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MIND &

BODY

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How to Be a Patient Advocate

Health care can be confusing, intimidating, and overwhelming—especially if you are sick or elderly

JENNIFER MARGULIS

“I just wanted to tell you how important what you’re doing is,” the young cardiology resident at Oregon Health Sciences University said to me in a quiet voice. “Your husband’s lucky to have you.”

I could barely swallow the lump in my throat. My husband and I had spent the past 11 days in the cardiac ICU, surrounded by heart patients who were all 20 or 30 years older than we were. He’d just undergone heart surgery, which left him shaky and vomiting.

My husband was 48 years old, fit and athletic, so we were pretty shocked when he started having tachycardia and even more surprised when the doctors diagnosed him

with an exceedingly rare heart condition. I was at his side the entire time, sleeping on a back-breaking cot in his hospital room, while our four children spent the winter holidays without us.

My husband’s sudden illness catapulted me into a world of allopathic medicine, overwhelm, and grief. The most senior doctor told me bluntly to get our affairs in order and cancel everything. He didn’t say it outright, but his message was clear: It was likely my husband would die.

So now, in a fog of sleep deprivation and anxiety, the resident’s praise surprised me. I’d insisted the medical personnel double check the dosing of every medication,

Continued on Page 6

There are many reasons a patient needs an advocate, especially if they aren’t able to advocate for themselves.

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The Power of Multiple Opinions

In the face of a serious diagnosis, hope and healing may require a 2nd or 3rd opinion

PAMELA PRINCE PYLE

We were on a three-hour road trip. My husband, Scott, was “driving” a self-driving car, our friend Tommy sat in the passenger seat, and I was in the back.

Tommy was trying to reel in his fear from taking his first-ever ride in a self-driving car and tamp down his growing hunger as the aroma of delicious smoked beef brisket filled the car. Some people get quiet when they’re filled with conflicting emotions. Tommy gets funnier. His one-liners had us laughing deep belly laughs.

But after a while, the mood in the car became more serious. Tommy, a brilliant

scholar and author, shared a paradigm shift that had occurred in his family. Doctors had diagnosed his son, Ian, with cancer.

Even though we all know intellectually that such crises happen to families every day, nothing prepares us for the moment when an emergency hits home. When it does, the moment is stamped indelibly on our hearts. We remember where we were, what we were wearing, what scent was in the air, and the exact time on the clock hanging just above the doctor’s head.

Continued on Page 2

The more serious the diagnosis, the better an idea it is to get a second or third opinion.

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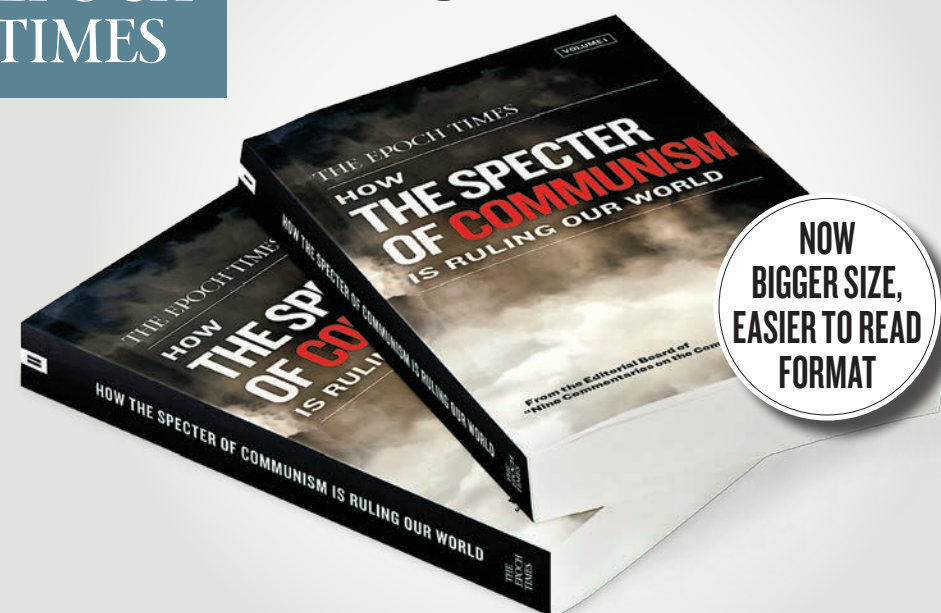
TRUTH and TRADITION

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As in any profession, some doctors are better than others. Seeking multiple opinions improves your odds of getting better care.

The Power of Multiple Opinions

In the face of a serious diagnosis, hope and healing
may require a 2nd or 3rd opinion

Continued from Page 1

In a flash, that imagery then begins to recall all the warning signs that we file in the recesses of our minds. Unbelievable guilt often follows.

“If I had just taken these warnings more seriously,” you think to yourself.

In an instant, we know our life has changed. That reliable anchor tying us to the life we had always known is gone. Suddenly we're untethered, lashed by tumultuous circumstances, and then left adrift. For others, this paradigm shift feels more like crashing into a brick wall. Either way, life as we know it has changed forever.

While waiting to get in to see the first cancer expert, Tommy and his wife, Debbie, did what most people in “the information age” do: They scoured the internet for help, answers, and statistics on survival success. They sought hope through numbers. But the numbers they found were dismal. Their first visit to the oncologist confirmed their fears that Ian's cancer had a 35 percent survival rate.

When the family was trying to stay afloat as waves of despair and hopelessness pounded upon them, this doctor threw them a lifeline.

They chose to seek another opinion, which is always advisable with any new and serious diagnosis. A second oncologist, older and more experienced, stated that, in his experience, “normal” treatment had shown a 65 percent chance of long-term survival. Because Tommy and Debbie took the time to ask their long list of questions, they left a little more encouraged.

Tommy and Debbie and all who loved them were praying. They felt called to consult a third experienced clinician, which resulted in yet another prognosis. Looking at the same child, the same cancer, lab results, and the same treatment options, this doctor felt strongly that Ian had a 100 percent chance of long-term survival (and he promised that if anything ever changed in his prognosis, he would promptly inform them).

I'm sure we would choose as Tommy and Debbie did. They began care with the third doctor. Today, many years after that jarring paradigm shift from healthy to sick, Ian experiences good health.

To be sure, not every story ends like this. However, this family's decision to seek more than one opinion in the face of a serious illness was wise. Don't minimize the hope offered by doctor No. 3. When the family was trying to stay afloat as waves of despair and hopelessness pounded upon them, this doctor threw them a lifeline.

In this example, there was a clear benefit to what doctor No. 3 had to say about their son.

Research reveals the benefits of seeking second opinions, including a greater sense of satisfaction and health improvement. To make the most of your medical consultations, I suggest a list of questions to bring to medical appointments. This list is included below. Additional practical resources for health care needs can be

found at DrPamela.com

- Will you please give me in writing the name of my diagnosis?
- Am I the normal age and gender for this diagnosis?
- Are there any genetic tendencies for this disease and, if so, do I need to have my children tested?
- Can you give me descriptions of each treatment path and the associated risk/benefit ratio?
- Are there any places in the country that specialize in this disease and treatment?
- Do you have a holistic approach to treating this disease?
- What can I do to improve my outcome?
- What is my prognosis?
- I would like to seek a second opinion. Is this okay with you? (I encourage posing this as a question because the correct answer is always, “Absolutely!” If the doctor becomes defensive, he or she isn't the best doctor for you, perhaps not even for your first opinion.)
- If this were your spouse, child, and so forth, what would you do? (The importance of this question can't be stressed enough. It won't only give you valuable information, but it will also develop empathy as he or she ponders the reality of the recommendation they're making.)

The American Cancer Society recommends bringing the following documents to each medical consultation:

- A copy of your pathology report from any biopsy or surgery
- If you had surgery, a copy of your operative report
- If you were in the hospital, a copy of the discharge summary that every doctor prepares when patients are sent home
- A summary of your doctor's current treatment plan
- A list of all your drugs, drug doses, and when you took them

A similar list of what to bring could be applicable to any serious disease. I would also include radiology reports and if possible, actual images on a disc.

Not all diagnosis requires seeking more than one opinion. However, in the event of a rare or serious disease diagnosis, doing so may provide additional confidence in your diagnosis and treatment regimen.

Dr. Pamela Prince Pyle is a board-certified internal medicine physician, who was one of three physicians selected in 1992 by Carolina Health Specialists to begin the first hospital-based internal medicine practice outside of a university setting in the United States. In 2009, Dr. Pyle began traveling to Rwanda for medical work with Africa New Life Ministries and was instrumental in the founding and growth of the Dream Medical Center in Kigali. She is the author of “A Good Death: Learning to Live Like You Were Dying,” coming in 2022. Her website is PamelaPrincePyle.com

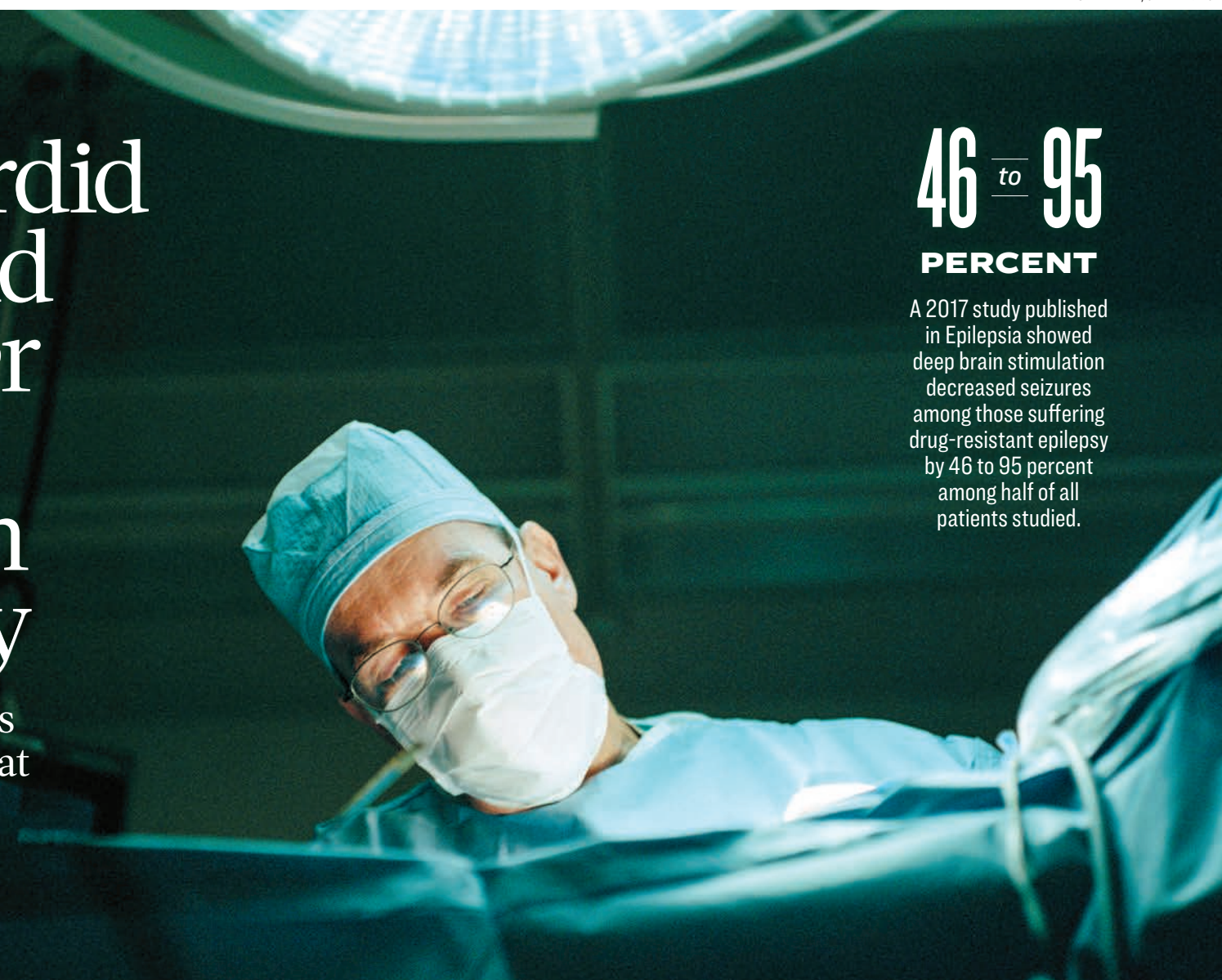


To make the most of your medical consultations, prepare a list of questions to bring to medical appointments.

MEDICALLY CORRECT

The Sordid Past and Brighter Future of Brain Surgery

Brain surgery has
a dark history that
has given way
to breakthrough
treatments



46 to 95
PERCENT

A 2017 study published in *Epilepsia* showed deep brain stimulation decreased seizures among those suffering drug-resistant epilepsy by 46 to 95 percent among half of all patients studied.

PETER WEISS

PT is a 78-year-old man who developed debilitating essential tremors in which his arms and hands would constantly shake. It got to the point where he couldn't write his own name or even hold a cup of coffee. His neurologist tried different medications but they had little effect—other than giving him serious side effects.

His neurologist was a sharp and well-studied physician who referred him to a neurosurgeon to perform deep brain stimulation surgery (DBS). DBS involves the delivery of electrical stimulation to deep brain structures via implanted electrodes connected to an implanted generator (in the chest). Electrodes are run from this generator into the area of the brain that initiates the tremors, which are then connected to a power pack. There is a wireless receiver that can control the amount of stimulation and alleviate most if not all of the shaking.

