

THE EPOCH TIMES

MIND &

BODY

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JEFF PERKIN

Ending the Vicious Cycle of Insomnia

(Without Sleeping Pills)

Sleeping advice from an expert and why prescription sleeping medications should be a last resort

35
PERCENT

▶ Those who averaged two to three sleeping pills per week or more were 35 percent more likely to develop a new cancer within an average of 2.5 years.

Dr. Daniel F. Kripke, emeritus professor of psychiatry, University of California—San Diego

When we're really stressed or worried about something, it can be very difficult to sleep.

"O sleep! O gentle sleep! Nature's soft nurse, how have I frightened thee? That thou no more wilt weigh mine eyelids down and sleep my senses in forgetfulness?"—William Shakespeare, *Henry IV, Part 2, Act 3, Scene 1*

The state of worldly affairs is enough to keep anyone awake, but when our sleep is regularly disrupted, it sets off a vicious cycle of fatigue and anxiety. Luckily, there are ways out of this loop besides sleeping pills—and you likely don't even need the mythic eight hours of sleep per night.

There are some rarely discussed factors surrounding sleep that we can use to get the rest we need without having to alter our brain chemistry with drugs.

Television commercials may suggest that a sleeping pill can help you get a night of restful sleep and return to your more energetic self, but the fact that the side effect warnings for these drugs can take up most of the ad's air time is telling. However, if you're desperate for sleep, it's all too easy to ignore the potential side effects and pretend that the small print doesn't apply to you.

However, this is a deadly serious area of concern, according to sleep researcher Dr. Daniel F. Kripke, a licensed physician certified by the American Board of Psychiatry and Neurology and an emeritus professor of psychiatry at the University of California—San Diego.

Kripke has been studying sleep for years, including doing research in his earlier years for pharmaceutical companies. That changed, however, as he recounted in a comprehensive guide to the dangers of sleeping pills that he released online.

"Sleeping pills are hazardous to your health and could cause death from cancer, infections, overdoses, respiratory failure, other illnesses, or accidents," he wrote in "The Dark Side of Sleeping Pills."

Kripke wrote in his final acknowledgments at the end of the book how he stopped accepting any fees from pharmaceutical manufacturers years ago so that he could freely report what he was discovering in his research.

"I also stopped accepting fees from tort lawyers or class-action attorneys. It is important that readers understand for whom an author works. Being supported largely by public funds, I have felt responsible for explaining the research results in the public interest," he wrote.

Fortunately, there are many options insomniacs can explore before resorting to pills. Cognitive behavioral therapy for insomnia (CBT-I), bright light therapy, and meditation are a few of the proven ways to relax the mind.

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Fight Off Osteoporosis by Strengthening Your Bones

There is an essential combination of vitamins, minerals and exercise you need to keep growing healthy bones

STEPHEN SOWULEWSKI

A strong musculoskeletal system holds you together—literally. It's important from your formative years to later life. With proper nutrition and consistent exercise, you can stay vital well into your golden years. That's important,

because an ever-larger percent of the American people is over 65 years old.

Just as engineers reinforce a building's framework to withstand strong winds, the skeletal system can be reinforced with a dose of weight-bearing exercise and specific minerals and vitamins.

Osteoporosis

According to a systematic review from 2016, osteoporosis is often referred to as the "silent disease," because diagnosis usually takes place after a person has a fracture.

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Fight Off Osteoporosis by Strengthening Your Bones

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Continued from Page 1

But that finding has also become controversial in recent years, as has the disease itself and its treatment.

A 2015 scientific review published in the *Journal of Internal Medicine* found that three of the core hypotheses around fractures and how to avoid them are deeply flawed.

The paper, titled "Osteoporosis: The Emperor Has No Clothes," notes: "Current prevention strategies for low-trauma fractures amongst older persons depend on the notions that fractures are mainly caused by osteoporosis (pathophysiology), that patients at high risk can be identified (screening), and that the risk is amenable to bone-targeted pharmacotherapy (treatment). However, all these three notions can be disputed."

