cardiac health can also be improved by laughter. Your heart is happy when you're happy. People who have conditions that prevent them from physical exercise can laugh to aid their cardiac issues. Laughing can make your heart beat as fast as when taking a moderately paced walk. It may be more fun, too.

And then there are the obvious benefits. Laughter increases your sense of personal satisfaction and improves your mood.

With all these benefits, good old laughter can reduce pain and anxiety levels. That sounds like the function of a powerful drug, doesn't it? Later studies have shown that hormones that help with muscle relaxation are released when we laugh.

Remember the last time you had a big, hardy laugh? Perhaps you were doubled over trying to catch your breath. How did it leave you feeling? Refreshed and free, I expect.

If all of that weren't enough, the mental benefits of laughter abound. So many Americans take anti-depressant medications, and yet drugs and laughter both increase serotonin levels in our brains. Sigmund Freud said laughter could be the "highest

So many Americans take anti-depressant medications and yet drugs and laughter both increase serotonin levels in our brains.

Laughter can make it easier to cope with difficult situations. It also helps you connect with other people.

Mayo Clinic

of the psyche's defense processes." It can also produce those amazing endorphins which have calming and euphoric effects. A "runner's high" occurs with the release of endorphins. These have been shown to reduce pain, boost pleasure, and make us feel well and happy. This is always a good thing, but during incredibly stressful times, it's a necessary defense.

When we laugh with others, we're building healthy group dynamics—always good for the brain. Laughter plays a part in building bonds between people, and thus it strengthens relationships. Women prefer men with a great sense of humor, while men appreciate women who laugh at their jokes even when they aren't funny. Laughing together increases intimacy and happiness in relationships, making partners less likely to succumb to negative feelings. Maintaining a sense of humor can brighten every area of our lives. It uplifts our overall outlook on life in general, improves our social standing, and elevates our relationships with others.

I think we can all agree that we could use more laughter in our lives. It's a wholesome habit that helps us manage stress and shifts our attitudes toward positivity. So let's permit ourselves to watch a comedy, share a joke with our friends, and laugh more. Have you noticed how contagious a baby's laughter can be? And, oh my, two babies laughing together! Just thinking of that can get me going.

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

Laughter is more than a delight for you, it can be a blessing to those who hear you.



BROOKE CADLE/UNSPLASH



A shortage of tests leaves family members unable to see loved ones. Tension over the balance between safety and residents' rights to visitation has intensified.

Families Complain as States Require COVID Testing for Nursing Home Visits

Shortages of both nursing home staff and COVID-19 tests leave family members with no way to see aging loved ones

JUDITH GRAHAM

As COVID-19 cases rise again in nursing homes, a few states have begun requiring visitors to present proof that they're not infected before entering facilities, stoking frustration and dismay among family members.

Officials in California, New York, and Rhode Island say new COVID-19 testing requirements are necessary to protect residents—an enormously vulnerable population—from exposure to the highly contagious Omicron variant. But many family members say they can't secure tests amid enormous demand and scarce supplies,

Nearly
420,000
STAFFERS

have left nursing homes since February 2020, according to the U.S. Bureau of Labor Statistics, worsening existing shortages.

leaving them unable to see loved ones. And being shut out of facilities feels unbearable, like a nightmare recurring without end.

Severe staff shortages are complicating the effort to ensure safety while keeping facilities open; these shortages also jeopardize care at long-term care facilities—a concern of many family members.

Andrea DuBrow's 75-year-old mother, who has severe Alzheimer's disease, has lived for almost four years in a nursing home in Danville, California. When DuBrow wasn't able to see her for months earlier in the pandemic, she said, her mother forgot who she was.

Continued on Page 14

A Book That Has Inspired The World



I have indeed experienced all the miracles. No matter what your experience or what background you have or what country you are born in, you will benefit from Falun Dafa.

Martin Rubenis
OLYMPIC ATHLETE

Zhuangzi is the main text of Falun Gong (also called Falun Dafa). The book expounds upon profound principles of Truthfulness, Compassion and Tolerance. It addresses the long-forgotten term "cultivation," the origins of illnesses, karma, the role of moral character on a path to spiritual perfection, and more.

The book was a national bestseller in China in the 1990s, and has been translated into over 40 languages. Find out why it has captured the hearts and minds of tens of millions of people in over 100 countries worldwide!

What made Falun Gong stand out from other qigong exercises and meditation practices was a moral system—compassion, truthfulness, and forbearance—unmistakably Buddhist in origin.

Arthur Waldron
LAUDER PROFESSOR, UNIVERSITY OF PENNSYLVANIA

Falun Gong has taught me how to be considerate of others and how to improve my relationships by handling conflicts constructively. [...] It has given me incredible relaxation, mental clarity, and freedom from stress.

Shiyu Zhou
PH.D., USA

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Your Brain May Be Listening to Strangers—Even While You Sleep

New study offers insight into how our brains work by looking at brain activity changes during sleep

JENNIFER MARGULIS

Ever awakened from a dead sleep, certain that something was wrong? Something woke you up, yet you have no idea what or why?

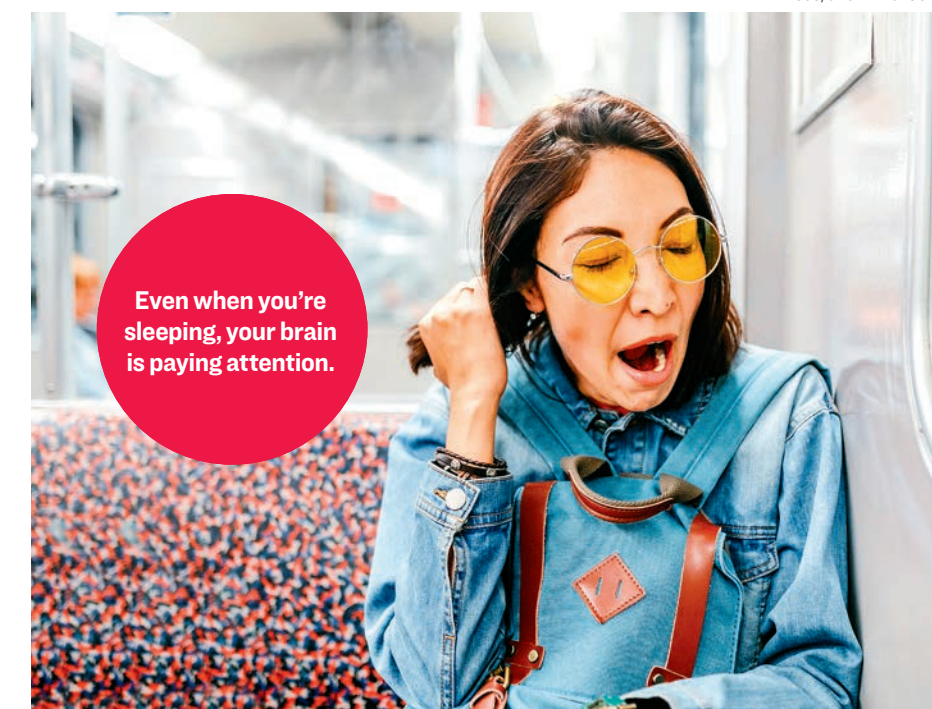
The unfamiliar voices generated fewer K-complexes in the second half of the night.

We all know that the brain can respond to the environment during sleep. If it didn't, your alarm clock would never wake you up in the morning. But exactly how the brain responds to outside stimuli is a lot less clear. Sleep is inherently mysterious. As humans, we analyze the world using the

cerebral cortex, the part of the brain which essentially disconnects during sleep. In fact, sleep scientists have found that communication between different parts of the cerebral cortex, abuzz with connection while you're awake, stops during sleep, according to research published in 2005 in *Science*.