DBS has become more routine over the past two decades, especially in patients with Parkinson's disease. It can also be used for many essential tremors. A 2004 review published in *Cell and Tissue Research* stated, “The success of the therapy largely depends on the selection of the appropriate candidate patients and on the precise implantation of the stimulation electrode.”

There are now ablation therapies that use extremely high or low temperatures to destroy abnormal tissue or treat other conditions. These can sometimes reduce or eliminate such tremors, but DBS still seems to be a mainstay surgery with good success.

The first DBS surgery was performed in 1987 by French neurosurgeon Dr. Alim-Louis Benabid, although it wasn't until 1998 that DBS surgery was accepted as a treatment of choice. The history of brain surgery, however, is not so noble. The technique of stimulating or even severing nerves within the subcortical regions of the brain was begun in the 1950s to “treat” psychiatric illness, pain, and violent tendencies.

We have all heard of the frontal lobotomy and shiver with horror when we envision those poor souls. The procedure was pioneered by Portuguese Dr. Egaz Muniz in 1936, a neurologist who performed the first lobotomy with the aid of neurosurgeon Dr. Almeida Lima.

Dr. Walter Freeman popularized frontal lobotomies in the United States in the 1940s. In 1942, he published the results of his first 200 patients, writing, “63 percent were improved; 23

percent had no improvement; and 14 percent were worsened or succumbed to their surgery.”

That same year, the *Journal of the American Medical Association (JAMA)* published an editorial “supporting the basis for the procedure and the indications for lobotomies.”

The initial surgeries were barbaric. The patient was first shocked into a coma, then the surgeon would hammer a sharp instrument similar to an ice pick through the skull just above the eye sockets, severing the nerves connecting the frontal lobe to the emotion-controlling centers of the inner brain.

Freeman developed a technique that didn't require general anesthesia. The goal of a lobotomy was to calm uncontrollably violent or emotional patients. The strange thing is that it “worked,” according to Freeman and others like him.

Besides the surgery itself, the side effects were horrendous, including incontinence

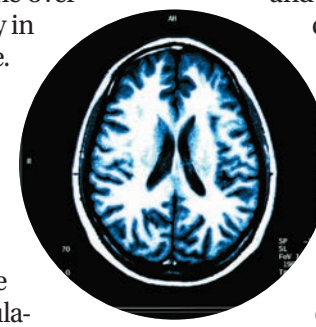
and vomiting. As barbaric as this procedure was, it was performed way too often. From 1937 until 1967, tens of thousands of people underwent lobotomies, which produced personalities that were lethargic and unable to control impulses. There was also a 25 percent mortality rate from the surgery. The discovery of lithium in 1949 improved the outlook for people suffering from serious mental illness, but sadly, lobotomies were still performed for years to come.

The last procedure performed by Freeman was in 1967, for the third time on the same patient, Helen Mortensen, who died of a brain hemorrhage soon after. As a result, Freeman was finally banned from performing any surgery.

This sort of surgery was actually performed many centuries earlier with a procedure called trepanation. Trepanation may actually be the first known documented surgical procedure. This is where a hole is made in the skull, by removing a portion of the skull, now commonly called a burr hole. This was done as early as the Neolithic period (4500 B.C.).

Trepanation is still performed today to release deadly pressure on the brain, which often occurs due to traumatic head injury with a subdural hematoma (bleeding in the brain). Fortunately, the technique has dramatically improved since the caveman days.

Neurosurgery has evolved dramatically over the past 50 years, with absolutely amazing results, such as in deep brain stimulation surgery for life-altering essential tremors



Magnetic resonance imaging uses a large magnet and radio waves. MRIs are a very useful and noninvasive way for doctors to examine the brain.

MAGUI57/GETTY IMAGES



PUBLIC DOMAIN

From 1937 until 1967, tens of thousands of people underwent lobotomies, which produced personalities that were lethargic and unable to control impulses.

Epilepsy is another major disease that affects roughly 50 million people worldwide, with about 20 percent being drug-resistant.

and such. DBS has also been considered for treatment in resistant depression. A systematic review and meta-analysis of deep brain stimulation for depression published in the *Journal of Depression and Anxiety* in 2018 concluded that the treatment may have promise but is still experimental.

Epilepsy is another major disease that affects roughly 50 million people worldwide, with about 20 percent being drug-resistant. A 2017 study published in *Epilepsia* showed deep brain stimulation reduced seizures among those suffering from drug-resistant epilepsy by 46 to 95 percent among half of all patients studied.

My friend, PT, had a remarkable result from his DBS. He couldn't wait to show me the before and after video of him writing his name. The device is monitored by his neurologist, as well as PT himself, who with the use of an iPhone-like device can turn on the DBS pulses, adjust them, or turn them off. This was truly a life-altering procedure for PT.

It's hard not to think of the thousands of people's lives ruined by “doctors” such as Freeman and the use of lobotomies. There are, however, great successes now in neurosurgery that have truly saved and improved the quality of life of thousands of people.

Neurosurgery sure has come a long way from the frontal lobotomy.

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.

Do You Know Where to Get All Your Vitamins and Minerals?

MAT LECOMPTÉ

Vitamins and minerals might not always get the love they deserve, but the truth is they keep you healthy and functional and protect you from countless diseases.

Vitamins are organic substances that come from plants and animals. They're often called “essential” because there are only a few, such as vitamin D, that the body can synthesize on its own. That means it's essential that we get

them from food.

Minerals, on the other hand, are inorganic elements that come from rocks, soil, or water. You get them indirectly from plant foods that they keep you healthy and functional and protect you from countless diseases.

Both vitamins and minerals come in two forms. Vitamins can be water-soluble, which means that the body expels what it doesn't absorb, and fat-soluble, which means that leftover amounts are stored in fat cells.

Vitamin C, as well as the B-complex vitamins (1, 2, 3, 5, 6, 7, 8, and 12), are water-soluble. The fat-soluble vitamins are A, D, E, and K. Minerals are classified as either major or trace. Majors aren't necessarily more important than a trace. It just means that you need more of them. Calcium is an example of a major mineral, whereas copper is a trace mineral.

It can be challenging to follow all of the daily recommended amounts outlined in the federal health guidelines. Instead, it's easier to follow this one piece of advice: Eat a good variety of fruits, vegetables, nuts, legumes, whole grains, dairy, and meat.

If you're deficient in a particular nutrient or a doctor recommends increasing your intake

of one or another, supplements may be useful. Otherwise, your diet should be able to take care of everything you need to remain functional and healthy.

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



Vitamins come from animals and plants; minerals come from rocks, soil, and water.

UNALQZMEN/GETTY IMAGES

AGE WELL

How Not to Have a Hip Replacement

Hip replacements are a costly procedure that you can take steps to avoid



15%
OF PEOPLE
will need their hip
replacement redone
within 20 years

JENNIFER MARGULIS

The American Academy of Orthopedic Surgeons estimates that each year, more than 450,000 Americans have their hips replaced—more than the entire population of Cleveland. According to the Journal of Bone and Joint Surgery, this surgery has been around for just over 50 years, since 1969.

Indeed, the surgery has become so common that older adults in America tend to talk about it as more a matter of when than if. Here's why: As we humans live longer lives, our hips suffer more wear and tear, which can lead to arthritis in the hip joint. Arthritis is swelling and tenderness on the joint, which can cause pain and stiffness and tends to worsen with age, according to the Mayo Clinic.

By 2025, experts project that over 650,000 people will have their hips replaced each year, and by 2040, some 1.5 million surgeries will be performed annually, according to a recent article in the Journal of Rheumatology.

These days, more than 7 million Americans are walking around on replacement hips.

Hip Replacement Surgery: What's Involved?

The surgery involves replacing the rounded knob on the end of the largest bone in the leg, the femur, with a steel knob, and reinforcing its socket in the pelvic bone with a steel cup. There can also be another component inserted in between, or other materials used for either the knob or the socket reinforcement, including plastics and ceramics.

You will either be given general anesthesia or spinal anesthesia, depending on your care team's preferences and your medical history. Every case is different, of course, but the surgery usually takes about two hours. Some patients will be able to recover at home afterward, but if you have a preexisting condition, your doctor may want you to spend a night—or even two—in the hospital.

Recovery time and how much pain you feel will vary. While you should be able to walk within a day or two of the replacement (with or without a walker or a cane), it can take your body several weeks to several months to heal.

Complications: How Common Are They?

Multiple replacement models have been recalled since 2000 due to structural failure, according to a thorough review in the British Medical Journal.

In addition, some patients with metal-on-metal hip replacements can get metallosis, a reaction to the microscopic metal debris that comes off as the joint rubs together over and over, causing tissue damage and/or immune reactions in the hip or elsewhere in the body.

According to a 2017 study in The Lancet, only 5 out of 100 people who have a hip replacement will need another one within 10 years. However, 15 percent of people will need the operation to be redone within 20 years. On average, outcomes are worse for younger adults: It's common for younger people, particularly men in their early 50s, to need a second replacement within five years.

While hip replacement surgery is considered safe, in the short term, there is a very small increased risk of death following hip replacement surgery of about one-third of 1 percent in the first month, two-thirds of 1 percent within the first three months. These deaths are mostly from blood clots leading to heart attack or lung embolism, according to a 2014 study in the British journal Bone & Joint Research. If you have to have a second surgery, your risk of death increases to 2.5 percent.

Complications can include severe reaction to the cement used, nerve injury, internal bleeding, and dislocations, among oth-

Hip replacement offers many people increased mobility, but most people would rather avoid them if possible.



Low-impact aerobic activity can keep your hip joints moving in a healthy way.



As we live longer lives, our hips suffer more wear and tear.

Gentle exercises like tai chi, yoga, and qigong can help maintain hip health.



ers. Some people experience an annoying squeaking when walking.

Alternatives to Hip Replacement

Most patients don't have any of these problems, but nobody wants to jump into major surgery without considering alternatives. And, as common as this surgery is, there are several other options.

Your doctor may start by recommending that you have a hip resurfacing procedure. Other new medical possibilities are also in the works.

Subchondroplasty

This arthroscopic surgery repairs the tissues and injects a cement to shore up the bone. It's being used mostly for younger patients in their 20s to 50s, and may be useful for older adults.

Stem cell therapy

These injections take progenitor cells from elsewhere in the hip and move them to the damaged areas to stimulate the body to regrow bone and cartilage.

Platelet-rich plasma therapy

You may have heard of top athletes such as golf superstar Tiger Woods and basketball genius Stephen Curry using PRP—platelet-rich plasma—therapy, both for knee problems. This intervention involves harvesting your own healing platelet cells from your blood plasma and redirecting them into the injured area, stimulating healing and regrowth of your tissues.

Keeping Your Hips Healthy

By the time you're thinking about replacement, you may have already tried the low-intervention program that most doctors use to see if replacement can be avoided or put off. Conventional Western medical doctors usually recommend some combination of pain medication, anti-inflammatory drugs, cortisone injections, physical therapy, and supplements to improve bone health.

These can all be helpful. But there are also other ways to improve hip health. Weakness of supporting muscles around the hip, along with tightness and inflexibility, can create bad patterns of movement. A program of stretching to loosen up your muscles, combined with targeted strength building to support your hips, can actually help you change the way you walk and run. That can get to the cause of what's damaging your hips, helping you protect and preserve them.

A good physical therapist can guide you through the process of changing your stride. YouTube has helpful video demonstrations to see what's involved and even get you started on a rehabilitation program.

Moving throughout the day is important, as sitting for long periods can exacerbate joint pain and cause arthritis. Low-impact aerobic activity to keep your hip joints moving in a healthy way is key. Many adults find walking, biking, dancing, or swimming most enjoyable. But you may have to change what you're used to doing if you're noticing pain

in your hips. Try different activities to see what works.

Here's where Eastern practices can really help. Tai chi and qigong are both excellent ways to increase hip mobility, strengthen muscles, and improve balance, and can be done in a gentle way into old age. If you've never tried a Chinese martial art form or energy exercise, don't be intimidated. Consider this: Tai chi has been shown in clinical trials to help older adults with arthritis improve physical function, strengthen muscles around joints, and relieve pain.

You can watch in an inspiring 2007 YouTube video, family physician Dr. Paul Lam, M.D., a former lecturer at the University of New South Wales Sydney, who has spent his career teaching people how tai chi can help with arthritis and other common ailments of aging to improve their health and restore function.

Tai chi also improves mood and builds physical confidence, helping you increase mobility in general, which in turn may inspire you to be more active. In fact, a 1996 study led by researchers at Emory University's School of Medicine in Atlanta found that older adults practicing tai chi could reduce their incidence of falls by almost 50 percent.

Learning qigong, a gentle Chinese meditation and exercise practice can also help you avoid needing to have your hips replaced. A 2017 review article found that for people with disabling arthritis, qigong exercises reduced pain, improved mobility, and even helped alleviate depression.

If there are no qigong classes offered at your local community center or qigong academy, there are helpful YouTube videos and web pages that show you how to use qigong to improve hip mobility. A good place to start educating yourself is the Qigong Institute's website. This California-based nonprofit is dedicated to promoting our scientific understanding of the practice.

Yoga, which originated in northern India more than 5,000 years ago, can also help you improve or avoid hip pain. Yoga combines stretching with strengthening, and can help keep you mobile into old age. Yoga studios are everywhere these days, and YMCAs often offer yoga classes with classes tailored to healthy aging. Consider trying a private lesson or two with a teacher who can get you started on an individualized program for your needs and ability. Here, too, free YouTube videos that showcase therapeutic yoga for the hips are a great way to see what's involved and get started.