For instance, the paper notes: "Most fracture patients have fallen, but actually do not have osteoporosis. A high likelihood of falling, in turn, is attributable to an ageing-related decline in physical functioning and general frailty."

The debate has also brought much-needed attention to the problems of drugs used to treat osteoporosis, which often have side effects worse than the disease itself.

Despite the ongoing debate about osteoporosis, the risks of falling, and how best to treat the disease, we do know that there are things we can do to strengthen bones and improve the quality of life in older age.

Calcium and Vitamin D

Keeping your bones healthy is predicated upon making sure that you obtain the proper micronutrients (vitamins and minerals) in your diet.

Perhaps the most recognizable duo in helping to preserve healthy bones

are calcium and vitamin D. Think of these two as a "tag team" because they work in concert with one another.

Vitamin D is the main factor in calcium absorption within the bones, and, as such, manufacturers have sought to market supplements that contain both calcium and vitamin D within the same bottle versus having to buy these supplements separately.

Age-related slowing of movement plays a pivotal role in the declining health of older adults.

The three major choices for calcium supplements include calcium carbonate, calcium citrate, and calcium phosphate. Calcium carbonate is typically the most cost-effective but must be taken on a full stomach for proper absorption, whereas calcium phosphate tends to be more expensive and can be taken without regard to food. Calcium citrate is usually the most costly but also is the best absorbed.

Irrespective of supplements, calcium is plentiful in dairy products and also found in beans, green vegetables, fruits, and nuts.

Take note if you happen to consume large amounts of caffeine, which can sequester calcium from bones, hinder absorption, and lead to potential bone loss. If you're concerned about bone health, or drink lots of caffeine, it might be wise to jettison regular coffee or cola for decaf or the caffeine-free varieties, or, better yet, just drink plain water.

Adults generally need 1,000 to 1,200 milligrams of calcium per day based upon the recommended dietary al-

lowance (RDA). Calcium can also be listed as a percentage of RDA on the nutrition label. To find the milligrams, add a zero. For example, 20 percent would be approximately 200 mg.

Aside from the sun's rays, which allow the body to synthesize vitamin D, the vitamin is limited to certain foods. For example, some options include fatty fish such as salmon, as well as milk, eggs, fortified cereals, and mushrooms. Some people avoid sun exposure, while others use a sunscreen with a higher level of sun protection factor, or SPF, which can decrease levels of vitamin D absorption. Still other people may limit the amount of vitamin D-laden foods eaten, so it might make sense for them to take a supplement.

According to an article in *Current Sports Medicine Reports*, the vitamin D in supplements is either D2 (ergocalciferol) or D3 (cholecalciferol). Vitamin D3 is the form found in animal foods like fish and eggs and is the preferred choice because of its bioavailability (better absorption), as compared to D2, which is the plant-based form of vitamin D and not as readily absorbed.

Unlike other supplements, vitamin D is measured in international units (IU) and is based on 400 IU. For example, if 8 ounces of milk has 25 percent vitamin D, then it contains 100 IU. About 40 percent of Americans are deficient in this fat-soluble vitamin, according to the National Institutes of Health. Taking in 600 IU

of vitamin D per day is suggested for healthy adults, per the Food and Drug Administration.

of vitamin D per day is suggested for healthy adults, per the Food and Drug Administration.

Phosphorus and Magnesium

Like calcium, phosphorus and magnesium fall under the category of "major minerals" that are essential to the body. Phosphorus helps to build bones and teeth. Unfortunately, not all of the minerals play nicely with one another, as the phosphorus in colas can encourage calcium to be excreted through the urine.

Phosphorus is available in high-protein foods such as meat, fish, poultry, eggs, and milk.

However, for those who subscribe to a vegetarian or vegan lifestyle, grains, nuts, and legumes can also serve as options. Adults should strive for 700 mg of phosphorus, according to the RDA.

The body uses magnesium to make bone. A study published in the *Journal of Osteopathic Medicine* found that vitamin D metabolism can be hindered when

Exercises that improve balance become more important as we age.