Now a new study from a sleep laboratory at the University of Salzburg in Austria, "The Brain Selectively Tunes to Unfamiliar Voices During Sleep," published Jan. 17 in *The Journal of Neuroscience*, sheds a little more light on how our brains process auditory input during non-REM (rapid eye moment) sleep, that is, when we aren't actively dreaming. This Austrian study suggests that our brains constantly monitor the environment for threats even when we are unconscious.

Continued on Page 11



Even when you're sleeping, your brain is paying attention.

FRANTICCO/SHUTTERSTOCK

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Exercise shouldn't be drudgery. It should be a fun hike, a bike ride with friends, or family time outside.

A Recipe for Lifelong Exercise

Stay active by having fun
and mixing it up when needed

LYNN JAFFEE

I learned about the value of being physically active from my dad. He grew up in the Canal Zone of Panama, which used to be an unincorporated territory of the United States. He was a member of the local swim team and apparently he had some talent in the water. He went on to be a collegiate swimmer, and during World War II, he commanded an Underwater Demolition Team (predecessor to the Navy SEALs) in the Pacific.

Growing up, Dad made sure that we kids learned how to swim at an early age and we all participated on our local swim team. Sadly, I didn't have my father's talent for swimming; I could swim well enough, but was hopelessly slow. Still, I have his efficient style in the pool, his value of exercise, and something more. Dad set an example of how to be physically active throughout my entire life.

Whenever I feel like I've been slipping in the exercise department, I revert back to what I call "Dad's Philosophy of Physical Activity." It's how he maintained his health, his cognition, and how he continued to be active throughout his entire life. Here's the gist of it:

Do something most days. Every day is best, but things come up, so being active most days is a pretty good plan.

Anything active counts. Growing up, we had a pool, so in the summer Dad would get up early, go to the pool, hang up the towels we kids left lying around, put the pool chairs in order, and then hop into the pool for a quick 20 laps. In the fall and spring, he would walk, hike, and do yard maintenance. Winter exercise was shoveling or blowing snow (we had a very long driveway) and skiing on the weekends. There were always lots of choices and they were all a part of being active. The point is that you don't have to go to the gym, run, or take a class to be active; sometimes it can just be built into your day.

Moderation is a good thing in the long run. While Dad accomplished some extreme physical feats during college and in the Navy, it wasn't the key to his lifelong activity—moderation was. As an adult, he wasn't competitive and didn't do extreme events. Rather, exercise fit into his lifestyle and wasn't over the top. Translation: You don't have to conquer the world. No need to run a marathon or win a gold medal, all you have to do is go out and

participate at your pace and ability for however long feels right.

Keep it fun. When a sport or exercise stops being fun, it turns into drudgery and you're unlikely to keep participating. If this is happening, find a way to mix it up or build other activity into your life. As kids, Dad instigated weekend hikes, impromptu soccer games, and weekend ski trips. We were having so much fun, no one noticed that we were fit and exhausted at the end of the day.

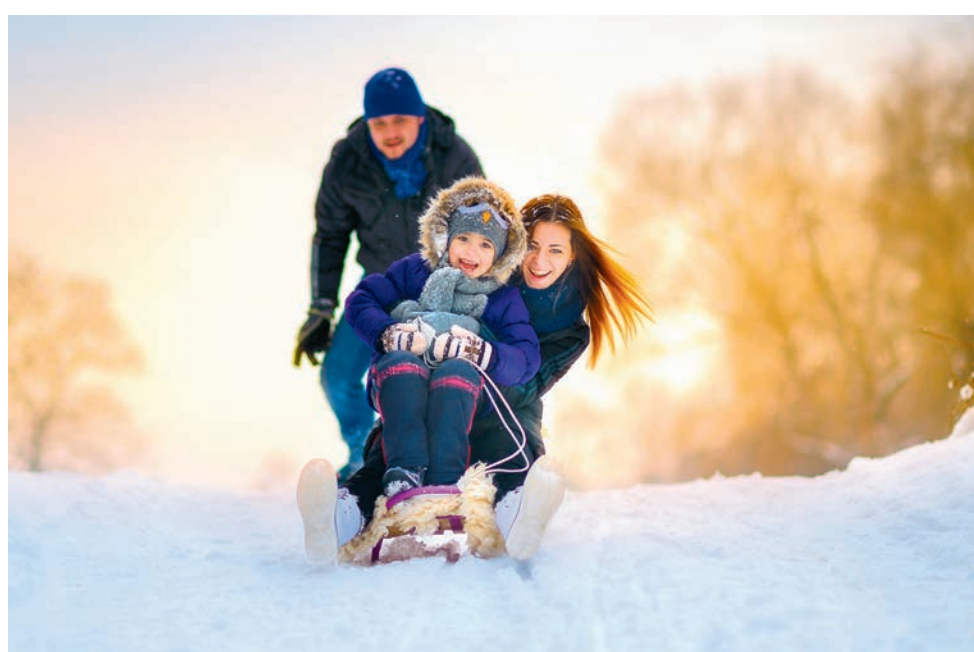
You don't have to go to the gym, run, or take a class to be active; sometimes it can just be built into your day.

You're never too old to try something new. When was the last time you tried a new sport or activity? This past year I can claim two: paddle boarding and pickleball. When Dad was in his 70s, he took up golf and bicycling. Adding a new activity to your repertoire not only gives you more options, it boosts your confidence and sense of efficacy.

Be prepared to adapt. If you age or get injured, some activities become harder to do. Fortunately, there are viable workarounds in most cases. If you're racking up running injuries, switch to walking or hiking. If your aging back makes walking painful, try gentle yoga, swimming, or water aerobics. When my dad couldn't walk anymore due to a bad hip and lower back, he turned to bicycling. When he became older and frail, he got a three-wheeled bike. To him, the ability to stay active was far more important than the perceived indignity of riding a three-wheeler.

Dad's been gone for 20 years, but he was active on most days until the end of his life at 87. Two weeks prior to his death, he was riding his bike, armed with a supply of treats for the neighborhood dogs. Slow and steady moderation was his plan, with a little fun added for good measure.

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



Exercise can be so much fun, you don't even notice you are getting fit.

Your Brain May Be Listening to Strangers— Even While You Sleep

New study offers insight into how our brains work by looking at brain activity changes during sleep

Continued from Page 9

In the new study, doctoral candidate Mohammed S. Ameen and a team of three other researchers reanalyzed data gathered by the same lab for a 2018 paper. In the experiment, 17 young adults (14 females and three males), slept two nights in the lab. During the first night, the subjects became acclimated to the unfamiliar environment. On the second night, the sleepers' physiological functions were recorded throughout the night.

Unfamiliar Voices

Trigger Brain Wave Changes
The scientists wanted to learn how the brain responds to audio stimuli during sleep, and how brain waves change in response to specific stimuli.

To test this, the team recorded six different auditory stimuli, personalized for each subject. When we are awake, our brains pay more attention to our own names than to unfamiliar names. So the subject's own name, as well as two unfamiliar names, were recorded in both a familiar voice (they used the voice of the father or mother of the subject) and a gender-matched unfamiliar voice.

For each subject, the researchers made sure the volume was loud enough to be heard but not so loud that it disturbed the subject's sleep. Then, the audio recordings were played in a random order for periods of 90 minutes at a time, separated by 30 minutes of silence, for a total of four 120 minute cycles.