Finally, to keep your mobility, it's also important to keep your weight down. This eases the load on your joints. While you're at it, make it a priority to eat lots of dark leafy greens, nuts, soy, and fish to build calcium levels for bone health. Rosehip tea has also been shown to provide mild relief from osteoarthritis.

The take-away: There's hope for your hips. Like most things, the earlier you start, the more successful you'll be. But even if you're new to tai chi, qigong, yoga, and healthy eating, engaging in these practices will help. It's true you may end up needing a hip replacement at some point. But that's okay. After all, you're in this for the long run.

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

Keeping your body strong and limber throughout your life can go a long way in preventing joint issues and pain.

Ask a Doctor: Is There a Way to Help Prevent or Reverse Diabetes?

Diabetes is a disease born of choices, choices you can change to powerful and transformative effect



Your food choices have a profound effect on whether you develop diabetes or reverse it.

RATMANER/SHUTTERSTOCK

JINGDUAN YANG

Have you had a pre-diabetes scare? Are you looking to turn your health around before it's too late? If so, you know better than anyone how scary it can be to hear that your blood sugar is dangerously high. You also know how daunting "reversing it" can seem, at least initially. However, this doesn't have to be the case.

Pre-diabetes, insulin resistance, and diabetes are preventable and often reversible through aggressive lifestyle changes, including stress reduction, an improved diet, exercise, and supplements. Here are 10 ways to change your trajectory and take control of your blood sugar naturally, with healthy changes that can make all the difference.

Change Your Diet

Focus on a diet that reduces inflammation, relieves oxidative stress, and balances your blood sugar since this is key to preventing and reversing insulin resistance and diabetes alike. Focus on whole foods that are high in fiber with more fruits, vegetables, and foods that are low in refined or processed sugars. Incorporate anti-inflammatory, antioxidant, and detoxifying foods, including omega-3 fats, olive oil, soy (non-GMO), beans, nuts, and seeds.

This combination can help prevent and reverse diabetes, as it activates the genes in your body that promote a healthy metabolism. It can also help slow aging and prevent age-related diseases such as diabetes and heart disease.

Pre-diabetes, insulin resistance, and diabetes are preventable and often reversible through aggressive lifestyle changes.

Exercise Consistently

Exercise is critical in improving your insulin sensitivity. It can reduce central body fat, improve sugar metabolism, and has many other health benefits. Try to work in 30 minutes of walking per day, as an afternoon walk or a walk after dinner alone can powerfully reduce your blood sugar. More vigorous exercise, especially sustained exercise, would be necessary to potentially reverse diabetes or insulin resistance.

Sustained aerobic exercise for about 60 minutes five or six times a week can help get diabetes under control. Interval training can help improve your metabolism and mitochondrial function. These changes can increase the calories you burn, even when you aren't exercising, which has plenty of other benefits.

Take Supplements

Nutritional supplements can be highly effective for Type 2 diabetes and insulin resistance. Talk to a doctor or nutritionist to see which will help you the most. Some of the most popular and effective supplements include multivitamins, calcium, magnesium, and vitamin D.

Fish oil can significantly improve insulin sensitivity, lower cholesterol, and reduce inflammation when taken in doses of around 1,000 to 4,000 mg a day.

Manage Your Carbohydrates

Your carbohydrate intake greatly influences your blood sugar levels. Your body works to break down carbohydrates into sugars, primarily glucose. Insulin then helps your body use and store that sugar for energy. When you eat a high-carbohydrate diet or have insulin functioning problems, this process fails and your blood glucose levels will rise.

The American Diabetes Association (ADA) suggests that people with diabetes manage their carbohydrate intake by counting carbs and determining how many they need. Some studies show that if you do this and plan your meals appropriately, it further improves blood sugar management. A diet that's low-carb has been shown to reduce blood sugar levels and prevent blood sugar spikes. This isn't to say you need to get rid of carbohydrates completely; instead, eat whole grains and avoid processed or refined grains, so you get excellent nutritional value while decreasing your blood sugar levels.

Lose Weight

One benefit that may come with some of these others will be losing weight, and the act of losing as little as 5 to 10 percent of body fat can help improve blood sugar levels and greatly aid in reversing pre-diabetes. A weight loss of as little as 10 to 20 pounds can be helpful. Changing your current diet or exercise habits will help. Changing how often you eat through intermittent fasting can also help by giving your metabolism a boost. Losing weight isn't one-size-fits-all, and speaking with a professional about how to get to your ideal weight is a good plan of action in these cases.

Stop Smoking

You might already know that smoking increases the risk of lung cancer and heart disease. However, did you know that it's also a risk factor for insulin resistance, prediabetes, and Type 2 diabetes? Smoking increases inflammation in the body as chemicals in cigarette smoke injure cells. This causes swelling and can interfere with proper cell function. It also can cause oxidative stress, which causes further cell damage. Both of these things are strongly linked to a higher risk of diabetes.

Eat More Fiber

Fiber can slow carbohydrate digestion and sugar absorption alike. This will help promote a more gradual rise in blood sugar levels instead of harsh spikes. While both insoluble and soluble fiber are essential, soluble fiber has been better proven to improve blood sugar management. A high-fiber diet can help you improve your body's ability to regulate blood sugar and minimize the "lows" as well.

Drink More Water

Drinking more water is an excellent way to help reverse prediabetes and prevent Type 2 diabetes. Water can help you avoid high-sugar drinks, which in and of itself can have health benefits, as you're cutting out some sugar, preservatives, and other ingredients from your diet. However, water also helps to rehydrate blood, lower sugar levels, and reduce diabetes risk altogether. One review of observational studies showed that those who drank more water had lower chances of developing high blood sugar levels. Drinking more water can also help you lose weight, as dehydration is often confused for hunger, leading us to eat when we really need to drink.



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SMOKEDSALMON/SHUTTERSTOCK

STRESS

plays a dramatic role in your body's chemical makeup, including blood sugar imbalances.



Drinking more water is an excellent way to help reverse pre-diabetes and prevent Type 2 diabetes.

CHALEMPON PONGRETHUEE/GETTY IMAGES

With the right information and approach, a diabetes diagnosis does not need to be one you live with your whole life.

Manage Stress

Stress plays a dramatic role in your body's chemical makeup, including blood sugar imbalances. It can trigger insulin resistance, promote weight gain around the middle, increase inflammation, and ultimately cause diabetes. It's best to engage in relaxation practices regularly, such as yoga, breathing, progressive muscle relaxation, guided imagery, meditation, hot baths, bio-feedback, hypnosis, massages, and more. The more you can do for your stress levels, the better. Your survival may depend on it.

Get Enough Quality Sleep

Poor sleeping habits and a lack of rest can affect blood sugar levels and insulin sensitivity alike, increasing the risk of developing Type 2 diabetes, increasing appetite, and promoting weight gain. Additionally, sleep deprivation can raise cortisol levels, wreaking havoc on blood sugar management. Getting enough sleep feels excellent, but more importantly, it's necessary for good health.

Adequate sleep isn't just about quantity, but quality. Adults should be getting at least seven to eight hours of uninterrupted quality sleep per night. The absolute best ways that you can improve your sleep quality would be to follow a schedule, avoid late-day caffeine and alcohol, get regular exercise, keep a cool bedroom, cut down screen time, take warm showers or baths before bed, and try meditation or guided imagery to put yourself into a relaxed state before bed.

If your sleep isn't restorative, or you've been told that your breathing is irregular during sleep, you may need to seek treatment for sleep apnea. Sleep apnea is also a risk factor for diabetes.

Conclusion

If you're looking for a dramatic change in your health on a tight timeline, then these natural techniques and guidelines can help you make a massive difference in your health. You should consult with your physician when you're thinking about making sweeping changes in your lifestyle. Often, he or she can help you stay on top of your plans and keep track of things, so you know how your progress is paying off.

Let me know what you think: Do these processes seem doable or attainable in your life? What would be the hardest change of any on this list? I would love to hear your thoughts in the comments or if you have any experience with any of these ways to improve your health.

Dr. Jingduan Yang is a leading physician, board-certified psychiatrist, foremost integrative medicine expert, and fifth-generation teacher and practitioner of traditional Chinese medicine. He is also the medical director of the eponymous Yang Institute of Integrative Medicine.



ROBERT KNESSCHKE/SHUTTERSTOCK

How to Be a Patient Advocate

Health care can be confusing, intimidating, and overwhelming—especially if you are sick or elderly

Continued from Page 1

asked them to slow down and repeat information I didn't understand, and challenged them—politely—on nearly every recommendation.

I felt that I'd been a thorn in the side of the entire cardiology team, both doctors and nurses. I was sure they didn't like me. As hard as that was, I didn't care: I knew it was more important to help my husband than be likeable or compliant. But here was a resident with tears in her eyes telling me that advocacy for my husband was what every patient needs.

Preventable Errors

There are several reasons a patient needs an advocate, especially if they can't advocate for themselves effectively. One of the key reasons is preventable errors.

A 1971 study in the *New England Journal of Medicine* indicated that medical residents, often the only doctors you will see in an emergency room, make twice as many errors reading electrocardiograms after a 24-hour shift than after a good night's sleep.

This study concluded: "It is apparent that interns deprived of normal sleep may experience transient psychopathology and impaired efficiency of performance."

Yet medical residents still routinely work shifts of up to 30 hours, making the "least experienced doctors" "dangerously tired," as a 2016 *Huffington Post* article put it.

So perhaps no one should be much surprised when a landmark study released in 1999 by the Institute of Medicine concluded that between 44,000 and 98,000 people a year were killed by preventable hospital errors.

Nearly 20 years later, a 2016 study from Johns Hopkins found that because errors are not recorded on death certificates, the situation may actually be much worse than previously thought, with approximately 250,000 people a year being killed by hospital errors, making it the third leading cause of death in the United States.

Other recent studies claim that the situation isn't so bad. A 2020 study from Yale that examined hospital deaths puts the number

When a loved one is facing a difficult illness, you can help make sure they understand their options and get the best care.

Doctors operate within an increasingly mechanistic health care system that pushes them to accelerate visits and quickly prescribe drugs, tests, or surgery.



Prescription drugs are the third leading cause of death, often categorized as "unintentional injury."

AFRICA STUDIO SHUTTERSTOCK



LUIS ALVAREZ/GETTY IMAGES

of preventable deaths at closer to 22,000 per year, with 7,150 deaths attributed to "previously healthy" individuals.

But how reassuring is that? Most people aren't admitted to hospitals when they are healthy.

In addition to the many errors that can cost patients their lives, the pharmaceutical drugs that form the foundation of our medical system present inherent dangers, even when prescribed correctly.

Dr. Peter Gotsche, a Danish physician and medical researcher, argued in a 2014 paper in *Controversies in Medicine* that, "Our prescription drugs kill us in large numbers."

Prescription drugs, Gotsche reported, are the third leading cause of death all on their own, with about half of those deaths coming from drugs that are "taken correctly."

And because drugs are often prescribed to resolve issues arising from lifestyle—like eating semi-toxic foods, being socially isolated, stress, or simply sitting too much—the condition persists and the drugs themselves create additional problems. This problem is then often treated with more drugs, creating a cascading prescription scenario that is a significant contributor to the fact that

On average, people age 45 and older say they take four prescription medications dai-

ly, according to research from AARP. Rates of drug use increase from there, with many Americans over 65 taking 12 or more prescriptions, and this kind of polypharmacy is linked to increased mortality.

Whether your loved one has a life-threatening illness, is spending the day for an outpatient procedure, or suffers from a chronic condition, they need support to get the best medical care.

How to Be an Effective Patient Advocate

Advocating for yourself or a loved one may brand you a trouble maker. But the truth is that it can, quite literally, save a life.

But how do you do it effectively?

Create Common Ground

Doctors are notorious for not hearing what patients are saying. A 1984 study found that only 23 percent of patients at doctor visits were given the opportunity to get through their "opening statement of concerns." And a 2019 study found that physicians interrupt their patients after an average of 11 seconds.

This may seem counterintuitive. How are doctors supposed to figure out what's wrong if they don't listen to patients? The answer is that they often don't figure out what's wrong with their patients, and that can have deadly

consequences.

It's imperative to find a way to get through to the medical personnel at the hospital so that they will listen to you when it counts. In order to do that, you have to connect.

You need to make sure that the doctor is seeing the patient as a person and not just a "case." You want to do whatever you can to enlist the doctor as a healing partner, and that often requires getting personal.

Find ways to connect with the human in the doctor. Does the doctor have kids? Did the doctor go to the same college as your sister? Do you love the same kind of coffee? It may sound silly, but noticing what you have in common with the doctor may make just enough difference to your encounter to make a busy doctor pay a little more attention.

Be Prepared and Communicate Effectively

Any patient or patient advocate should have a detailed record of the patient's medical history and have given some thought to essential points they want to communicate with their doctor. Be succinct but thorough. If the patient or patient advocate begins a long-winded and indirect explanation of current medical issues, the doctor is more likely to be impatient and dismissive. Doc-

tors operate within an increasingly mechanistic health care system that compels them to accelerate visits and quickly prescribe drugs, tests, or surgery.

To avoid problems that arise from that, be clear on essential problems and concerns, and make sure that you are clear on what the person you are advocating for is experiencing. Give your doctor essential information concisely.

Take note of any trends or concurrent symptoms. For example, if the patient always experiences a certain pain after a certain food or activity, or noticed a shift in their symptoms, energy level, or pain after a change in medication, record this information and communicate it.

Take Notes

Stress can affect your ability to think and retain information. That's why it's critical to be as organized as possible and write everything down so you can review it later when you aren't as panicked. Try to keep it all together in chronological order for easy reference, perhaps in a brightly colored notebook that is hard to lose.