Weight-bearing exercises are essential to maintaining healthy bones.

magnesium levels are low. As a consequence, this may render vitamin D to be mostly inactive in the body. This could result in weakened bones. Foods high in magnesium include legumes, grains, nuts, seeds, leafy greens, and dark chocolate. The RDA for magnesium is 420 mg for men and 320 mg for women.

Vitamin K

Like its fat-soluble cousin vitamin D, vitamin K is instrumental in making bone. A report from the Framingham heart study in the *Journal of Osteoporosis* revealed that adults who consumed the least amount of vitamin K on a daily basis were also likely to have the highest incidence of broken bones. Foods with vitamin K include dark green vegetables, cheese, liver, cereal, and fruits. The RDA recommends that men take at least 120 micrograms and women take 90 mcg daily.

Exercise

As the old adage goes, "use it or lose it." Keeping healthy bone integrity is no exception. Like most of our bodies, a certain amount of stress causes bones to grow stronger. Weight-bearing resistance exercise helps to protect bone mass as well as build stronger muscles and help prevent falls.

A study from the *Journal of Healthcare* notes that certain areas of the skeleton may be impacted positively by the muscles being engaged during the workout and thus provide a significant increase in bone mineral density—for example, the hip adductor and abductor muscles, which stabilize the hip joint. The key is to allow the body to move against gravity, as in using free weights or weight machines.

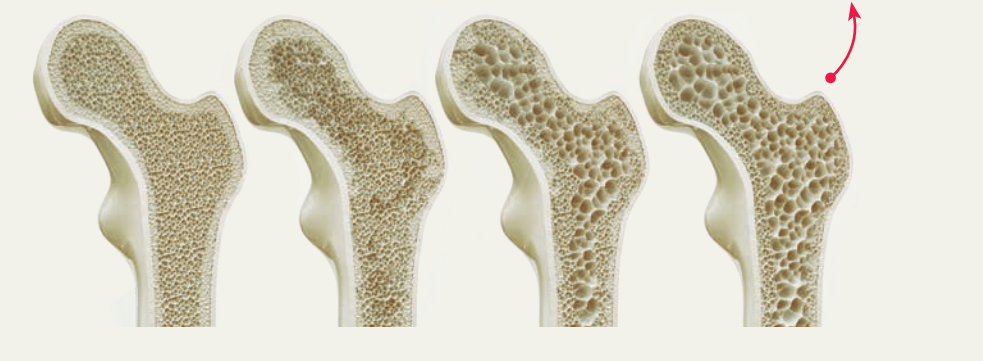
First, you should consider the intensity and type of exercise, especially if you've already been warned about osteoporosis by your doctor or experience pain. The *Journal of Osteoporosis International* suggests that resistance training should encompass all major muscle groups (arms, shoulders, back, chest, and legs) and be undertaken at least two times per week.

Second, balance training should also be incorporated for about 15 minutes per day. This can include activities such as closing the eyes while doing tasks that involve standing or practicing tai chi.

Third, aerobic training for 30 minutes per day over the course of a week is recommended. Adopt a walking program or try activities such as dancing or tennis. Even seasonal activities help to confer weight-bearing exercise, such

Deterioration of Bone Mass Through Osteoporosis

Osteoporosis is a gradual deterioration of bones best avoided through proper diet and exercise.



as mowing the lawn or shoveling snow. Although swimming and biking may be enjoyable, they don't count as weight-bearing exercise.

Safeguards should be taken to discourage improper lifting techniques. For example, if certain machines require the twisting and bending of the torso, avoid these and tailor the workout to something else, such as more controlled and slower movements using exercise bands.

Use items that you have around the house, such as canned goods or jugs of milk, to serve as a stand-in for dumbbells.

Prevention of Falls

Regardless of a person being newly diagnosed with osteoporosis or having lived with it for a certain period of time, normal movement can be compromised—especially if the person is restricting their movement due to fear of falling, or if a fall has already taken place.

Age-related slowing of movement plays a pivotal role in the declining health of older adults. Slowing typically begins after age 62 with a marked reduction in how fast a person walks. It can lead to dysfunction, poor mental and physical health, a loss of independence, and a higher risk of death, according to a 2017 study.