Interestingly, the scientists detected no apparent difference in the sleepers' response to familiar versus unfamiliar names. However, brain-wave responses to unfamiliar voices were significantly stronger than to familiar voices—at every stage of sleep. The researchers believe it is likely that these changes mean that our brains go into what they call "sentinel processing mode," ceaselessly monitoring the environment for potential threats, even during sleep.

Assessing Threats While Asleep

This new analysis focused on particular types of brain wave patterns, specifically K-complexes (a brain pattern that occurs during non-REM sleep) and micro-arousals (moments of partial wakefulness during sleep).

The recorded sounds, whether familiar or unfamiliar, triggered more K-complexes in the sleepers than the silent periods, and unfamiliar voices triggered more K-complexes than familiar voices. According to neuroscientist Manuel Schabus, a senior researcher at the lab, this increased response makes sense. "Unfamiliar voices should not be speaking to you at night—it sets off an alarm," Schabus told a journalist at New Scientist.

That alarm is the micro-arous-

al, which increases in frequency along with the K-complexes. Micro-arousals, a part of healthy sleep patterns, are just what they sound like, short periods when the sleeper gets closer to waking. According to the study: "The increase in micro-arousals following [unfamiliar voice stimuli] suggests a transient shift towards external processing of 'vital' environmental stimuli." In other words, the researchers consider these transient shifts to be "little windows" of information processing that keep us connected to our environment while we sleep.

As Ameen explained in a thread on Twitter about the research: "The sleeping brain extracts relevant sensory information for further processing."

K-complexes appear to play a dual role. These brain waves have been previously associated with both an arousal response that leads to further sensory processing and with "neuronal silencing" that "protects sleep." So, even though the brain reacts more strongly to unfamiliar voices (with more K-complexes and micro-arousals), those voices were associated with deeper sleep.

A Safety Mechanism or Something Else?

According to a 2020 study, even during our waking hours, our brains selectively tune into sensory changes, with new stimuli triggering noradrenaline, a chemical signal that tells the brain to "pay attention."

When I was doing graduate work at the University of California and living in Berkeley, California, I was startled from sleep before dawn one morning. I don't know what initial stimulus woke me up but I opened my eyes on high alert, my heart racing. "Who's there?" I boomed, terrified.

An intruder was just behind the door. He called back in a singsong voice, "I'm just going to school," as if he were pretending to be my brother, with whom I shared the apartment (and who happened to be out of town). Without thinking, I jumped out of bed and rushed to the door. I could feel the air stirring as I chased after the intruder who presumably rushed down the stairs and out the apartment building's front door. I never saw him and I didn't catch him. As scary as that experience was, I am grateful that my brain woke me up out of sleep, ready to fight or flee.

Still, the scientists who conducted this new sleep study don't know, yet, whether unfamiliar voices evoked greater responses simply because they were unfamiliar or because the subjects' brains interpreted the lack of familiarity as a threat. The researchers noted, however, that the unfamiliar

Unfamiliar voices should not be speaking to you at night—it sets off an alarm.

Manuel Schabus,
neuroscientist and
senior researcher

While unfamiliar voices and sounds can wake us up at first, the brain can quickly become accustomed to these noises.

voices generated fewer K-complexes in the second half of the night, while the frequency of K-complexes due to familiar voices didn't change. This could mean that the sleeping brain "learned" over time that the unfamiliar voice didn't constitute a threat.

Though the auditory stimuli used in this experiment were more complex than in previous experiments done by this lab, it's likely that our brains' responses to different auditory stimuli are far more nuanced than this experiment could detect. Mothers, for instance, are often highly tuned to their infants' moving cries and their children's voices, which are both very familiar, waking out of deep sleep at the slightest cry.

Another nuance: The familiar voices in the study belonged to parents' of the subjects. Ask the parent of any teen or young adult: Our children are often quite good at tuning out their parents' voices, especially during waking hours. The human brain is a marvel of complexity and subtlety: Surely our sleeping brains respond differently to other types of familiar voices as well, such as those of our children, lovers, bosses, or coworkers.

Jennifer Margulis, Ph.D., is an award-winning science journalist and book author. A sought-after speaker, she is also a frequent contributor to The Epoch Times.



HALFPPOINT/SHUTTERSTOCK

Nebulizing Against Viral Infections

ASHLEY TURNER

Nebulizing can offer a powerful treatment to clean the airways of invading viruses. A nebulizer is a little machine that changes liquid into a mist of fine droplets that are inhaled through a mouthpiece or mask. Nebulizing allows for various health-promoting compounds to be quickly administered in direct contact with the lungs and entire respiratory system.

Hydrogen peroxide (H2O2) is a mild antiseptic agent that is made up of two hydrogen atoms and two oxygen atoms. It is a safe, affordable, and mild disinfectant that has a wide variety of uses from cleaning surfaces and minor wounds to using it as a mouth and nasal rinse. The body actually creates hydrogen peroxide itself when needed.

Hydrogen peroxide releases oxygen when applied to affected areas, which causes foaming. This occurs because most living cells contain catalase, an enzyme that interacts with H2O2 and converts it into water and oxygen. The oxygen free radicals have a negative charge that damages the cell walls of pathogens. Interestingly, white blood cells produce H2O2 to fight pathogens.

While a quick Google search will reveal many arguments against nebulizing H2O2,

many holistic practitioners have used this remedy for respiratory health with great success. Remember, many agents kill the virus on contact, including hydrogen peroxide. Food-grade hydrogen peroxide used in an appropriate dilution can be a safe, short-term intervention.

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



Few people know that you can attack viruses with a topical approach by hitting them with hydrogen peroxide directly in the mouth and airways.

The Solution

250 cc saline (8 ounces)

3 cc 3 percent food-grade H2O2
(3 ml or roughly 1/2 teaspoon)

This makes a concentration of 0.04 percent.

Saline can be prepared by boiling four cups of water. Once boiling, remove from the heat and stir in two teaspoons of unrefined salt. Mix until completely dissolved and allow to cool to room temperature before using. This is a .9 percent dilution.

Nebulize this solution as a preventative measure as well as a strategy for early acute illness. If you are coming down with symptoms, you can nebulize this solution up to every hour or two.

Use a nebulizer that plugs into the power source as opposed to a battery-operated one. Typically, the plug-in versions are much more powerful and effective over the battery operated models.

Please keep in mind that this isn't medical advice, and is intended for educational purposes only. I'm not a physician. Please check with your doctor before utilizing this remedy.



If you are coming down with symptoms, you can nebulize this solution up to every hour or two.

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How a Prone Position Might Help Save Your Life

Research reveals how lying on your stomach eases breathing during severe acute respiratory distress

JOSEPH MERCOLA

Lying in the prone (face-down) position, in which your chest is down and your back is up, could be a simple way to improve outcomes in cases of severe respiratory distress. This topic has received renewed attention during the COVID-19 pandemic, as invasive mechanical ventilation is conventionally delivered with the patient lying on their back in the supine (face-up) position.

“Mechanical ventilation is the main supportive treatment for critically ill patients” infected with novel coronavirus 2019 (COVID-19), according to a February 2020 study published in *The Lancet Respiratory Medicine*. However, reports suggest that many COVID-19 patients put on ventilators don’t make it.

In a JAMA study that included 5,700 patients hospitalized with COVID-19 in the New York City area between March 1, 2020, and April 4, 2020, mortality rates for those who received mechanical ventilation ranged from 76.4 percent to 97.2 percent, depending on age. There are many reasons why those on ventilators have a high risk of mortality, including being more severely ill to begin with.

However, given the poor outcomes, some physicians are now trying to keep patients off ventilators as much as possible by using alternative measures, including having patients lie on their stomachs (prone) to allow for better lung aeration.