Take notes on your phone, on a legal pad, or in a notebook.

Write down the date and time as well as the name of any doctor, nurse, or social worker you speak to. Note the names of any procedures recommended and drugs prescribed, along with their dosages. Check your spelling.

You can also record or even video conversations and transcribe them later.

Research Everything

Despite the scorn some doctors heap on patients who use the internet to research their symptoms, diagnoses, or prescribed drugs, research is essential. Yes, you can scare yourself if you read too much. But in a hospital situation, you need information. This is particularly true because of a problem known as "translational lag." It can take up to 17 years for new research to be translated into actual clinical practice. This means that the drugs or procedures being prescribed are often out of sync with the best available information.

One of the best places to begin is with UpToDate, which is a web research tool for doctors. Though much of the information is behind a paywall, nearly every article will provide you useful references. Also try using a less biased search engine like DuckDuckGo instead of Google. Be as specific as you can; combining a few of the most specific terms can often lead you to the information you need.

Functional medicine sites will often offer more insight into root causes (and potential interventions) than mainstream medical sites, and that may turn out to be very valuable information.

If you have a diagnosis, make sure you read about it on several different

medical sites. There may even be a nonprofit specifically for patients with that condition. If there is, don't be afraid to call them. That's what they're there for.

Also be sure to research prescribed medications. Find out their effects, what the dosage range should be, and what the components are. Make sure you do a search specifically for "side effects" and another for "contraindications." You can access abstracts of actual scientific studies on the National Institutes of Health's PubMed.gov website.

I found out that two of the drugs my husband was prescribed interacted negatively with grapefruit, one of his favorite foods. But his doctors, nurses, and even the pharmacist forgot to mention that grapefruit was counter-indicated.

Ask Questions

If there's anything you don't understand or didn't quite hear the first time, ask! It's your right to be informed, and it's the doctor (or nurse's) responsibility to answer your questions.

If the doctor acts like your questions are annoying or belittles you for not understanding, it can be difficult to persist until you get the answers you need. In that case, you need to understand that that is the doctor's problem, not yours. It's your responsibility (and your right) to make sure that your loved is getting the care they need. But you can't do that if you are left in the dark.

It's particularly important to ask about the

details of what's involved in any proposed medical procedure, as well as the risks. Sometimes doctors are so intent on treating a patient, they overlook major problems that are common after some surgeries or drug treatments, including pain or reduced function.

Whenever medication is given, ask what is being given and the dosage. Always check to see if the medication and dose match up with what you were told. If they don't, find out why. That simple question may save your loved one's life.

You also have a right to know what the financial implications will be for any particular course of action. Insurance plans vary, and hospitals visits often incur bills from three or more entities. Health care can be very expensive, even if you have excellent insurance. You have a right to know.

Ask About Alternatives

Can something else be done that might have the same effect? What about taking a "wait and see" approach? What are the risks of doing nothing and letting the body heal itself?

You may be able to achieve the desired results with low-level interventions (like vitamin supplements, physical therapy, or acupuncture) rather than more drastic interventions (like potentially addictive prescription medications and surgery). Sometimes the best way forward is a combination of both.

A life or death situation requires quick decision-making. But try your very best to get a second or even a third opinion—especially if the diagnosis is serious. If that means getting on the phone with a friend's cardiologist husband, or your high school friend who became a nephrologist, do it.

Get Support for Yourself

Being a patient advocate is exhausting, stressful, and insomnia-inducing. But it's important not to let yourself get depleted. Eat as well as you can, try to sleep, take time to meditate, write in your journal, and practice other forms of self-care. Cry as much as you need to, out of earshot of the patient.

Make a list of friends and family who can help with your children, walk your dog, or sit beside you and hold your hand. Be specific about what you need. Most people want to help others in crisis, but many don't know how.

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



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Don't be afraid to ask the doctor questions about drugs, dosages, and side effects.

TRADITIONAL CHINESE MEDICINE

Why We Cry and How It Helps Us

Scientists have found unique compounds in tears that affirm an ancient Chinese understanding of crying

EMMA SUTTIE

For me, it's SPCA commercials or any ad for the local animal shelter. Before I can reach the remote and change the channel, I'm choking back tears at the sight of some forlorn animal—and then the dam breaks, leaving me a sobbing mess.

Crying is something few of us think about until we are in the midst of it. But crying because something has affected us, touching us in some profound way, is more significant than many of us may realize.

In Chinese medicine, crying is an important release. Crying allows us to express emotions that would otherwise get trapped in the body and, if left long enough, lead to disease. A concept called stagnation explains this and works on two levels. Stagnation exists on both an energetic and physical level. Stagnation is a significant cause of disease, and emotional stagnation is no exception.

Crying is one of the ways we can move these things that have built up out of the body and psyche. Crying is a catharsis, allowing us to feel our emotions honestly, and is an avenue for them to leave the body so they don't build up (causing stagnation).

The Science of Crying

This understanding of crying has been verified in modern medical research in recent decades when crying became a subject of

serious scientific inquiry. Although crying is a universal and uniquely human behavior, it had received little serious attention from scientists until the 1980s. Even in four decades of research and study, there are many unknowns about crying, its origins, and why we do it.

Why We Cry

So then, why do we cry, and does it serve a function other than as a release valve for emotions such as sadness, anger, fear, and joy? As with many elements of human physiology and nature, there are many benefits achieved in a single action.

In the cold language of science, studies suggest that crying may be an attachment behavior designed to elicit help from others. A study at Tilburg University in the Netherlands showed that both men and women would give more emotional support to someone who was crying, which should come as an expected finding, one would hope. There also is evidence that crying releases endorphins responsible for reducing pain.

Research conducted by psychologists at the University of South Florida shows that skin sensitivity increases and breathing deepens both during and after crying.

"It is possible that crying is both an arousing distress signal and a means to restore psychological and physiological balance," the researchers say. Other sci-



One of the reasons we enjoy movies that make us cry is because of the biochemicals that emotional tears release.

Tears also cause the body to produce endorphins, the body's feel good hormones.

entists suggest that emotional tears may signal distress, promote group behavior, encourage social support, and inhibit aggression.

The Health Benefits of Crying

Emotional tears contain manganese, an essential nutrient—meaning the body requires it to function properly. Lowered levels of manganese can cause impaired blood clotting, skin problems, slowed wound healing, and decreased fertility. Too much manganese is toxic and can cause neurological symptoms that include tremors, difficulty walking, and facial spasms.

Emotional tears also contain potassium, responsible for the proper functioning of nerves, muscle control, and blood pressure. Prolactin is a hormone involved in stress, as well as in immune function.

Women generally have higher prolactin levels than men, and its levels rise during pregnancy as it is the hormone that produces breast milk in lactating women. Many studies have found that women cry more than men (by a factor of 5 to 1), and this hormone may be one of the reasons. There is also evidence suggesting cultural reasons, and studies are still being conducted to collect more data.

Another compelling finding suggests that people who cry more tend to suffer from fewer stress-induced diseases, such as heart disease, ulcers, and colitis. This study and others have found that people with stress-induced conditions tend to cry less than their healthy counterparts.

In the West, our culture tends to avoid things it deems unpleasant. So many of us find it easier to bury something painful than release it with a good cry. Life will continuously present us with situations that bring up complicated emotions. Learning to navigate them and feel them fully is one way to cultivate emotional intelligence, and crying is its natural byproduct.

The act of crying is moving these complex emotions out of the body while allowing us to bond with others by asking for help and comfort. Shedding tears is a silent signal to those around us that we are in distress. Receiving comfort and support is one of the ways we connect, and touches something in us all; it's a reminder that we feel deeply and that we are not alone.

Emma Suttie is an acupuncture physician and founder of Chinese Medicine Living—a website dedicated to writing about how to use traditional wisdom to live a healthy lifestyle in the modern world. She has lived and practiced in four countries and now works through her consulting practice Thrive Consulting. She is a lover of martial arts, the natural world, and a good cup of tea.

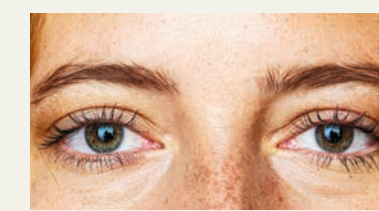
Different Types of Tears

Our bodies actually produce three types of tears: reflex, basal, and emotional and each has a specific healing purpose.



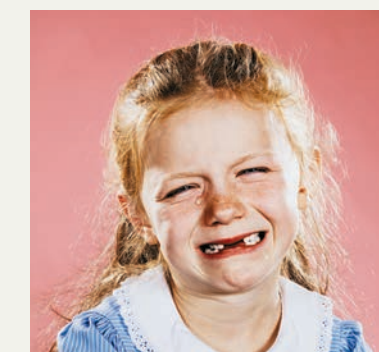
1. Reflex Tears
Reflex tears are 98 percent water and are produced when our eyes come into contact with dust, smoke, or other irritants. Their purpose is to cleanse the eyes of harmful particles. You are probably

familiar with these types of tears if you've ever cut an onion or been poked in the eye.



2. Basal Tears
Basal tears are produced continuously to keep our eyes permanently hydrated, and they contain lysozyme, a chemical that acts as an antibacterial that protects our eyes from infection.

Basal tears also contain water, lipids, and proteins. These tears are spread across your eye every time you blink, keeping it moist and protected. Basal tears also travel through the tear duct to the nose keeping it moist and bacteria-free.



3. Emotional Tears
Emotional tears are the most fascinating, and that's where the insight of traditional Chinese medicine becomes particularly relevant. That's because researchers have discovered that tears released in response to emotional states seem to contain hormones, proteins, and other toxins that build up in the body during stressful events.

emotional crying not only makes us feel better emotionally, it also has the physiological function of ridding our bodies of harmful stress hormones as well as toxins. These stress hormones and toxins build up after we've experienced a stressful event.

Crying is an exocrine, Frey says. That means crying is something related to excretion from the body. Other exocrine functions, such as exhaling, urinating, defecating, and sweating, are all avenues for releasing toxic substances and otherwise maintaining the essential movement through the body.

The contents of emotional tears were discovered by renowned biochemist and "tear expert" Dr. William Frey in the 1980s, who wrote a book on the subject called "Crying: The Mystery of Tears." His research suggests that these emotional tears also cause the body to produce endorphins, the body's feel-good hormones.

Frey's research concluded that

Research has also shown that our heart rate and breathing decrease after emotional crying, and we enter a calmer emotional and physiological state.

Stress Relief Doesn't Need to Be a Task

If you're stressed and overwhelmed, these are some of the easiest ways to find relief

LYNN JAFFEE

Here's the thing about stress. It seems that more often than not, standard suggestions to relieve your stress involve something that you have to do, like taking a yoga class, learning to meditate, or taking up a hobby. These are all great ideas, but they also mean carving out more time from your schedule, learning how to do something new, or trying some activity that may further complicate your life.

I get it, because I've seen some very stressful days that I wasn't sure I'd survive. In 2017, my husband and I moved temporarily to Colorado from Minnesota to take care of our terminally ill son. We were caring for him while juggling work and our lives back in Minnesota. It was an incredibly stressful time, and there was no opting out. As a result, I'm well-acquainted with intense and unrelenting stress.

I didn't have time to go take a class or add anything to my life. So I tried to cope—and some days I didn't cope well—but in the end, I learned a lot about dealing with stress on a limited time budget. Here are my best suggestions—and how I got through:

Breathe. This may sound like a cliché, but taking a couple of deep breaths actually activates your parasympathetic nervous system, which tells your body to calm down, relax and recover from stress. Another technique is to concentrate on each inhalation and exhalation for a few minutes. This helps your mind focus on the moment at hand instead of worrying about the past or feeling anxious about the future.

Whatever you're doing, take it outdoors. The fresh air can help clear your head. Even better is spending that time in green space like a garden, park, or wooded area. Through a great deal of research, scientists have discovered that spending time in wooded or green areas can decrease your stress, reduce your blood pressure, and regulate your body's stress hormones. And it doesn't have to be a time drain. Sit outside when you can, walk by your favorite garden, or eat lunch on a park bench.



Going outside is an easy way to relax, so whatever you are doing, take it outside.



Moving your body releases tension. Even taking the stairs instead of the elevator will help.

Tune out stressful news. It's important to know what's going on in the world, but scouring the internet for news stories that upset you, called doomsscrolling, only contributes to your stress and makes you feel worse. Trust me, you're better off playing mindless online games than looking at negative news.

Rest. Your body recovers from the wear and tear of a stressful day or difficult periods in your life through rest and sleep. Also, being well-rested makes you better able to take on life's challenges than when you're exhausted. It helps make you more resilient.

Eat well. On the worst days when my son was sick, I'd come home and immediately head for the jumbo-sized bag of potato chips. In fact, how fast I hit the bag and how many chips I ate were directly related to how bad the day went. I quickly learned that eating this way only sapped my energy and made me feel gross. Fortunately, that habit was short-lived. What I did find was that eating regular meals that were balanced and mostly plant-based actually gave me energy and helped me maintain my health despite overwhelming stress.

Move your body. I know this may sound like one more thing to do, but just taking a walk at lunch or choosing the stairs instead of the elevator can help protect your body from the many health issues and symptoms that can arise from enduring long-term stress.

Meditate or visualize. Many people think that meditation involves sitting cross-legged on the floor mentally repeating a mantra—which it can. But it doesn't have to. Just picturing your favorite beach or a garden in full bloom in your mind is also a kind of meditation called visualization. And it can be done lying in bed, sitting in your doctor's waiting room, or during a work break. Just the simple act of quieting your mind can activate a calming response by your body's nervous system.