A report from the Centers for Disease Control and Prevention found that 27.5 percent of older Americans reported falling in 2018. Falls are a leading cause of injury among the elderly, and some falls result in serious injury. In many cases, recovering from a fall is a significant hardship, according to the World Health Organization.

An article in the *Journal of Experimental Gerontology* provides examples of how to

better prevent falls. For example, using "reactive control" helps a person to recover stability through building a better base of support. This could be achieved by catching a moving object while standing.

Another example is the transition from sitting to standing and shifting body weight as far as possible in multiple directions. Educating yourself about fall prevention is important.

Dr. Stephen Sowulewski is a professor in the School of Health Professions at Reynolds Community College, an adjunct professor in Virginia Commonwealth University's Honors College and the University of Richmond's School of Continuing Studies. He also serves on the board of directors at the Men's Health Network in Washington, D.C.

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94 Percent of Drugs Approved Without High-Quality Evidence

MARINA ZHANG

Less than 6 percent of medical drugs have high-quality evidence to support their benefits, according to a recent study by the University of Oxford.

The study found that, of the 1,567 eligible medications tested within Cochrane Reviews from 2008 to 2021, more than 94 percent weren't supported by high-quality evidence.

Cochrane Reviews is a British international charitable organization that has made a name for itself by conducting systematic reviews. Essentially, the

organization will look at a large number of studies and analyze them to formulate conclusions about whatever the area of study was, from treatments for cancer to the effects of different vitamins.

These influential reviews are often referenced in national and international health care guidelines, and the organization's work is especially prominent in Europe.

Researchers found less than half of the drugs approved from 2008 to 2021 had moderate to high-quality evidence, according to the reviews. Further, harms were underreported, with around 37 percent of interventions found with harm and

8.1 percent had significant evidence of harm.

"It is particularly worrying that the harms of healthcare interventions are rarely quantified," Dr. Jeremy Howick, one of the co-authors of the study, wrote in *The Conversation*.

"For a doctor or patient to decide whether to use a treatment, they need to know whether the benefits outweigh the harms. If the harms are inadequately measured, an 'informed choice' is not possible."

According to Howick, the "cut-off" year was 2008, since that was when Cochrane Reviews incorporated a system called grading quality of evidence and strength of recommendations (GRADE) to assess the quality of evidence.

The GRADE system used by Cochrane is a transparent framework for developing and presenting summaries of evidence and provides a systematic approach for making clinical practice recommendations.

It's a widely adopted tool for grading the quality of evidence and for making recommendations with over 100 organizations

worldwide endorsing GRADE.

Although authors of the Oxford study speculated that the poor findings for drugs backed up by high-quality evidence may be because the sample studies were "unrepresentative" of the population, Howicks argued that it was unlikely given the strictness of Cochrane Reviews.

Potential harms should be measured with the same rigor as potential benefits.

Dr. Jeremy Howick, co-author of the study

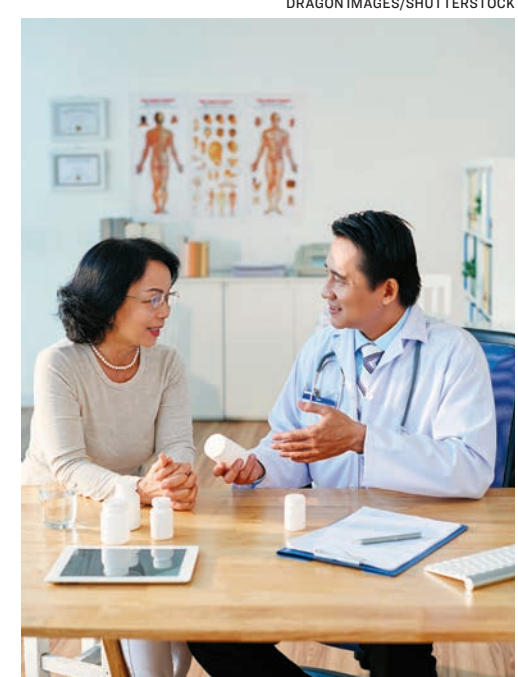
A 2020 U.S. study published in *JAMA* also indicated the problem of medications being approved without rigorous testing, and then causing harm. The study examined drugs approved by the Food and Drug Administra-

tion from 1983 to 2018 and found that while the number of novel biologics approved increased, the FDA's review period decreased.