It’s also possible that prone ventilation, which is ventilation delivered with the patient lying in the prone position, may help patients who aren’t responding to conventional ventilation in the supine position, as well as reduce mortality in those with acute respiratory distress syndrome (ARDS).

Prone Positioning Lowers Death Rate in Those With ARDS

ARDS is a lung condition that causes low blood oxygen and fluid buildup in the lungs. As fluid builds up in the lungs and surfactant, which helps the lungs fully expand, breaks down, the lungs are unable to properly fill with air. A person with ARDS will have shortness of breath, which can progress to low blood oxygen, rapid breathing, and rattling sounds in the lungs when breathing.

ARDS is a common complication among seriously ill COVID-19 patients, with one study suggesting that 100 percent of COVID-19 patients who died in one study had suffered from ARDS.

In 2013, a study published in *The New England Journal of Medicine* found that early application of prone positioning may improve outcomes in people with severe ARDS. During the study, 466 patients with severe ARDS were randomly assigned to receive prone-positioning sessions of at least 16 hours or to stay in the supine position.

After 28 days, 32.8 percent in the supine group had died, compared to 16 percent in the prone group. After 90 days, the supine group had a mortality rate of 41 percent, compared to 23.6 percent in the prone group, with researchers concluding, “In patients with severe ARDS, early application of prolonged prone-positioning sessions significantly decreased 28-day and 90-day mortality.”

Not only have previous studies found that oxygenation is significantly better among patients in the prone position compared to the supine position, but prone positioning may also prevent ventilator-induced lung injury.

Why Prone Positioning Benefits ARDS Patients

In the video above, Jonathan Downham, an advanced critical care practitioner in the UK, explains why prone positioning can be so beneficial for those with ARDS. Using a simple example of a sponge filled with fluid, he shows how the direction of drainage changes depending on the sponge’s position.

Some physicians are now trying to keep patients off ventilators as much as possible by using alternative measures, including having patients lie on their stomachs.

In ARDS, the lung’s air sacs, or alveoli, become damaged. Fluid leaks through the air sacs’ damaged walls and collects. Fluid in the lung will increase its weight, which then squeezes out the gas from the dependent regions. If the sponge represents a fluid-filled lung, in the supine (on the back) position the dependent regions are at the back of the lung.

While the fluid in an ARDS patient’s lung is more evenly distributed than the sponge model suggests, it helps to show how the increased lung mass squeezes out the gas of the gravity-dependent lung regions, and why the lung densities shift when moving from the supine to the prone position.

According to Downham, this shift can occur in a matter of minutes after changing a person’s position. Differences in shape of the lungs and chest wall also come into play. Imagining that the lung is like a slinky, Downham then shows how, when a patient is in the prone position, the weight becomes much more evenly distributed, allowing for better ventilation.

When in the supine position, several factors, including gravitational forces and increased pressure from the wet lung com-

bine to have a detrimental effect on the alveoli in the lower lung. The prone patient, however, suffers less from these effects. Other benefits also occur with prone positioning, including:

- Removing some of the weight of the heart from the lower lung
- Rapid, significant, and persistent improvement in oxygenation in the ARDS patient with heart failure
- Removing some of the weight of the abdominal contents from the better-ventilated posterior aspect of the lung

Prone positioning can also help with stress and strain on the lung. It also reduces lung inflammation in ARDS patients and may reduce the severity and the extent of lung injury caused by mechanical ventilation.

Support for Early Use of Prone Positioning

Increasing research suggests that prone positioning should be used systematically in the early management of severe ARDS, and not reserved as a rescue maneuver or a last-ditch effort. As noted by a pathophysiology-based review published in *The World Journal of Critical Care Medicine*, “Current evidence strongly supports that prone positioning has beneficial effects on gas exchange, respiratory mechanics, lung protection, and hemodynamics as it redistributes transpulmonary pressure, stress, and strain throughout the lung and unloads the right ventricle.”

The researchers suggested that prone positioning seemed to be beneficial in most cases of ARDS and recommended that “early use of prolonged prone positioning in conjunction with lung-protective strategies decreases mortality significantly.” For best results, other researchers have suggested that prone ventilation sessions should last 12 to 18 hours per session and should be begun early, within 36 hours of diagnosis.

A small study of patients with severe COVID-19-related ARDS who required mechanical ventilation in Wuhan, China, also revealed that lying in the prone position for 24-hour periods was better for the lungs. Unfortunately, despite the many potential benefits, prone positioning remains an underused technique. One study suggested that only 13.7 percent of patients with ARDS, and 32.9 percent of patients with severe ARDS, were placed in the prone position.

Awake Prone Is Also Beneficial

Much of the research into prone positioning for respiratory distress has focused on its use during mechanical ventilation. However, at least one study has been planned to determine whether the use of prone positioning in awake self-ventilating patients with COVID-19-induced ARDS could improve gas exchange and

reduce the need for invasive mechanical ventilation.

Previous research also suggests that awake, spontaneously breathing patients who aren’t intubated can also benefit from prone positioning, which leads to improved oxygenation. Another study of care involving critically ill COVID-19 patients in China’s Jiangsu Province recommended the use of awake prone positioning, which, the researchers noted, “showed significant effects in improving oxygenation and pulmonary heterogeneity.”

It’s also been suggested that the physiological changes that occur with prone positioning may be even more favorable in spontaneously breathing patients than in those who are intubated.

A 2003 study found, in fact, that the prone position led to a rapid increase in partial pressure of oxygen, or PaO₂, which is a measure of how well oxygen moves from the lungs to the blood, among patients with respiratory failure. All of the patients in the study were able to avoid mechanical ventilation.

In the case of COVID-19, some experts suggest that all patients who are awake and able to adjust their own position should use the prone position for two- to four-hour sessions, two to four times a day.

How to Use Prone Positioning at Home

Some hospitals have also released instructions for self-prone, which can be used at home for people with cough or trouble breathing. If you’re struggling to breathe, you should seek emergency medical care. However, in cases of cough or mild shortness of breath being treated at home, guidelines from Elmhurst Hospital recommend not spending a lot of time lying flat on your back.

Instead, it suggests “laying [sic] on your stomach and in different positions will help your body to get air into all areas of your lung.” The guidelines recommend changing your position every 30 minutes to two hours, including:

- Lying on your belly
- Lying on your right side
- Sitting up
- Lying on your left side

This is a simple way to potentially help ease breathing difficulties at home and, if you or a loved one is hospitalized, can be used there, too. If your health care providers don’t suggest it, ask whether prone positioning could help.

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.

Broccoli Can Stimulate Brain Regeneration, New Research Suggests

The old medical maxim that the brain cannot repair itself was mistaken, which is good news amid widespread neurodegenerative disease

SAYER JI

For decades, it was believed that brain regeneration wasn’t possible. But an accumulating body of research now reveals that common foods such as broccoli contain compounds capable of stimulating the repair and renewal of nerve tissue.