If you're trying to do it all, just stop. Let go of things that just aren't that important. I've learned to classify the things



One of the most satisfying ways to unwind is to get creative or make something.

Taking a couple of deep breaths actually activates your parasympathetic nervous system, which tells your body to calm down.



Eat well so your body isn't starving for nutrients and creating stress.

ALL IMAGES BY SHUTTERSTOCK

that stress me out as priorities—A, B, C, and D. The A priorities are the ones that I need to pay attention to, and do something about if I can. The Bs are a little less important, but still need my attention. The C and D priorities, not so much. This allows me to say “no” to irritating errands and tasks I don't want to do, and avoid getting caught up in problems that aren't that important.

Let go of your anger. If you're outraged, angry, or holding a grudge, know that those negative feelings are hurting your health far more than they hurt the object of your anger. In fact, it's possible the person doesn't even know or care about the extent of your feelings. Meanwhile, the stress caused by negative emotions can have a very real impact on your health, adversely affecting your sleep, appetite, blood pressure, and heart, just for starters. There can be a real sense of freedom in releasing angry or hurt feelings you've been holding onto for months or years or decades.

Tap into your creativity. Remember that creative thing that you used to love doing? Whether it's snapping photos, journaling, drawing, making music, or growing herbs in a pot outside your back door, the creative process is healing. That's because creative endeavors can help you express some of the feelings and emotions that may be hard to talk about, and it helps to lower stress and anxiety. I found this to be true through keeping a journal while our son was sick and by writing a book after his death. Having done so felt therapeutic and gave me a way to process all that had happened. Finding your creative voice can help you too.

Regardless of the type of stress or emotional upheaval you may be experiencing, there are small but effective ways to cope. The first step is to recognize that stress may be a problem, and the second is to find real and meaningful ways to cope. Your health depends on it.

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](#)

Common Courtesy: Healthy Treats for School Celebrations

Schools are banning homemade treats for school parties, making junk food the new default

BETH GIUFFRÉ

My youngest son has severe epilepsy. We've tried more than 50 treatments for the seizures—from mainstream anti-seizure medications to holistic remedies and integrative protocols—yet my son is of the one-third of epileptics who don't find seizure control.

The best weeks we have with Luke are when he avoids one of his biggest seizure triggers: junk food.

School cafeterias in France apparently serve their children filet mignon and haricots verts for lunch. Yet the American public school is on a bit of a learning curve when it comes to healthy eating. Aside from a handful of schools with enlightened leadership and savvy connections to local farms, most school cafeterias still serve reheated chicken nuggets and Dominos pizza. I don't blame them. I understand they have to make miracles happen with a budget of \$2.48 per meal. Grocery stores offer one avocado for that price.

Therefore my kids bring their own lunch, carefully curated by yours truly. I try my best to give my kids nutritious food, a practice I learned over the years as a side skill from researching alternative ways to cure intractable epilepsy. It's all about the food, and homemade lunches solve the problem of running into trigger foods at school.

However, when it comes to school birthdays and school events, there's a potluck system of sorts, which means your child will eat whatever Junior's parents bring for his birthday celebration. Five days out of 10, your kid is coming home with a napkin with a half-eaten, brightly colored GMO mystery “treat” on top.

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54 PERCENT

At least 54 percent of American children have a diagnosed chronic condition, including obesity and ADHD.

1 IN 13 AMERICAN CHILDREN

One in 13 American children have food allergies, according to Food Allergy Research and Education.



Hypnosis for Alcohol Abuse

While not everyone can be hypnotized, those who can may find unexpected success

BETH GIUFFRÉ

Ben considered himself a healthy 41-year-old. He was a true waterman: a paddleboarder, fly fisherman, and many years ago, a champion crew team member at his university. He ate nutritious food, drank enough filtered water, and made himself invaluable at work as the vice president of a large company. To an outsider, he looked like the all-American dad, but behind closed doors, there existed two Bens: the lovable,

sociable, kind Ben, and Ben the mean drunk. Between a separation, a divorce, the estrangement of his children, and a recent relationship that ended because of his excessive drinking, he knew he had a problem. Worse, he felt like he had tried and failed every treatment available.

These included three outpatient and one inpatient rehabilitation center, trials of various online and in-person Alcoholics Anonymous groups, naltrexone, a pill that kept you from the urge to drink, and a few different counselors who suggested books that cut your drinking down (but still allowed some drinking), books for agnostics, and books that promised if you make it 30 days, you'll make it.

Continued on [Page 14](#)



Hypnosis, at one level, is about deep visualization and finding the belief we can do something that previously seemed impossible.

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5 Reasons to Eat More Sweet Potatoes

The bright colors of these delicious root vegetables are a clue to their nutritional potency

From cognitive protection to immune support there are some pretty compelling reasons to eat more sweet potatoes.

Sweet potatoes are more than just a popular staple food serving as a sweet appetizer, side dish or filling snack on their own. This starchy root vegetable has plenty to offer when it comes to achieving optimal health. Sweet potato is a common food source for many indigenous populations in Central and South America, the Caribbean, and Hawaii.

It's an excellent source of natural compounds, including beta-carotene and anthocyanins. The high concentration of these compounds in the root crop, paired with its stable colors, make sweet potato a healthful alternative to synthetic coloring agents in food. Let's take a closer look at five ways that sweet potatoes benefit overall wellness.

1 Rich Nutrition Profile
One cup of cubed sweet potatoes provides the following:

Water: 103 grams (g)
Energy: 114 kilocalories (kcal)
Protein: 2.09 g
Carbohydrate: 26.9 g
Fiber: 3.99 g
Sugar: 5.56 g
Calcium: 39.9 milligrams (mg)
Iron: 0.811 mg
Potassium: 448 mg
Phosphorus: 62.5 mg
Sodium: 73.2 mg
Vitamin C: 3.19 mg

The orange and purple varieties are rich in antioxidants such as beta-carotene, chlorogenic acid, and vitamin C. There's an abundance of colors of sweet potatoes worldwide, including white, yellow, orange and purple. In the American market, however, sweet potato typically has a deep-orange flesh color, a skin color of light to medium rose, copper or red, a sweet flavor and moist texture.

2 Enhanced Memory and Cognitive Health
A 2013 study found that a purple sweet potato extract rich in caffeoylquinic acids had a neuroprotective effect on the brain in animal studies, potentially helping improve spatial learning and memory.

Purple sweet potato color comes from a class of naturally occurring anthocyanins that have strong antioxidant and neuroprotective activity. In animal subjects, it showed great promise in improving cognitive function. In further animal studies, purple sweet potatoes were shown to protect the brain by reducing inflammation.

3 Immune Support
Sweet potatoes with orange flesh are among the best natural sources of beta-carotene, which is converted to vitamin A in the body. Vitamin A is critical to a healthy immune system. "It is not surprising that vitamin A deficiency is associated with impaired intestinal immune responses and increased mortality associated with gastrointestinal and respiratory infections," researchers wrote in Nature Reviews Immunology.

Purple sweet potatoes are also of particular interest in immune support, with

polysaccharides including water-soluble polysaccharide, dilute alkali-soluble polysaccharide, and concentrated alkali-soluble polysaccharide (CASP) evaluated for immune-enhancing effects.

All three polysaccharides evaluated were found to stimulate immune responses of macrophages as well as positively regulate the subjects' adaptive immunity by enhancing immunoglobulin production. Separate research also indicates that purple sweet potato extract may address immune dysfunction by mobilizing antioxidant defenses.

4 Anticancer Potential
Anthocyanins, a group of antioxidants found in sweet potatoes, have been widely evaluated for their anticancer properties, particularly against colorectal, colon, bladder, breast and gastric cancers.

The orange and purple varieties are rich in antioxidants such as beta-carotene, chlorogenic acid, and vitamin C

Against colorectal cancer, sweet potatoes may induce cell-cycle arrest, anti-proliferative and apoptotic, or cell death, mechanisms. In bladder cancer, sweet potato anthocyanins had an anti-tumor effect. Taiwanese purple-fleshed sweet potatoes, too, were found to have anti-cancer activities through their ability to inhibit the growth of cancer cell lines such as breast cancer, gastric cancer, and colon adenocarcinoma.

Even sweet potato peel, usually discarded as waste, contains constituents that may help prevent various types of cancer from developing.

5 Diabetes Control and Prevention
Anthocyanins can also serve as a functional food for diabetes. Antioxidants in general have been found to reduce oxidative stress due to hyperglycemia, and anthocyanins from purple sweet potatoes positively affected liver and renal activity as well as blood pressure in diabetic animal models.

This class of antioxidants, found in purple sweet potato, also had beneficial effects on diabetes-induced endothelial dysfunction in animal subjects. You can learn more about sweet potatoes and their health benefits through studies on the GreenMedInfo.com database.

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Sweet potatoes offer healing potential and anti-cancer benefits in a nutrient dense and tasty package.

BARMALINI/SHUTTERSTOCK

To find the studies mentioned in this article, please see the article online at TheEpochTimes.com

COVID-19 Linked to Alzheimer's-Like Brain Changes, Study Suggests

New research has found a plausible mechanism to explain COVID's tie to damaging changes in the brain

New research may explain one way COVID-19 may contribute to neurological ailments.

JENNIFER MARGULIS

For some, it's just a sniffle. But for others, COVID-19 can hit hard. Either way, some people who get COVID-19 will suffer from long-term effects. This is known as "long COVID," and its sufferers are often referred to as "long haulers." Chances are you already know about long COVID and you may even have been affected by it or have friends or family who are. What is less well known, however, is that neurological issues are common in long COVID.

Broken Brains

Brain inflammation, stroke, chronic headache, disturbed consciousness, cognitive impairment, and "brain fog" (an all-encompassing phrase to describe a condition that usually manifests as slow thinking, memory lapses, and difficulty concentrating) can all result after infection with the virus known as SARS-CoV-2.

Even the illness's unusual hallmarks, hyposmia, and hypogeusia—better known to us non-scientists as loss of smell and taste—are thought to be due to changes in nervous system function.

But while both clinicians and patients have noticed a myriad of brain issues post infection, scientists don't know very much about how SARS-CoV-2 infections can lead to impaired brain function.

That may be changing. A study published on Feb. 3 in Alzheimer's & Dementia sheds light on a potential physiological mechanism behind the neurological problems COVID-19 survivors experience.

While the deeper insight into what is going on is good news, unfortunately, there's bad news, too.

The new study, "Alzheimer's-Like Signaling in Brains of COVID-19 Patients," includes some disturbing findings.

Attacking ACE2 Receptors

The study, led by Andrew R. Marks, a cardiologist and chair of the Department of Physiology and Cellular Biophysics at the Vagelos College of Physicians and Surgeons at Columbia University in Manhattan, consisted of analysis of brain tissue collected from 10 people who died from COVID-19.

Marks's team looked posthumously at the brains of four women who ranged in age from 38 to 80, and six men, ages 57 to 84.

It's already known that the spike protein of SARS-CoV-2 binds to ACE2 receptors all over the body, including in the heart, lungs, kidneys, and epithelial cells that line the blood vessels.

Scientists also believe that the multi-system failure that can result in death from COVID-19 is likely due to this invasion of heart and lung cells via these ACE2 receptors.

Since the receptors have been invaded by the virus, the activity of the enzyme associated with the receptors (angiotensin-converting enzyme) is reduced, as scientists explained in a 2021 article published on The Conversation.

The damage to the lungs and heart is usually uppermost in doctors' minds when patients are experiencing severe illness. But, it turns out, there are also ACE2 receptors in the brain.

Unless you're a neuroscientist, this is pretty

technical. Stay with me anyway. Decreased ACE2 activity is associated with increased activity in transforming growth factor-beta ("TGF-beta"). And high levels of TGF-beta in the brain are associated with irregularities in the "tau" proteins that stabilize nerve cells, specifically due to something called "hyperphosphorylation."

Phosphorylation, a normal biological process, is the addition of phosphate to an organic molecule, in this case, the tau protein.

Hyperphosphorylation is the addition of too many phosphate groups at too many sites. Hyperphosphorylation can result in proteins with excess filaments that get tangled up. And these tau filament "tangles" are associated with Alzheimer's disease.

Leaky Brains

Marks and his five colleagues at Columbia University investigated whether people who died of COVID-19 exhibited evidence of tau protein irregularities that are associated with Alzheimer's.

A significant body of recent research suggests that calcium ions "leaking" from certain ion channels in the brain, known as ryanodine receptors, may cause these tau irregularities.

Ion channels enable the flow of ions through cell membranes, including brain cells (neurons). In a nutshell, ions enable the flow of electrical charges throughout the body and this flow is critical to the function of all cells. It's, in one sense, the communication system of the body and one of the primary mechanisms of brain function.

Healthy brain function relies on ion channels, such as the ryanodine receptors just mentioned, operating as they should. Just as there are dangers when an electrical wire is "leaking" electricity due to a short, there are risks when these ion channels leak ions. Oxidative stress may be responsible for depleting calbindin, a protein that helps keep these channels closed, preventing them from leaking. When the levels of calbindin are low, channels that should remain closed may start to leak calcium.

Too many calcium ions floating around in the brain or anywhere else in the body can cause a number of health problems.

Marks's team examined the brain tissue of the 10 people who died from COVID to see if there was evidence of leaks.

More specifically, they analyzed the contents of the brain tissue for markers of TGF-beta activity. They found evidence of increased TGF-beta activity in both the cortex and the cerebellum. They also found evidence of increased oxidative stress.

Cerebellum Concerns

People who suffer from Alzheimer's show evidence of tau filament "tangles" only in the cortex of their brains, not in the cerebellum.