The authors wrote in the study that, the FDA "increasingly accepted less data and more surrogate measures," including clinical measures that show a correlation but may not necessarily guarantee a relationship.

Dr. David Light from Harvard University argued in a 2014 article that the majority of newly approved drugs bring little to no improvements, with 1 in 5 new prescriptions causing severe adverse events. At the same time, pharmaceutical prices for new drugs have soared with drug median release prices growing 85 times higher from 2008 to 2022.

"Potential harms should be measured with the same rigor as potential benefits," Howick concluded. "The evidence-based medicine community is correct to continue calling for higher-quality research, and also justified in their skepticism that high-quality evidence for medical treatments is common or even improving."



Your doctor may not have had time to research the quality of research supporting any given drug treatment he or she may prescribe.

Ending the Vicious Cycle of Insomnia

(Without Sleeping Pills)

Sleeping advice from an expert and why prescription sleeping medications should be a last resort

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Common Sleep Deterrents

It's important to remember that lying in bed worrying won't help. If you don't feel sleepy, why not sit in meditation or use CBT-I to reframe the anxious thoughts you may be experiencing? Removing caffeine and alcohol before bed is also important. Caffeine's effects can last for up to five hours. Alcohol may help you get to sleep, but also has tendency to wake people up mid-sleep when their blood alcohol level falls.

People who drink early may also experience difficulty initially falling asleep. Limiting alcohol intake and not drinking every night is key to making sure you're getting restful sleep regularly. Combining alcohol with sleeping pills can be very dangerous because both drugs can alter breathing, brain function, and heart rate via suppression of the central nervous system.

Other common sleep deterrents are eating sugary or processed foods before bed and staying up late staring at screens. The blue light from our screens can trick the brain into thinking it's morning. Use a filter on your screens or wear glasses that filter blue light. Before taking medications, consider supplementing with l-Tryptophan, valerian, magnesium, vitamin B12, chamomile

tea, or other relaxing herbal teas or fragrances, such as lavender oil.

Cognitive Behavioral Therapy for Insomnia

Few things can keep us up at night as easily as errant thinking. Negative thoughts can have wide-ranging effects on our health and well-being. To the extent that we believe and identify with our thoughts, they can be surprisingly destructive. CBT-I helps a person to question harmful thoughts and replace them with something constructive.

In a study, "Management of Insomnia Disorder," published by the Agency for Healthcare Research and Quality, researchers wrote, "Cognitive behavioral therapy for insomnia (CBT-I) improved global outcomes and nearly all sleep parameters in the general adult population, older adults, and adults with pain."

The researchers didn't find evidence of any adverse effects. While they were hesitant to compare CBT-I to sleeping medications, they did write that "observational studies suggest that hypnotics (sleeping medications) may be associated with dementia, fractures, and major injury."

The American College of Physicians even recommends CBT-I as a "first-line treatment" for insomnia over prescription medications.

Bright Light Therapy

Whether you think of yourself as a morning person or a night owl, you may have a "circadian rhythm timing disorder" in which your body clock is moving either too fast or too slow.

"Advanced sleep phase" is the term given to people whose body clock is running too fast. Common in the elderly, advanced sleep phase involves getting up and going to bed earlier than is socially normal. It may be caused by the deterioration of vision and less light intake because of cataracts, smaller pupils, glaucoma, and other causes of macular degeneration.

Advanced sleep phase can be problematic if the person finds that they fall asleep unintentionally or can't get enough sleep because of waking too early. Bright light therapy, using an LED light box or other bright lamp, can stimulate people in the evening and help to keep them in a more normal circadian rhythm.