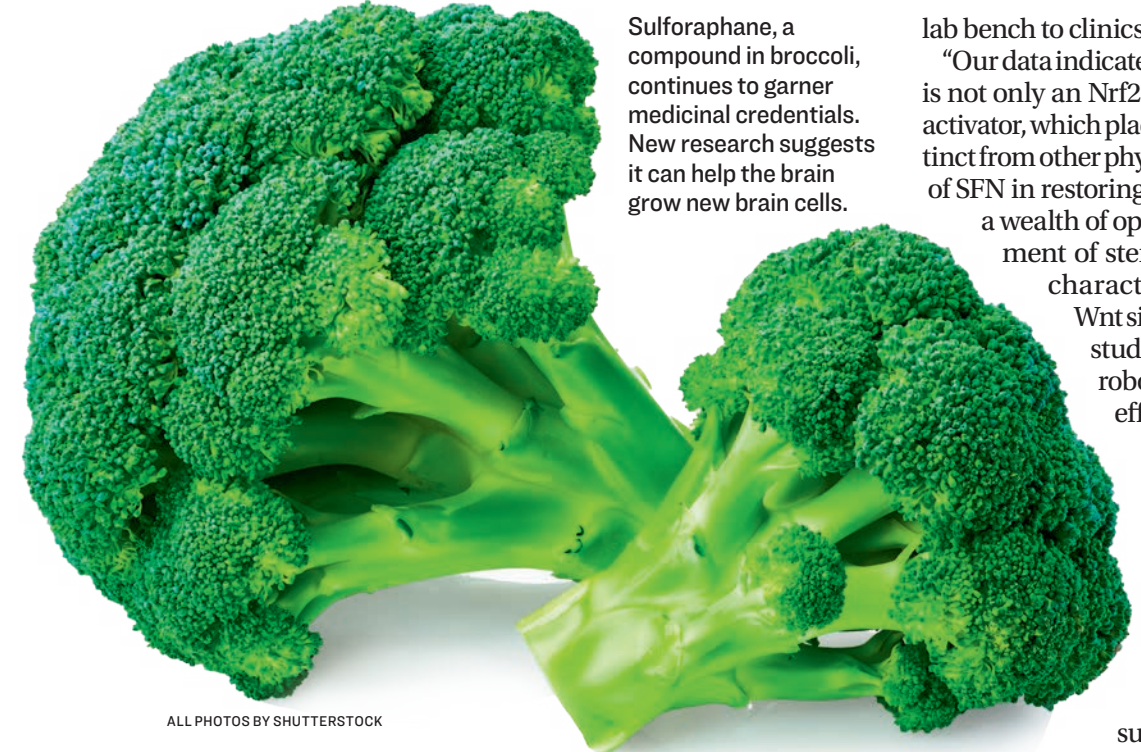
Ever since Santiago Ramón y Cajal, the father of neuroscience, declared “nothing may be regenerated” in the adult brain, the idea that you can repair or regenerate damaged brain tissue was precluded by this central dogma. But compelling evidence for brain regeneration began to surface in the 1960s with a report by MIT scientist Joseph Altman that the hippocampus of adult rats and guinea pigs and the cortex of cats indeed underwent a process termed neurogenesis, i.e. the growth and development of nervous tissue.

In the decades that followed, more evidence began to amass showing the brain is in a continually dynamic state of self-repair and self-regeneration, relying on neural stem cells to replace and repair damaged and aged tissue. Clearly, in an era of widespread neurodegenerative disease—which the conventional medical establishment claims is incurable—this discovery is encouraging. If the brain can regenerate, the keys to find out how to prevent interference with this process and ascertain methods to increase and support its innate self-healing capacity.

It turns out there are many things that can support neurogenesis, including exercise and a compound found in turmeric known as aromatic-turmerone. This fat-soluble component appears to be an ideal candidate for enhancing the brain’s natural regenerative process.

A recent addition to this list of neuro-generative agents is sulforaphane, an incredibly powerful sulfur-containing biomolecule found in cruciferous vegetables. A study published in the journal *Genesis* entitled, “Effects of sulforaphane on neural stem cell proliferation and differentiation,” reveals that sulforaphane may have significant curative properties against the underlying pathological disturbances found in common neurodegenerative diseases such as increased oxidative stress, inflammation, perturbed calcium homeostasis, and neuronal death. The authors of the study theorized that sulforaphane may mitigate these factors, along with stimulating neural stem cell (NSC) activity.

An already robust body of literature exists indicating that sulforaphane can up-regulate nuclear factor erythroid 2-related



ALL PHOTOS BY SHUTTERSTOCK

Sulforaphane, a compound in broccoli, continues to garner medical credentials. New research suggests it can help the brain grow new brain cells.

lab bench to clinics.”

“Our data indicate that SFN [sulforaphane] is not only an Nrf2 inducer, but also a Wnt activator, which places SFN in a category distinct from other phytochemicals. The effects of SFN in restoring Wnt signaling provides a wealth of opportunities for the treatment of stem-cell-related diseases characterized by suppressed Wnt signaling. Further clinical studies are warranted to corroborate the neuroprotective effects of SFN in patients.”

I believe this research provides compelling evidence that the consumption of sulforaphane-containing foods may have therapeutic value in brain degenerative disorders. Considering that sulforaphane is a naturally occurring biomolecule that has been part of the human diet since

time immemorial, it’s likely that its regular consumption via culinary practices delivers physiologically significant quantities in a delivery system—food—that is safe and effective in the prevention of disease.

Also, it is an astounding feature of this biomolecule that it has been identified to have potential value in preventing and treating about 200 different health conditions. This means that the side benefits of consuming it are orders of magnitude higher than one would anticipate if one were simply looking to consume it for one specific concern. That’s the amazing thing about healing with whole foods: Their health benefits are too vast to bottleneck into simply one or two applications.

While all cruciferous vegetables contains significant amounts of sulforaphane, the sprouts of broccoli have several orders of magnitude higher concentrations of sulforaphane versus the mature broccoli plant, gram-per-gram.

Sayer Ji is the founder of Greenmedinfo.com, a reviewer at the International Journal of Human Nutrition and Functional Medicine, co-founder and CEO of Systeome Biomed, vice chairman of the board of the National Health Federation, and steering committee member of the Global Non-GMO Foundation. This work is reproduced and distributed with the permission of GreenMedInfo LLC. Sign up for their newsletter at www.GreenmedInfo.health



Broccoli sprouts contain a powerful biomolecule called sulforaphane.

Self-Isolation Doesn’t Stop Sars-Cov-2 From Spreading

PATTI VERBANAS

Researchers have detected tiny airborne particles containing RNA from SARS-CoV-2, the virus that causes COVID-19, both inside and outside of rooms in which infected people were self-isolating at home.

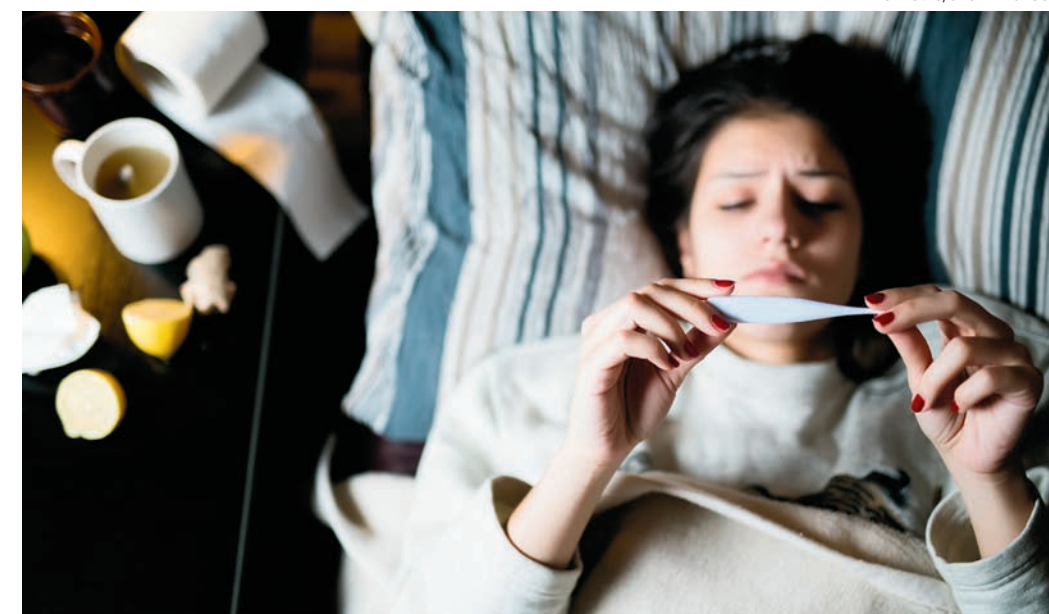
This finding suggests that airborne transmission beyond the isolation rooms in homes may pose a risk of infection to other home occupants.