However, this Columbia University research indicated that, unlike with Alzheimer's, COVID may cause disturbances in the cerebellum as well.

The cerebellum is involved in balance, coordination of movement, language, and posture, according to the University of Texas Health Science Center.

Other recent research has shown that 74 percent of hospitalized COVID patients have had coordination problems. If COVID is com-

promising the cerebellum as well as the cortex, this may help explain the coordination issues clinicians have observed.

Interestingly, though this was a small study, all the people who died had evidence of brain pathology. The TGF-beta marker was found in all the brains, even those of the younger patients who had exhibited no sign of dementia prior to coming down with COVID-19.

Most people have heard that the presence of beta-amyloid plaques in the brain is an indication of Alzheimer's. Even though lowered ACE2 activity is also associated with an increase in beta-amyloid plaques, the Columbia team didn't find any changes in the pathways that lead to the formation of amyloid beta in the brains of the patients who died from COVID (with the exception of one 84-year-old male who was previously suffering from dementia). This is one notable distinction between the pathology of COVID-19 and Alzheimer's or dementia.

Too many calcium ions floating around in the brain or anywhere else in the body can cause a number of health problems.

Treating Neurological Symptoms

Marks's interest in the ryanodine ion channels is long-standing, and his recent COVID-related research may lead to financial benefits should other researchers affirm his findings. In 2011, a research team led by Marks demonstrated that a class of drugs, Rycals, may be effective in treating heart failure and muscle disorders by stabilizing the same ryanodine ion channels this new research indicates may be affected by COVID-19 infections.

One drug from this class, ARM210, has been in the clinical-trial stage but has been officially classified as an orphan drug because the illness it was intended to treat was so rare.

Marks told ScienceDaily that his study indicates a potential target for therapeutic interventions for the neurological symptoms of COVID.

"My greatest hope is that other laboratories will look into our findings, and if they are validated, generate interest in a clinical trial for long COVID," he said.

Both Columbia University and Marks own stock in ARMGO Pharma, Inc., the company that has been developing drugs to target ryanodine channels. They also own patents on Rycals, according to a conflict of interest statement at the bottom of this study. Another of the study's co-authors, Steven Reiken, has been consulting for ARMGO. While conflicts of interest like these are fairly typical for published scientific research, and they don't invalidate the research, they are an important part of the overall picture that shouldn't be ignored.

It also isn't unusual for a drug created for one purpose to find new life treating other conditions. In some cases, these new uses

prove more important than the original intended use of the drug.

In their paper, the Columbia team wrote that "ex vivo treatment of COVID-19 patient brain samples with the Rycal drug ARM210 ... fixed the channel leak."

While that may suggest a promising avenue for further investigation, applying a drug to brain tissue in the lab is a long way from giving it to living patients.

Vaccine-Linked Neurological Damage

While COVID is linked to neurological issues, the same also appears to be true with the vaccine itself. My colleague Stephanie Seneff, a senior research scientist at the Massachusetts Institute of Technology and author of the book "Toxic Legacy," is concerned that COVID-19 vaccines also have the potential to cause brain damage.

"Vaccines produce the spike protein, which is the part of the virus that binds to the ACE2 receptors," said Seneff, who wasn't involved in the Columbia research. "I suspect this means that the vaccine could also disable the receptors and cause the same neurological damage."

In fact, Seneff said, brain damage from the vaccine may be more common than brain damage from the naturally acquired infection. Vaccine-induced spike proteins "get into the brain more easily than the virus does," she said. "The virus only gets into the brain when a person has a compromised immune system. But the vaccine is injected into the muscle, which means it bypasses natural barriers that would normally keep the virus out of the brain."

In May 2021, Seneff and her colleague Dr. Greg Nigh, an oncologist based in Portland, Oregon, published a paper in the peer-reviewed International Journal of Vaccine Theory, Practice, and Research explaining their hypothesis that the mRNA vaccines may be worse than the disease itself.

Since then, she said, she has been studying the reports of vaccine adverse events that are collected by the Centers for Disease Control and Prevention. In this new research, Seneff has found that 96 percent of all of the reported adverse outcomes in the year 2021 that have been related to neurological issues are connected to COVID vaccines. These adverse neurological events include memory disorders, mobility issues, difficulty swallowing, and loss of sense of smell.

"All these things that are showing up in VAERS are striking," Seneff said. "Overwhelmingly, the events that show neurological issues are following COVID-19 vaccines. I honestly don't know why people aren't absolutely shocked by these numbers. Compared to the other vaccines, these vaccines seem tremendously dangerous."

Jennifer Margulis, Ph.D., is an award-winning journalist and author of "Your Baby, Your Way: Taking Charge of Your Pregnancy, Childbirth, and Parenting Decisions for a Happier, Healthier Family." A Fulbright awardee and mother of four, she has worked on a child survival campaign in West Africa, advocated for an end to child slavery in Pakistan on prime-time TV in Paris, and taught post-colonial literature to non-traditional students in inner-city Atlanta. Learn more about her at JenniferMargulis.net

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THE EPOCH TIMES

How Safe Are Anti-Osteoporosis Bone Drugs?

In the case of some osteoporosis drugs, it seems to be a case of marketing over medicine

MARTHA ROSENBERG

Anti-osteoporosis bone drugs such as Fosamax, Boniva, and Prolia have become a billion-dollar market for drugmakers thanks to aggressive marketing. To sell its “bisphosphonate” bone drug Fosamax, Merck began marketing the dangers of osteoporosis in hopes of reaching a market “far beyond ailing old ladies” according to *Fortune* magazine. It hired an operative to create the “Bone Measurement Institute” to establish the “risk of osteoporosis,” as a health epidemic and plant bone scan machines in medical offices across the country—a gambit that made Merck \$280 million from Fosamax’s first-year sales. Merck’s “Bone Measurement Institute” then lobbied, with Merck-funded groups, to get Medicare to cover bone scans through the Bone Mass Measurement Act.

Moreover, the now widely accepted condition of “osteopenia—the risk of getting osteoporosis—was flatly invented out of thin air according to a professor of medicine who was present when the term was concocted. It was meant to indicate someone just below the threshold for an osteoporosis diagnosis, and even that bone density was somewhat arbitrary according to the experts who helped draft it.

Osteoporosis is said to afflict 1 in 3 women over 50 but some medical sources disagree. The *British Medical Journal* (BMJ) observes that osteoporosis advocacy groups are funded by drugmakers, which leads to broadened diagnostic criteria.

An article in the *British Journal of Nursing* notes that “the marketing of osteoporosis has created the impression that all women (and many men) are at risk of suffering fragile bones, hip fracture and death. Large sums of money have been spent on raising awareness, diagnosing, and treating osteoporosis.” And PLOS research states that osteoporosis “has the potential to be overdiagnosed, since according to its definition, many otherwise healthy people are labelled with a ‘disease.’”

Nonetheless, bone drugs such as bisphosphonates have vaulted in popularity with Fosamax alone netting \$3.05 billion in 2007. But even as the drug class boomed, serious safety signals surfaced. By 2009, FDA reports revealed 23 cases of esophageal cancer and Fosamax was “the suspect drug (in 21 patients) or the concomitant drug (in 2 patients), according to a letter published in *The New England Journal of Medicine*. Bisphosphonate patients also experienced inflamed/ulcerated esophagi, atrial fibrillation, intractable pain, osteonecrosis of the jaw (ONJ), and the very fractures the

drugs were supposed to prevent. As early as the 1970s, Merck knew about ONJ effects in rats according to internal emails. As risk emerged, the drugs seemed to be a triumph of marketing over medicine.

A New Bone Drug Debuts

When the biotech drugmaker Amgen launched Prolia (denosumab) in 2009, a novel monoclonal antibody biologic to be injected every six months, many hoped it would be safer. But background documents for FDA hearings didn’t bode well. “Three subjects, two of which were healthy subjects under the age of 35, required hospitalization for pneumonia after a single dose of denosumab,” noted the Denosumab Safety FDA Analysis. Test monkeys developed tooth and jaw abscesses on the drug and osteonecrosis of the jaw was a “recognized risk” with denosumab, documents stated.

Sadly, by the time it was approved, Prolia posed the same significant risks—ONJ, atypical femoral fractures, pain—as bisphosphonates, according to the drug’s warnings and precautions. It also had a higher price tag at \$2,557 a year and patients were cautioned that “multiple vertebral fractures could occur upon discontinuation of Prolia treatment”—a side effect not seen with bisphosphonates.

Why do both bisphosphonates and Prolia encourage osteonecrosis of the jaw—exposure of jaw bone through lesions that don’t heal, often linked to invasive dental procedures? Both drugs suppress “bone remodeling” (renewal) to prevent bone resorption/thinning and the jaw bone “has a higher remodeling rate than other bones” write ONJ researchers in *StatPearls*. Yes, the drugs may increase bone density, wrote researchers in *Nature*, but they “also increase ... bone brittleness” and the paradoxical actions may “provoke local fractures.”

According to the *European Journal of Cancer*, ONJ is a serious condition and may result “in a chronic disease with negative impact on the quality of patients’ lives.”

Aggressive Marketing

Two weeks after Prolia’s FDA approval, Amgen deployed up to 1,000 drug reps to call on doctors and sell them on Prolia by focusing on the high discontinuation rate of bisphosphonates. Today, instructions in Amgen’s “Patient Identification Series” tell doctors how to recognize patients who “may look perfectly fine on the outside” but are “failing” or “intolerant” on bisphosphonates, the competitor bone drugs. Prolia doctor marketing also includes a “Coding and Billing Information Guide” showing exactly how to fill out Medicare forms for the drug.

Switching patients from bisphosphonates to Prolia may be a lucrative marketing strategy but both research in the journal *Odontology* and in *Case Reports in Dentistry* notes the switch furthers fracture risks and ONJ risks, respectively.

Harmed Patients

Many patients have spoken out about side effects of taking bone drugs. On the Web-by-winning website Askpatient.com, of 263

Some women wrote that they became debilitated and bedridden from Prolia after leading active, energetic lives.



Discontinuing Prolia has a side effect: rapid bone loss and fractures.



Bone drugs can cause osteonecrosis of the jaw.

\$280 MILLION

Merck made \$280 million from Fosamax’s first year sales.

To find the studies mentioned in this article, please see the article online at TheEpochTimes.com

women in their 50s and older who had been prescribed Prolia, approximately 250 gave the drug the lowest possible rating. Most women cited incapacitating pain and weakness in their bones and joints along with dental pain, tooth degradation, and tooth loss.

A 64-year-old woman says she sustained an atypical femur fracture and left femur damage after a year on Prolia and a 78-year-old woman wrote that after one year on Prolia she broke a toe, but more women expressed fear of fractures if they stopped Prolia as prescribing materials warn. Being effectively “stuck” on Prolia, several women say their lives are “over.” Many said Prolia should be removed from the market.

Some women wrote that they became debilitated and bedridden from Prolia after leading active, energetic lives. Some said they now require a cane to walk and two wrote that they were unable to work and had to quit their jobs.

A theme with the Askpatient commentators was a feeling of betrayal by their doctors who didn’t warn them about side effects and the difficulty of discontinuation. Several women felt doctors were actually getting “kickbacks” to prescribe Prolia which isn’t too far-fetched; in 2013, Amgen paid more than \$15 million to resolve allegations that it illegally marketed its similar drug bone drug Xgeva.

Keeping Bones Strong With Age

Clearly, no one wants serious side effects from a medication but nor do people want osteoporosis, thinning bones, or the risk of fracture. According to the Mayo Clinic, adults aged 19 to 50 and men aged 51 to 70 should consume 1,000 milligrams of calcium a day; for women over 51 and men over 71, that should be 1,200 milligrams of calcium a day. Vitamin D is also important and the Mayo Clinic recommends 600 international units for adults ages 19 to 70, which can be obtained from many foods and the sun.

In addition to avoiding the bone-degrading habits of smoking and drinking excessive alcohol, the Mayo Clinic emphasizes the importance of physical activity and especially weight-bearing exercises such as walking, jogging, and climbing stairs to keep bones strong.

Finally, and importantly, certain medications you might be taking could contribute to bone thinning or weakening. They include corticosteroids (prednisone, cortisone, prednisolone and dexamethasone) when used long term, SSRI antidepressants, proton pump inhibitors (used for Gastroesophageal reflux disease and acid reflux), aromatase inhibitors used for breast cancer, and some anti-seizure medications. A lifestyle of adequate bone-building nutrients, exercise, and avoidance of threats to bone health can help keep your bones strong for as long as you need them.

Martha Rosenberg is a nationally recognized reporter and author. She has lectured widely at universities throughout the United States and her 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 expose, “Born with a Junk Food Deficiency,” was widely praised and established her as a prominent investigative journalist.

Common Courtesy: Healthy Treats for School Celebrations

Schools are banning homemade treats for school parties making junk food the new default

Continued from Page 9

Does anyone else keep quarters in the car to bribe your children from eating what’s on that dreaded napkin? (Yes, only quarters—I’m broke from spending all my money on organic food).

The Phone Call

I’ve grown accustomed to receiving the weekly phone calls that Luke had a seizure. Recently, I dropped him off, and just one hour later I got the phone call.

My stomach caves when this happens. The call wasn’t about Luke having a seizure that day, but the school said they couldn’t find Luke’s special goodies, which are a few boxes of honey-sweetened organic candies that I request they give to Luke whenever there’s an event, birthday, or holiday at the school. BYOT—Bring your own treats is another rule I follow. But it doesn’t always work out.

“Mrs. Giuffre,” the sweet gal in the office said apologetically, “We forgot to tell you we are having cupcakes for St. Patrick’s Day. Are those the kind that give Luke a seizure? We just wanted to give the kids a little treat.”