People whose body clock is moving too slow have a "delayed sleep phase" in

which they're receiving wake/sleep signals too late. Insomnia related to a delayed sleep phase involves a person not

being able to get to sleep until very late at night. This may involve spending hours in bed trying to get to sleep and then struggling to wake up at the desired time.

Delayed sleep phase is commonly associated with oversleeping and depression. Abnormal drowsiness and fatigue in the morning can result in a person being overly dependent on stimulants or being more susceptible to accidents when they're rushed to get somewhere. Associated with rebellious behavior, delayed sleep phase is more commonly experienced by young adults, although it does also affect older adults and some elderly people.

People experiencing this timing disorder can use bright light therapy to get more light early in the morning. According to Kripke, delayed sleep phase can be a stubborn condition and can require the person to expose themselves to a very bright light for one to two hours each morning.

"Arranging to receive that light may be hard to fit in with daily habits," Kripke said.

"I usually find that people with delayed sleep phase need one of the bright fluorescent light boxes. One convenient way to get a strong dose of morning light is to use a light box (maybe a box arranged for 10,000 lux) for 30 min at breakfast time. For people who work at a desk, placing the light box on the desk and turning it on all morning might be effective, even if one cannot sit at the desk all of the time."

Kripke said sitting near a window or just opening the curtains rarely offers enough light to treat the condition.

To learn more about bright light therapy and its uses, consult Kripke's free



"The Dark Side of Sleeping Pills" by Daniel F. Kripke, M.D. can be read online for free at DarkSideOfSleepingPills.com

online book, "Brighten Your Life."

Mindfulness Meditation

When we're really stressed or worried about something, it can be very difficult to sleep. Getting out of bed to sit in meditation can help resolve troubled thoughts and feelings.

What's causing the feeling? Fear? Uncertainty? Feel the feeling and allow the thoughts to pass without engaging in them. After sitting for a while, you'll either dissipate the feeling or be ready to sleep.

Only when you feel you're ready to sleep should you return to bed. Don't worry about the number of hours you're going to get. You'll get what you can. Relaxing is the priority. Light some incense or play some soothing music if you want.

Meditation has the power to put one in touch with a deeper aspect of oneself. In that place of peace, our worldly concerns can lighten and a sense of calm can soothe the nervous system. Meditation in and of itself can be deeply restful.

According to a study published in the Sleep Research Society's journal, Sleep, doctors wrote, "Given that insomnia disorders are defined by nocturnal sleep disturbance and waking dysfunction, the present findings demonstrate the efficacy of mindfulness meditation to improve both nocturnal symptoms and waking distress in those patients with elevated sleep-related arousal."

"Interventions featuring mindfulness meditation have positive patient-reported benefits and could be a viable treatment option for chronic insomnia."

Do We Really Need 8 Hours?

It may be surprising to learn that people who sleep less on average, about 6 1/2 hours per night, may actually live longer and be less depressed than people who sleep eight or more hours.

"The folk belief that we should sleep 8 hours seems to be incorrect. Numerous studies have shown that self-reported sleep longer than 7.5 hours or shorter than 6.5 hours predicts increased mortality risk," Kripke and other researchers reported in a study.

"People who sleep five or six hours may be reassured."

Short sleepers may actually live longer in many cases than people who sleep eight or more hours per night. Surprisingly, people who say they have insomnia are also less likely to be depressed because depression is generally correlated with oversleeping.

Spend Less Time in Bed?

Excessive worry about the fallacies surrounding sleep can cause people to force themselves to bed even when they aren't sleepy. Whatever your bedtime is, Kripke said that "you should not go to bed if you do not feel sleepy."

It seems like common sense when you think about it.

"Moreover, if you awaken at night and no longer feel sleepy, get out of bed, and do not go back until you are sleepy again and expect to fall asleep," he said. "Even after being up during the night, you should get out of bed by your regular awakening time, because sleeping late tends to make the problem worse."

Sleeping Pill Dangers

In "The Dark Side of Sleeping Pills,"



Bright light therapy can be essential for people with problems sleeping. It can reset their sleep cycle and enable them to fall asleep at night.