The study, in *Annals of the American Thoracic Society*, is the first report of household air contamination with SARS-CoV2 RNA under typical daily living conditions when a household member is infected. Airborne transmission in crowded living

conditions may be one reason for higher rates of COVID-19 infection among people with lower incomes.

“Risk of infection from larger respiratory droplets that rapidly settle onto surfaces, typically within two meters of the source, can be reduced by hand-washing, social distancing, and face masks, but the tiny respiratory particles that stay suspended in air for hours, require air filtration, ventilation, or better masks for prevention,” said lead author Howard Kipen, a professor at Rutgers School of Public Health and director of Clinical Research and Occupational Medicine at the Environmental and Occupational Health Sciences Institute.

The researchers collected air samples



ELDAR NURKOVIC/SHUTTERSTOCK

The researchers collected air samples from 11 homes in rooms where a newly infected person was self-isolating, as well as in an adjacent common room.

from 11 homes in rooms where a newly infected person was self-isolating, as well as in an adjacent common room to test for the presence of three SARS-CoV-2-specific genes in airborne particles.

They found positive air samples for at least one of three virus genes in six of the 11 isolation rooms and in six of the nine common rooms. Seven of these nine homes reported no other cases in the home.

To better understand how the virus spreads in the home, researchers asked participants to record their time in the isolation room and the common room.

“We discovered that many did not strictly adhere to self-isolation, with eight of the 11 infected study participants reporting spending from a few hours to 14 hours in the common room and five of 11 participants reporting spending time in other areas of the home,” Kipen said.

Additionally, in four of the homes, other residents were also positive or had symptoms.

“Our indoor air sampling data clearly demonstrated that measurable airborne SARS-CoV2 RNA was present in the air in the homes of most infected people, not only in the isolation room, but, importantly, elsewhere in the home,” Kipen said.

“The findings show that tiny airborne particles containing SARS-CoV-2 RNA can be found in homes of infected individuals beyond the room where they are supposedly self-isolating.”

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Researchers have detected tiny airborne particles containing RNA from SARS-CoV-2, both inside and outside of rooms in which infected people were self-isolating.

Families Complain as States Require COVID Testing for Nursing Home Visits

Shortages of both nursing home staff and COVID-19 tests leave family members with no way to see aging loved ones

Continued from Page 9

“This latest restriction is essentially another lockdown,” DuBrow said at a meeting last week about California’s new regulations. “The time that my mom has left when she can recognize in some small locked-away part of her that it is me, her daughter, cleaning her, feeding her, holding her hand, singing her favorite songs—that time is being stolen from us.”

“This is a huge inconvenience, but what’s most upsetting is that no one seems to have any kind of long-term plan for families and residents,” said Ozzie Rohm, whose 94-year-old father lives in a San Francisco nursing home.

Why are family members subject to testing requirements that aren’t applied to staffers, Rohm wondered. If family members are vaccinated and boosted, wear good masks, stay in a resident’s room, and practice rigorous hand hygiene, do they pose more of a risk than staffers who follow these procedures?

California was the first state to announce new policies for visitors to nursing homes and other long-term care facilities on Dec. 31, 2021. Those took effect on Jan. 7 and remain in place for at least 30 days. To see a resident, a person must show evidence of a negative COVID rapid test taken within 24 hours or a PCR test taken within 48 hours. Also, COVID vaccinations are required.

In a statement announcing the new policy, the California Department of Public Health cited “the greater transmissibility” of the Omicron variant and the need to “protect the particularly vulnerable populations in long-term care settings.” Throughout the pandemic, nursing home residents have suffered disproportionately high rates of illness and death.

New York followed California with a Jan. 7 announcement that nursing home visitors would need to show proof of a negative rapid test taken no more than a day before. And on Jan. 10, Rhode Island announced a new rule requiring proof of vaccination or a negative COVID test.

Patient advocates are worried other states might adopt similar measures. “We are concerned that Omicron will be used as an excuse to shut down visitation again,” said Sam Brooks, program and policy manager for the National Consumer Voice for Quality Long-Term Care, an advocacy group for people living in these facilities.

“We do not want to go back to the past two years of lockdowns in nursing homes and resident isolation and neglect.”

That’s also a priority for the Federal Centers for Medicare and Medicaid Services, which has emphasized since Nov. 12, 2021, residents’ right to receive visitors without restriction as long as safety protocols are followed. Nursing homes could encourage but not require visitors to take tests in advance or provide proof of COVID vaccination, according to guidance from CMS. Safety protocols included wearing masks, rigorous hand hygiene, and maintaining adequate physical distance from other residents.

With the rise of Omicron, however, facilities pushed back. On Dec. 17, 2021, an organization representing nursing home medical

If family members are following the same rigorous standards as staff, they should pose no greater risk.



directors and two national long-term care associations sent a letter to the CMS administrator asking for more flexibility to “protect resident safety” and “place temporary visitation restrictions in nursing homes.” On Jan. 6, CMS affirmed residents’ right to visitation but said states could “take additional measures to make visitation safer.”

Asked for comment about the states’ recent actions, the federal agency said in a statement to KHN that “a state may require nursing homes to test visitors as long as the facility provides the rapid antigen tests, and there are enough testing supplies. ... However, if there are not enough rapid testing supplies, the visits must be allowed to occur without a test (while still adhering to other practices, such as masking and physical distancing).”

Some relief from test shortages may be at hand under the Biden administration’s new plan to distribute four free tests per household. But for family members who visit nursing home residents several times a week, that supply won’t go very far.

Since the start of the year, tension over the balance between safety and residents’ rights to visitation has intensified. In the week ended Jan. 9, 57,243 nursing home staffers reported COVID infections, almost 10 times as many as three weeks before. During the same period, resident infections rose to 32,061, almost eight times as many as three weeks earlier.

But outbreaks are occurring against a different backdrop today. More than 87 percent of nursing home residents have been fully vaccinated, according to CMS, and 63 percent have also received boosters, reducing the risk that COVID poses. Also, nursing homes have gained experience handling outbreaks. And the toll of nursing home lockdowns—loneliness, despair, neglect, and physical deterioration—is now far better understood.

“We have all seen the negative effects of

“**We do not want to go back to the past two years of lockdowns in nursing homes and resident isolation and neglect.**”

Sam Brooks, program and policy manager, National Consumer Voice for Quality Long-Term Care

CALIFORNIA NURSING HOME POLICY

To see a resident, a person must show evidence of a negative COVID rapid test taken within

24 hours

or a PCR test taken within

48 hours.

Also, COVID vaccinations are required.

restricting visitation on residents’ health and well-being,” said Joseph Gaugler, a professor who studies long-term care at the University of Minnesota’s School of Public Health. “For nursing homes to go back into a bunker mentality and shut everything down, that’s not a solution.”

Amid egregious staffing shortages, “we need people in these buildings who can take care of residents, and often those are visitors who are basically functioning as unpaid certified nursing assistants: grooming and toileting residents, turning and repositioning them, feeding them, stretching, and exercising them,” said Tony Chicotel, a staff attorney at California Advocates for Nursing Home Reform.