I usually bristle when someone calls those cupcakes a “treat.” When I was little, for any celebration, I would have been happy to receive one scratch-and-sniff sticker or a pencil with pictures of hot air balloons on them.

I replied “yes.” Luke will have a seizure if he eats one of those semi-toxic snacks. Then I thanked my lucky stars that I worked from home and had the ingredients on hand for a hot cocoa that fits all our weird food regulations. I drove back to school to drop off a real treat so my kid wouldn’t have a tonic clonic seizure.

I don’t mean to be a party pooper, but I feel like it’s not just my son who shouldn’t be eating those cupcakes. Those store-bought science projects from the grocery store bakery known in American culture as “treats” contain almost 20 grams of processed sugar per cupcake.

Sugar Bombs

Processed sugar is one of Luke’s biggest seizure triggers, but it’s likely other kids are suffering from the effects of these treats as well. They contain all the allergens and food intolerances many kids have today, such as wheat, milk, eggs, and soy.

One in 13 American children have food allergies, according to Food Allergy Research and Education, and at least 54 percent of American children have a diagnosed chronic condition, including obesity and ADHD—illnesses that research suggests can be improved with a proper diet.

With those stats in mind, I wonder if the school policy makers understand the dangerous ingredients in those store-bought St. Patrick’s Day cupcakes. Sugar is, of course, listed first on the ingredients because it’s the most prevalent, next to enriched wheat bleached flour, partially hydrogenated vegetable oil, modified food starch and cornstarch, soy lecithin, artificial color, artificial flavor, and a manifesto of chemical ingredients like polysorbate 60—that may, just



With home baked treats, mom can replace sugar with healthier sweeteners and grains, and leave out the food coloring.

may, turn your child into the leprechaun from the 1993 horror film.

What really gets me is that many of the children in Luke’s class are medically fragile. Some of them have trach tubes and extremely special diets. Ingesting a store-bought cupcake does physiological violence to a child on a molecular level, including setting them on a blood sugar rollercoaster that contributes to the epidemic of diabetes. And yet cheap, GMO cupcakes for treats isn’t only allowed, but encouraged. There’s no real thought involved in picking the brightest cupcake container in the bakery aisle. Aside from saving a working mom some time, it’s really rather impersonal. Kids prefer freshly baked treats over store-bought any day but that isn’t the norm in our culture any longer.

Not only are healthy home-baked goods no longer normal for school events, they’re actually prohibited.

Regulated Toward Disease

Because of safety concerns over the past decade, many school districts have adopted the “No more homemade treats at school” rule—which I guess came from the urban legend about people tampering with Halloween candy and the American obsession with germs and lawsuits. Coming home in the backpacks on the first days of school the new rule is usually stated like this one:

“ONLY STORE BOUGHT FOOD WITH AN INGREDIENTS LABEL ON THE PACKAGE will be allowed. This is regarding class parties/birthday treats/celebrations/class treats/sharing of food. Food being brought into school will still need to be pre-approved by the teacher and as always we encourage healthy snacks. ALL FOOD MUST BE INDIVIDUALLY PRE-PACKAGED AND CANNOT BE HOMEMADE. Examples can be Rice Krispie treats, Ice pops, Little Debbie cakes etc. Also non food items are a great alternative.”

This rule needs to be changed. The American parent community was doing a fine job bringing in healthy, homemade food, not to mention our kids were able to have a taste of someone else’s cooking.

Now parents are forced to buy processed food. Instead of going into what is contained in a Little Debbie cake or a store-bought Rice Krispie treat, I would like to propose a compromise since it’s impossible (and probably insulting to suggest) that food items be banned at school functions altogether and everyone should bring pencils and stickers to the class party. May we at least bring back the homemade cupcakes (pretty please with no sugar on top).

Innovation has brought us the worldwide

Kids prefer freshly baked treats over store-bought any day but that isn’t the norm in our culture any longer.

5 DAYS OUT OF 10

Five days out of 10, your kid is coming home with a napkin with a half-eaten, brightly colored GMO mystery “treat” on top.



web of recipes. There are so many recipes to make healthy versions of our favorite store-bought treats online.

A Healthier Tradition

Joyce, my sons’ Waldorf preschool teacher, was legendary. My teenagers still remember their preschool years as their best years because of the incredible variety of healthy muffins Joyce brought from Johnny Crow’s Garden in Santa Cruz, California. My kids have never raved about a store-bought cupcake, but they remember those. Joyce was in her 80s and understood that food could be a cultural tradition and a way to truly honor a child.

Each birthday, the parent would be given the birthday bag—a satin purple sack containing two mini-muffin pans, descriptions of the lovely storytelling ceremony in which the parents write down a few special details about the child’s previous years, and a scrapbook of handwritten recipes passed down from parent to parent and recipes of their child’s favorite muffins or cupcakes. I remember reading through the beautiful descriptions of each family’s tradition at home. Some parents shared their cultural traditions and gave out the German “Special Plate,” and others camped in Boulder Creek each year for their child’s special day. Others included little snapshots of their child blowing out the candles on their cake.

But what really stood out to me was how creative parents were when their kids couldn’t have dairy or nuts or processed sugar. I saw muffins made with coconut oil in place of butter, cupcakes made moist by applesauce, sweetened with honey and maple syrup, and delicious fruit cakes flavored from people’s own fruit trees. Just reading the list of recipes opened my mind. When it was my turn, I was excited to bake a healthy snack for my kids’ friends, and I enjoyed writing about our own family traditions.

Between stories and recipes passed down by the book in the purple bag, and the muffins and mini cupcakes that each child had after an enriching traditional ceremony, the children had bellies full of healthy treats and soulful experiences. Maybe this isn’t ideal for public school, but some cultural norms need to change and others need to begin—out of necessity for our own bodies and sometimes out of respect for others.

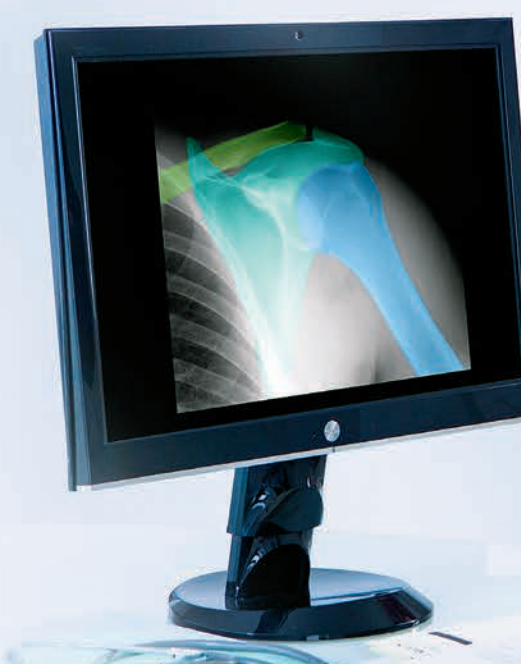
Beth Giuffre is a mosaic artist and frequent contributor to The Epoch Times. When the youngest of her three sons began having seizures, she began researching the root cause of intractable epilepsy, and discovered endless approaches to healing for those who are willing and open to alternatives.



Just like muscles, bones grow strong when we give them the mild stress of exercise.



Vitamin D—obtained through sun exposure, food, or supplements—supports bone health.



Regulations prohibiting homemade treats mean parents send junk food to class parties.



Store-bought baked goods are usually loaded with refined sugar.



Many schools lack the budget to feature healthier foods in school cafeterias.

Hypnosis for Alcohol Abuse

While not everyone can be hypnotized, those who can may find unexpected success

Continued from Page 9

He tried TedX Talks, videos of recovered addicts, and getting a sponsor, but nothing could motivate him from operating from his usual level of consciousness—stopping at the liquor store on his way home from work—at least long-term.

Ben was at the point he'd never believed he would hit: rock bottom. Then like a flick of a switch, he decided he'd had enough. He went to find a new rehab center during the COVID-19 crisis. Most were booked with long waiting lists, but he found a holistic place that offered hypnosis for alcohol. Ben likened the idea of hypnosis to a pendulum-holding witch doctor, but as he checked himself in, he contemplated a quote from Buddha, pinned to the wall:

"In the end, only three things matter: how much you loved, how gently you lived, and how gracefully you let go of things not meant for you."

Choosing Sobriety

Most alcoholics have some questions before trying something so out-of-the-box. Who should try hypnosis for alcohol? Does it have to be a last resort? What if you just wanted to cut down on your bad habits? And most importantly, what are the sessions like?

The are different styles of hypnotherapy that are sometimes used independently or blended, including authoritative style, when you passively receive suggestions from the practitioner, permissive style, when the hypnotist encourages you to take an more active role in the process, and self-hypnosis, when you follow recordings on an app, or DVD, or meditate, focusing on your goals.

British author and certified hypnotherapist Alisa Frank answers many of these questions on her webpage. Her clients can book one-to-one sessions or order her audiotapes: "Take control of alcohol," "Stop binge drinking for women" and "Stop binge drinking for men." She also recommends reading her book, "Cut the Crap and Feel Amazing," in which she devotes a whole chapter to breaking addictions. "My system of alcohol reduction hypnotherapy deals with the emotional issues connected to drinking too much alcohol such as boredom and stress or upsets." She uses hypnotherapy to break the habit of drinking, reprogram sleep patterns, and release cravings.

She said her therapy works for people who want to think less about alcohol and say 'no' to a drink when they need to.

One of her testimonials from her website read, "Since the hypnotherapy to stop drinking alcohol my once-toxic relationship with alcohol has gone through an unequivocal break-up. I start to notice other small shifts. For instance, I start buying sparkling water and filling my usual wine glass with it in the evening to relax... I also started running more regularly and practicing yoga twice a week—a goal I'd worked towards for at least a year but never quite managed. I start eating healthier lunches and dinners and getting up earlier, feeling refreshed and energized rather than shattered and slightly depressed. The change is noticeable and quite remarkable."

Does It Work?

There are certainly enough testimonials from people who have had success to give hypnotherapy some street cred. There are

also studies about the effectiveness of hypnotherapy for other conditions that show it has a significant and measurable impact.

The American Psychological Association (APA) said in a statement online: "a growing body of scientific research supports the benefits of hypnotherapy in treating a wide range of conditions, including pain, depression, anxiety and phobias." The APA says, "hypnosis works and the empirical support is unequivocal in that regard." Despite that, black and white movies with a goatee guy in a cape swinging a pocket watch really

really lay a number on the public image of hypnosis, especially those fixated on the line: "Look into my eyes." Some associate hypnosis with spells and voodoo. Others deemed the practice devoid of therapeutic benefit. A movie reviewer for Robert Ebert called the newest thriller "Hypnotic" about the "dangerous power of hypnotherapy" slick and cheesy. The lousy representations of hypnosis are everywhere.

But hypnosis is becoming more mainstream—big in the United Kingdom and the United States—with hypnosis centers in practically every major city. Alcohol rehab centers offer hypnosis now, and if you peruse down the list of treatment approaches on Psychology Today you will find several who offer hypnotherapy for alcohol abuse. Most have received certification from national and international hypnosis societies as well as other innovative and unconventional institutions.

Other practitioners have gotten creative with their hypnotherapy sessions, pulling ideas from the long history of the ancient



Hypnotherapy may bring visions of a swinging watch to mind but modern practice is more about deep relaxation and visualization.

“Each treatment session began with a conversation about the patient’s past life events, present situation, alcohol problem and his or her thoughts about it.”

Authors, Norwegian study

For instance a form of quantum hypnosis is also emerging as a possible alcohol treatment modality, explained by Giuseppe De Benedittis in the Internal Journal of clinical hypnosis that, "applies to hypnotic cognitive functioning rather than hypnotic structure."

World-renowned Marissa Peer, a therapist from the UK, for instance, has had so much success in her trademarked Rapid Transformational Therapy method for addiction—a hybrid of hypnotherapy, psychotherapy, life coaching, cognitive behavioral therapy and neuroscientific principles—she's devoting her time into training more therapists to do the same healing work.

More Than a Fad

Hypnosis is not new. It's actually older than Jesus.

The earliest references to hypnosis date back to ancient Egypt and Greece, when hypnosis was used to induce dreams to be analyzed to get to the root of the trouble, according to a fascinating history lesson from Harmony Hypnosis in London.

The word 'hypnos' refers to the Greco-Roman god of sleep. Early writings from 2600 BC in China and 1500 BC in India mention hypnotic procedures, but the modern father of hypnosis was Austrian physician Franz Mesmer, of the 1700s, whose name 'mesmerism' is derived.

'Mesmerizing' Mesmer was the man who popularized the 'power of suggestion,' though his style was a bit too showman like for the times. Apparently, that made his colleagues a bit jealous, and he was not taken seriously. Like the holistic practitioners of today, he was considered a bit too "out-of-the-box."

British surgeon James Esdaile of India was the one who ushered hypnosis into clinical acceptance. Esdaile performed hundreds of major operations in the 1800s using hypnosis as his only anesthetic. His work attracted significant attention and was considered a medical breakthrough.

is his famous phrase: "Day by day in every way I am getting better and better." When read beside the famous mantra of the 12 step program AA: "One day at a time," it almost looks like hypnotherapy was destined for the treatment of alcohol abuse.

Fast forward to modern day, and the medical hypnosis techniques of psychiatrist Milton Erickson (from the 1900s) are still being used and tweaked for today's most worrying psychological problems and damage to the brain, such as alcohol interfering with the brain's communication pathways and affecting the neurons when someone abuses alcohol long-term.

Ericksonian hypnotherapy uses indirect suggestion, metaphor, and storytelling to alter behavior, rather than direct suggestion, according to the Hypnotherapy Directory.

But how about hypnosis as a treatment approach specifically for alcohol? And more importantly, can this claim be backed up with evidence?

Should Alcoholics Try Hypnotism?

Studies on hypnotism related to alcohol are limited, but there are a few. A Norwegian study published in the Journal of Addiction Research & Therapy, 2018, compared the effect of hypnotherapy in alcohol use disorder (AUD) to motivational interviewing, one of the more popular treatment methods. The intervention consisted of five individual one-hour hypnotherapy sessions over five weeks.

Explained by the Hypnotherapy Directory, the hypnotist will encourage the patient to enter a deep state of relaxation, or trance-like state, while your body is more open to suggestion. Using suggestion techniques, the hypnotherapist will look to change the way you react to alcohol. The suggestions would be tailored to your triggers, changing the way you react, to ultimately help you stop craving alcohol.

The Norwegian study used Erickson's permissive hypnosis method to make the patient find alcohol repulsive. Many rehab centers and private psychologists incorporate Erickson's methods and add a little of their own creative touch, such as creating the right relaxation mood with candles, ambient music, yoga mats, and whatever else they find works with individual clients.

For example a hypnotherapist might have the patient start a session by imagining themselves descending a staircase, and with every step, becoming more light and relaxed.

"Each treatment session began with a conversation about the patient's past life events, present situation, alcohol problem and his or her thoughts about it," the authors of the Norwegian study wrote, adding that patients would visualize when and where they bought alcohol and how it was consumed. Then, through breathing and relaxation exercises (with visualization of a peaceful place in mind), the patients were put into a trance.

"Once the trance was induced, the patient was asked to visualize mastery of a selected situation. This situation was tailored according to the patient's needs. It could include, for example, abstaining from alcohol at a party, passing their regular alcohol shop without going inside, or mastering another problematic issue, such as staying relaxed and calm in the presence of other people. When indicated, the events of the past were a subject of hyp-

notic intervention as well," they wrote.

The relatively small randomized controlled trial found patients receiving hypnotherapy did marginally better concerning alcohol use at one-year follow up compared to the controls, and the portion of the patients reporting total abstinence was higher in the hypnotherapy group.

Researchers wrote: "There was also a reduction in mental distress in the hypnotherapy group compared to the control group."

The second study from Virginia, published in the American Journal of Clinical Hypnosis, 2004, evaluated drug and alcohol addicted veterans. Their conclusions suggest self-hypnosis audio tapes can be a useful adjunct therapy in helping chronic substance abusers with their reported self-esteem, serenity, and anger/impulsivity—especially those who played the audio tapes at least three to five times per week.

Is Hypnotherapy Enough?

Some practitioners say hypnotherapy works better as an adjunct therapy. Victor Tsan, medical doctor, certified hypnotherapist, homeopath, and acupuncturist is the Medical Director of the Philadelphia Hypnosis Clinic. He has practiced for 46 years and focuses his work on modifying behavior patterns through life regression procedures. He believes the best treatment of alcoholism is two-fold.

A former pharmacist, he awakened by the idea that too many drugs will worsen a condition rather than cure it. He believes there is a perfect balance between the use of modern alcohol drugs and holistic techniques in therapy. Tsan's web page talks about the benefits of Antabuse or its generic Disulfiram (the pill or implant that makes one sick if they drink alcohol) combined with hypnotherapy as key for overcoming a serious alcohol problem.

Hypnosis Is Not For Everyone

Truth be told, a Stanford University study from the Archives of General Psychiatry, 2012, found not everyone can be hypnotized—and that's a biological fact.

Using data from functional and structural magnetic resonance imaging, Dr. David Spiegel, director of the Stanford Center for Integrative Medicine, learned the ability to be hypnotized had less to do with personality, and more to do with brain structure—specifically, those who were more easily hypnotized had greater activity between the executive control and salience networks. By contrast, there was little functioning connectivity between these two areas of the brain in those with low hypnotizability.

Spiegel developed a test known as the Stanford Hypnotic Susceptibility Scales to find out—if you really want to. He estimates that one-quarter of the patients he sees cannot be hypnotized.

To flip that statistic over, three-quarters of his patients can be hypnotized. If those were your odds, and it could help you end a devastating addiction, would you try it?

Beth Giuffre is a mosaic artist and frequent contributor to the Epoch Times. When the youngest of her three sons began having seizures, she began researching the root cause of intractable epilepsy, and discovered endless approaches to healing for those who are willing and open to alternatives.

3/4

of people respond to hypnosis according to a Stanford Hypnotic Susceptibility Scales test developed by Dr. David Spiegel, director of the Stanford Center for Integrative Medicine.



Frenchman Emile Coué, who pioneered the physiological use of "auto-suggestion," stated that the imagination is more powerful than the will. Or in other words, the power of suggestion in hypnosis can act as a placebo.

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When Food Hurts: Dealing With Food Intolerances

More and more people are suffering discomfort, inflammation, and illness due to avoidable food intolerances

JANIS SIEGEL

If you've ever had an allergic reaction from a food, you most likely won't eat it again. These reactions can be serious and even life threatening. Extreme reactions can include anaphylactic shock, which can be fatal with symptoms that include low blood pressure and swelling of the mouth and throat that can lead to

death if not treated immediately.

Anaphylaxis causes a series of other serious reactions including hives and rashes, dizziness, nausea, vomiting, abdominal pain, anxiety, confusion, coughing, slurred speech, facial swelling, trouble breathing, wheezing, difficulty swallowing, and itchy skin.

Globally, the newest data on the prevalence of food allergy suggests that both reported and actual rates of allergies are increasing.

In a 2018 study published in the International Journal of Environmental Research and Public Health, researchers wrote that food allergies could be the "second wave" of the allergy epidemic. Asthma was the first wave.

"Food allergy is a growing health concern, with increasing prevalence noted not just in Westernized countries but also in developing countries," they wrote.

The researchers called for more robust studies to assess the true extent of food allergies and their impact on health services.

In the United States, doctors and researchers have an official list of eight common foods, soon to be nine, that have been shown to cause more than 90 percent of allergic reactions. Currently, milk, eggs, fish, shellfish, peanuts,

tree nuts, wheat, and soybeans are the main culprits that cause allergic reactions, and the Food Allergen Labeling and Consumer Protection Act of 2004 required special labeling for these foods.

There are whole industries catering to consumers who are gluten sensitive, lactose intolerant, dairy sensitive, or intolerant to artificial colors and artificial flavors to name only a few.

In 2023, a ninth food, sesame, including any food derived from the seeds or the use of sesame seeds in their whole form, will be added to an updated version of the act with additional provisions.

Food Sensitivities and Intolerances

Today, there are whole industries catering to consumers who are gluten sensitive, lactose intolerant, dairy sensitive, or intolerant to artificial colors and artificial flavors to name only a few.

These food sensitivities and food in-

tolerances, which some health professionals consider to be interchangeable, cause physical distress in the digestive system, not the immune system, which lessens the threat of injury.

These milder conditions still result in distressing symptoms for those affected, including the significant gas causing painful bloating, diarrhea and constipation, cramping, and nausea.

Although they aren't typically deadly, intolerances can still wreak havoc on your well-being by causing recurring inflammation in the body, leaving the sufferer more vulnerable to other illnesses.

"That inflammation can become chronic if you regularly eat a food you're allergic to. Chronic inflammation is one of the most significant contributors to serious disease. While people may not eat foods they are allergic to, they may be routinely tempted to eat foods they can't tolerate well and that can lead to long-term problems.

"Food intolerance is far more common than food allergy and affects up to 20 percent of the population," according to a review article published in the journal Nutrients in 2019.

Part of the problem is we don't know the full impact of these prevalent intolerances or what to do about them, noted

the researchers.

"Complete understanding of diagnosis and management is complicated, given presentation and non-immunological mechanisms associated vary greatly. Future studies should aim to identify biomarkers to predict response to dietary therapies."

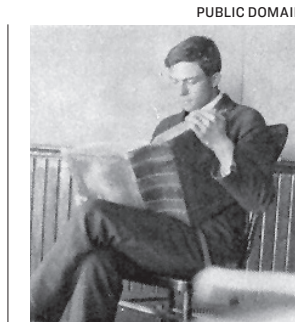
Genetics

Self-awareness and self-monitoring can go a long way to help an individual to identify food intolerances. It comes down to noticing how the body reacts to different foods.

However, Christie Hartman, a behavioral geneticist and creator of The Rogue Scientist website, writes that genetics also factor into our negative physical reactions to many different substances, including food.

"Some people can drink caffeine late at night and have zero problem sleeping, while others (me included) can't imbibe more than a tiny amount of caffeine at any time of day without getting jittery and anxious. It makes sense that, genetically, some of us can break down certain foods better than others.

"Because of these causal differences," adds Hartman, "those with food allergies need to avoid the problem food, since even a tiny amount can anger the



Milton H. Erickson, an American psychiatrist and psychologist, pioneered the use of permissive hypnosis and visualization to help patients develop mastery over challenging situations.

immune system. Those with food sensitivities can often get away with small amounts of the problem food; the problems come when you eat more than the body can break down in a given period of time."

Once you get some sense of which ingredients or foods cause you problems, experts agree there are strategies you can use to avoid problems. These include simply avoiding the food or resolving

factors that may be contributing to the intolerance. This can include addressing any ongoing health issues such as chronic infections or a depleted gut microbiome. In some cases, you can also desensitize yourself to the food intolerance with tiny controlled doses of the food you can't tolerate well. This process requires more guidance than this article aims to provide.

In terms of avoiding the food, you may



90%

of food allergies come from: milk, eggs, fish, shellfish, peanuts, tree nuts, wheat, soybeans, and sesame.

RIMMA.BONDARENKO/GETTY IMAGES

need to become a vigilant detective on your own behalf and read food labels and checking the ingredients for problem foods. You also need to be aware that ingredient lists can include substitutions at times.

Also, when dining out, ask your server about how your meal will be prepared and let them know about food intolerances.

"The best tool we have to identify food sensitivities is a process of careful observation and experimentation," writes Dr. Marcelo Campos, a contributor to the Harvard Health Blog.

That insight can also include eliminating foods that may be a problem to find the root cause of any reactions.

"This so-called 'elimination diet' is not high-tech, and it is far from perfect. A physician or nutritionist can provide guidance for undertaking an elimination diet and can help you understand limitations and avoid possible pitfalls."

Janis Siegel is an award-winning news journalist and columnist who has covered international health research for SELF Magazine, The Times of Israel, the Fred Hutchinson Cancer Research Center, and others. Siegel launched a health column featuring cutting-edge research from world-class academic institutions.

The Me Monster

An excerpt from 'Things That Matter: Overcoming Distraction to Pursue a More Meaningful Life'

We think pursuing our desires will make us happy, but this happiness is short-lived. Lasting, nourishing happiness comes from living a life of meaning and purpose.



JOSHUA BECKER

The "pursuit of happiness" is famously enshrined in the U.S. Declaration of Independence. Not that anybody was waiting for Thomas Jefferson's permission to seek happiness for themselves. We all naturally want to do it. And there's nothing wrong with that.

As long as it's the right kind of happiness. Otherwise, it's just a distraction.

See, somewhere along the way (or maybe it's always been like this), it appears we human beings confused the pursuit of happiness with the pursuit of self. As a result, we think we'll be happiest if we focus on ourselves, spend our resources on ourselves, and meet our own needs and desires—sometimes even at the expense of others. We see this all around us.

Now, most of us aren't absolutely selfish in our pursuit of happiness. We include our loved ones. Maybe a few other people too. But it's a pretty small list, with Me at the top.

Serving ourselves comes naturally for most of us—it always has. But when we try to satisfy our desire for happiness in the pursuit of self,

we fall short of the truest, most-lasting forms of happiness. The pursuit of selfish desires may offer some pleasure in the short run, but in the long term, the happiness is never lasting. Misplaced, the pursuit of happiness can become the distraction that keeps us from more meaningful pursuits.

The pursuit of self and the pursuit of lasting happiness are not the same. In fact, at times, they run completely opposite routes.

At the end of your life, would you be prouder of having spent years working and saving to buy a second home, or doing what you could to help the poor or suffering in your community? Would you find more pride in having spent most of your spare time with sports shows and video games, or in doing the creative work that you were uniquely suited for?

The best, most direct pathway to lasting happiness and fulfillment is to look not only at your own interests but also at the interests of others.

When we begin living our lives for the sake of others, our lives immediately take on greater value. We no longer live for the benefit of one or a few; we begin living for

The pursuit of happiness can become the distraction that keeps us from more meaningful pursuits.

the benefit of many.

Psychiatrist and philosopher Viktor Frankl said, "Happiness cannot be pursued; it must ensue, and it only does so as the unintended side effect of one's personal dedication to a cause greater than oneself or as the by-product of one's surrender to a person other than oneself."

Happiness can't be pursued. It must ensue.

Have you ever tried to hand-feed a wild bird? If you approach too rapidly or thrust the food toward it, it will fly away, scared of you. But if you're patient, and appear not to be interested in the bird, it may slowly work its way to you.

Let's not pursue happiness. Let's pursue purpose... and allow happiness to come to us.

"The Me Monster" is an excerpt from my new book, "Things That Matter: Overcoming Distraction to Pursue a More Meaningful Life."

Joshua Becker is an author, a public speaker, and the founder and editor of [Becoming Minimalist](http://BecomingMinimalist.com), where he inspires others to live more by owning less. Visit BecomingMinimalist.com



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