Nearly 420,000 staffers have left nursing homes since February 2020, according to the U.S. Bureau of Labor Statistics, worsening existing shortages.

When DuBrow learned of California’s new testing requirement for visitors, she arranged to get a PCR test at a testing site on Jan. 6, expecting results within 48 hours. Instead, she waited 104 hours before getting a response. (Her test was negative.) Eager to visit her mother, DuBrow called every CVS, Walgreens, and Target in a 25-mile radius of her home asking for a test but came up empty.

In a statement, the California Department of Public Health said the state had established 6,288 COVID testing sites and sent millions of at-home tests to counties and local jurisdictions.

In New York, Democratic Gov. Kathy Hochul has pledged to deliver nearly 1 million COVID tests to nursing homes, where visitors can take them on the spot, but that presents its own problems. “We don’t want to test visitors who are lining up at the door. We don’t have the clinical staff to do that, and we need to focus all our staff on the care of residents,” said Stephen Hanse, president and CEO of the New York State Health Facilities Association, an industry organization.

With current staff shortages, trying to ensure that visitors are wearing masks, physical distancing, and adhering to infection control practices is “taxing on the staff,” said Janine Finck-Boyle, vice president of regulatory affairs at Leading Age, which represents not-for-profit long-term care providers.

“Really, the challenges are enormous,” Gaugler said, “and I wish there were easy answers.”

Judith Graham is a contributing columnist for Kaiser Health News, which originally published this article. KHN’s coverage of these topics is supported by The John A. Hartford Foundation, Gordon and Betty Moore Foundation, and The SCAN Foundation.

Why You Should Understand ‘Allostatic Load’

This functional medical term, and the associated biochemistry, isn’t that complicated, but it’s important

ASHLEY TURNER

Are you stressed?

The word “stress” can be ambiguous. In the functional medicine world, the wear and tear on the body is referred to as “allostatic load.” This load is the sum total of all sources of stress in our lives and their impact on the brain and body.

Homeostasis and Allostasis

Homeostasis and allostasis were intense areas of study by neuroendocrinologist Bruce McEwen. He studied the environmental and psychological effects of stress for a couple of decades. In fact, he coined the term allostasis, a term used to describe the body’s ability to remain stable amid stress.

You may notice the similarity between the words allostasis and homeostasis. These terms are analogous because they are intimately related to each other. Homeostasis is when the body is in a physiological state of balance. Allostasis describes the body’s appropriate response to a challenge around us—either external or internal.

Homeostasis is achieved through the production of mediators such as adrenalin, cortisol, and other chemical messengers within the body. These mediators are involved in the body’s response to stress and promote the body’s ability to achieve normalcy after exposure to acute stressors. However, these mediators (adrenalin, cortisol, etc.) also contribute to allostatic overload, the wear and tear on the body and brain that result from being “stressed out.”

It’s important to understand the framework of allostatic load in order to understand the body’s stress response, how to maneuver through stressful circumstances, and minimizing overactivity of the body’s stress response. Overactivity of the body’s stress response, or allostatic overload results in many of the common diseases of our time. Becoming familiar with the idea of allostatic load can help conceptualize the protective as well as damaging effects of the brain



and body’s attempts to cope with the stressors it comes in contact with.

Understanding the Fight or Flight Mechanism

Our body was designed with mechanisms to respond to stress. When we’re exposed to some sort of stress, the amygdala portion of the brain initiates a response to prepare the brain and the body for danger by sending a distress signal to the hypothalamus. The hypothalamus activates the sympathetic nervous system. This is done by signals traveling through the autonomic nerves to the adrenal glands. The adrenals respond by releasing the hormone epinephrine (also known as adrenaline) into the bloodstream. As epinephrine circulates through the body, a number of physiological changes occur.

These bodily responses may include:

- Increased heart rate
- Increased blood pressure
- Increased breathing rate
- Increased blood sugar
- Increased insulin
- Increased cholesterol
- Dilated pupils
- Pale or flushed skin
- Muscle tension or trembling

The immune system goes into “emergency mode” and pro-inflammatory cytokines are released to respond to potential injury. This response is a blessing, and what we want to happen when we’re faced with acute danger. It allows our body to have the fuel and tools needed to either fight danger or flee from it. The problem is that we’re chronically exposed to stressors in our culture today. It can be work-related stress, relational stress, long work hours, hectic commutes, whatever it may be, the stressor initiates this same “fight to flight” response within the body. When we’re chronically exposed to the stressor, the fight-or-flight response is happening on a regular basis. This is a significant burden to the body and what we call-

lostatic load. This can be dangerous for the body and brain because oftentimes we’re not even aware of this burden or allostatic load on our body. Becoming aware of the potential load upon our bodies is the first step in removing it. Second, it’s important to make appropriate choices to turn off the constant stress response our bodies likely find themselves in.

The results of being chronically stressed as well as being in a perpetual state of allostatic overload contribute to a myriad of health concerns.

Contributors to Allostatic Load

In order to reduce the allostatic load or stressors on the body, we must know where they come from. It’s important to understand that there are different kinds of stressors, including physical, emotional, spiritual, chemical, nutritional, and traumatic.

The following contribute to the allostatic load on the body:

- Lack of sleep
- Poor diet
- Food sensitivities
- Toxin exposure including heavy metals, chemicals, mold, etc.
- Infections
- Nutrient deficiencies
- Over-training
- Lack of exercise
- Depression and anxiety
- Unhealthy relationships
- Emotional trauma
- Adverse Childhood Experiences (ACEs)
- Lack of boundaries or margin in life

Results of Allostatic Overload

According to McEwen and a plethora of research on the impacts of stress, the results of being chronically stressed as well as being in a perpetual state of allostatic overload contribute to a myriad of health concerns. Some of these include:

- Increased systemic inflammation
- Increased risk of chronic disease
- Immunosuppression
- Accelerated aging
- Increased risk of anxiety and mood disorders
- Brain function dysregulation
- Increased risk for cardiovascular disease and stroke
- Obesity
- Loss of minerals from the body

Reducing the Allostatic Load

Resilience is a key term in understanding how to reduce the body’s allostatic load. Resilience is anything that helps take allostatic load from the body and help it return to a relaxed state.

Reduce the allostatic load through:

- Getting quality sleep
- Eating a clean, nutrient-dense diet
- Exercise
- Identifying and correcting nutrient deficiencies
- Identifying and clearing infections
- Identifying and removing food sensitivities
- Reducing toxins in your environment, including personal care and household cleaning products
- Drinking clean water
- Taking part in regular mindfulness and/or prayer
- Cultivating life-giving relationships and social support
- Expressing gratitude for the gifts in your life
- Developing a sense of purpose

If not corrected, allostatic load can transition to allostatic overload if the stressors become chronic. This means symptoms and illness can appear. In some circumstances, permanent damage can occur. It’s important to note that everyone has different capacities for stress in their lives. When considering “stress management,” it’s important to look at all the potential stressors on the body.

At our functional medicine focused practice, we help our patients identify factors that may contribute to their allostatic load such as food sensitivities, leaky gut, environmental toxin and mold exposure, infections such as Lyme or Candida, nutrient deficiencies, and others. Finding a doctor who takes an integrative, holistic approach can help you resolve these issues to achieve optimal health and wellness.

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

You Won’t Find Your Greatest Mentors on Social Media

JOSHUA BECKER

I am thankful for social media. Because it exists, I am allowed to do the work I do. And I hope that I have been able to make a positive difference in people’s lives through it.

But I think we all need to be reminded from time to time (myself included) that we’re not going to find our greatest mentors on social media.

In fact, when I look back on the people in my life who have made the biggest difference in my growth and development, social media influencers are nowhere near the top.

The men and women who have shaped me the most are the men and women I have chosen to spend time with in real-life. My parents, my grandparents, the family who took me into their home during college, my first boss, my second boss, my friends—these are the people who have shaped me the most.

They knew me best, and I knew them best. And the relationships changed me.

We are interpersonal creatures and positive social relationships affect our physical, mental, and emotional health.

Now, this isn’t to discount the fact that we can learn many things from people we follow on social media and the Internet. Because of the people I follow, I have become a better writer, a better leader, a better influencer, more productive, and a better husband and father. All good things.

There is value in blogs, podcasts, social media, YouTube channels, books, and

music. There is a lot of information online that can and should benefit us. We live in wonderful times.

But the most significant transformations that have occurred in me were the result of the relationships I sought. I have been informed by social media, but I have been transformed by people I see on a recurring basis.

This is why personal relationships are so important. And why we are wise to invest time and energy in cultivating healthy ones.

Influencers on social media share only the parts of themselves they want to share. But close relationships in life allow us to see all sides of a person—the good and the bad. They allow us to see in real-time how someone responds to a trial, a temptation, or a sudden turn in life. There are less secrets to hide and more opportunities to learn.

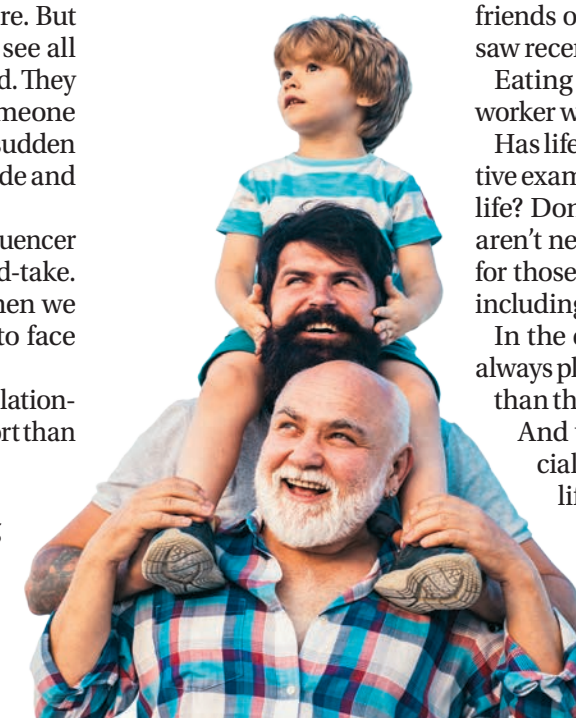
Unlike following a personality or influencer online, relationships require give-and-take. They require us to show up even when we don’t want to, and they require us to face truths we might otherwise avoid.

And these real life interpersonal relationships provide significantly more support than our relationships on social media.

They enhance our lives.

No doubt, many of you are nodding your head in agreement. You will attest that the most influential people in your life are those you know the best and who have provided a positive example for you. If that’s the case, make sure you thank them.

Our true role models allow us to see in real-time how they deal with life’s trials and temptations.



If that’s not you, let me challenge you today to look around. Find somebody in your life that you know and admire and desire to emulate. Choose a family member, a co-worker, a member of your church or social club, and work to become a closer friend.

Or, find new places to look for positive mentors. It’s not easy work, but it’s important: Do you like reading? Find a local book club. Is faith important to you? Get involved and active.

Do you enjoy scrolling the feeds of your friends on social media? Text someone you saw recently and reconnect.

Eating lunch alone at work? See if a co-worker wants to join you.

Has life been unfair in the number of positive examples that have been present in your life? Don’t fall into the trap thinking they aren’t necessary. Instead, search diligently for those positive examples and be open to including them in your life.

In the end, our real-life interactions will always play a greater role in our development than the people we follow on social media.

And we all need to work harder (especially these days) on pursuing lasting, life-giving relationships.

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

Working With Your Inner Resistance

Learn how to look inside when you find it hard to move forward

LEO BABAUTA

When we're feeling some inner resistance to a task, we tend to put it off—check email, social media, our favorite distractions, or busywork. We all do it.

We often turn it into something bad: "I suck for not being disciplined and unable to focus. I'm not strong enough." But it's just a part of being human—we all have fear, doubt, and resistance built into our survival instincts.

The trick is not to judge the resistance, but to work with it.

Let's talk about how to work with resistance. But first, let me make some distinctions clear.

Important Distinctions When Working With Resistance

There are some things we need to make clear before we start:

Sometimes we have resistance to things that are harmful to us. That includes being abused, doing something actually dangerous, putting ourselves in harm's way. This is resistance to be listened to. If you are going to be harmed by doing the thing you're resistant to—listen to the resistance.

What we're talking about here is resistance to things we actually want to do, that would be helpful to us. So ask yourself: would it be helpful or harmful to work with my resistance?

Sometimes it's helpful to indulge the resistance. Maybe you should put something off and tackle a bunch of other tasks. Let the ideas simmer. Go for a walk and let things percolate. Talk with others about it. What we're talking about here are the times when you'd like to actually take on the resistance. Ask yourself: would it actually be helpful to put this off for a bit?

There is no right or wrong here. You're not bad or wrong for feeling resistance, nor for putting things off. You're not "better" for taking on the resistance. There is no response to the resistance that is right or wrong. It's all about what you'd like to do. So ask yourself: what do I really want here?

If you asked yourself the questions above, and the answers point to actually wanting to do the task, and working with the resistance to doing the task, then great! Let's talk about how to do that.

Ask yourself: would it be helpful or harmful to work with my resistance?

How to Work With Inner Resistance

The framing of this is key: we're not trying to battle our resistance, conquer it, or defeat it. We're working with the resistance—like a teammate. That's a key distinction because it's a shift in the way most of us relate to our resistance—we usually think of it as bad and something we need to either avoid or get rid of. What if it could be an ally?

If we can start to take on this mindset, things become a lot more open, instead of tensed and stressful.

With that mindset, here's how to work with the resistance:

1. Notice It

The crucial first step is just to notice that you have the resistance. You might not notice how it feels, but you'll notice that you've been putting off or avoiding something. Can you notice in the moment when you're actually turning away from it? Can you catch



Resistance is nothing to fear, but something to study, understand, and master.

yourself in the act of avoiding or putting it off? This is where the magic happens, if you can catch the resistance as it's happening.

2. Get Curious

Once you're aware of the resistance as it's happening, pause for a moment, and bring your curiosity. What does the resistance feel like? What sensations are present, and where are they located? Do the sensations change, are they unbearable, or intense, or easy to be with? What can you learn about this sensation of resistance?

3. Allow

Once you're present to the sensations of resistance in the moment, see if you can just allow the resistance to exist in you, without needing it to change or be fixed. Could you just allow it to be? Can you relax with the resistance?

4. See It as an Ally

What if the resistance, instead of being something to avoid, were a friend along for the ride? What if it were a teacher, show-

ing you something about what you resist? What if the resistance were a sign that you're doing something meaningful. What if it is encouraging you to move toward this task? What if the resistance could help you along your journey?

5. Move Toward The task

If the resistance is something you can bring awareness to, get curious about, allow to exist, and form an alliance with, can you also coexist with it as you actually start doing the task? You don't have to complete the task, but maybe you could move toward it and take the first step. Start to take action even with the resistance still with you. Get curious about what this might be like.

It's as simple and as challenging as that. Practice with this often enough and you could become a master of working with resistance.

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



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