Kripke wrote that "American Cancer Society data from over one million people showed that use of sleeping pills was associated with more deaths within six years, but insomnia by itself was not associated with any death risk."

Writing about a study that he conducted with other researchers from Scripps Clinic Viterbi Family Sleep Center, he said, "From electronic medical records, we studied over 10,000 patients who took sleeping pills and over 20,000 matched patients who did not take sleeping pills. The patients who took sleeping pills died 4.6 times as often during follow-ups averaging 2.5 years. Patients who took higher

develop a new cancer within an average of 2.5 years."

"As of July 2018, there were at least 42 published studies of the mortality risks of sleeping pills," he said. "Of the 42 studies which reported either greater or lesser mortality associated with sleeping pills, 40 studies showed that people taking sleeping pills died sooner."

A population-based cohort study in Taiwan compared users and nonusers of zolpidem (Ambien), which is "the most popular hypnotic in Taiwan and the U.S.," according to Kripke.

After an eight-year follow-up period, researchers found a significantly larger cancer hazard associated with those

who took high-dose zolpidem (300 or more milligrams per year). High-dose of 300 or milligrams would equate to roughly 60 doses per year for women and as little as 30 doses per year for men, according to Mayo Clinic dosage recommendations for regular tablets (extended release is a higher concentration and therefore would require fewer tablets still).

The highest cancer risk was for oral cancer, which had a "related hazard ratio of 2.36." That means that people taking zolpidem were, on average, 2.36 times as likely to develop oral cancer as opposed to people not taking the medication over an eight-year period. Kidney, esophageal, breast,

liver, lung, and bladder cancers had a "related hazard ratio of 1.6" with men being at higher risk than women. The Taiwanese researchers concluded that "the use of zolpidem may be associated with an increased risk of subsequent cancer. Further large-scale and in-depth investigations in this area are warranted."

Other Serious Risks

Depression, worsened sleep apnea, and a strong association with suicide are other risk factors to consider when considering sleeping medication.

"Modern hypnotics were associated with an increased incidence of depression in data released by the FDA," Kripke said.

Suicide is also "strongly associated." The Food and Drug

“American Cancer Society data from over one million people showed that use of sleeping pills was associated with more deaths within six years, but insomnia by itself was not associated with any death risk.”

"The Dark Side of Sleeping Pills" by Kripke

- Zolpidem (Ambien, Ambien CR, Edluar, Intermezzo, and Zolpimist)
- Temazepam (Restoril)
- Eszopiclone (Lunesta)
- Triazolam (Halcion)
- Flurazepam (Dalmane, Dalmadorm)
- Estazolam (Prosom)
- Quazepam (Doral)
- Barbiturates (especially phenobarbital)
- Antihistamines, mainly diphenhydramine

Cancer

Shockingly, Kripke found that "those who averaged two to three sleeping pills per week or more were 35 percent more likely to



Relaxing herbal teas or fragrances like lavender oil can help some people fall asleep more easily.

There are several different ways sleep can become compromised, including timing disorders that upset our sleep cycle.

Studies Show

8 HOURS

of sleep or more a night predicts an increased mortality risk than those that sleep 6.5 to 7.5 hours per night.

MADE TO MOVE

Move Once an Hour to Protect Blood Flow

If you're not moving regularly, health problems are all but inevitable

MAT LECOMPTÉ

It's easy to take a seat and not give it up. Last night, for example, I sat down around 7 p.m. and don't think I moved until about 10:45. The seat was just that good.

I know you can relate. You've likely sat through an entire sports game, movie, or back-to-back episode of a binge-able show. The time can pass in the blink of an eye.

But even though it seems like the time went nowhere, your body felt it. Your blood flow slowed, and it may have started to pool. Having this happen once in a while is no big deal, but if it's happening all day every day with extended sits, you could be putting your heart and vein health at risk.

Being sedentary isn't good for your circulatory system. It can boost the risk for varicose veins and worse, leading to pain and potential heart problems.

However, there is a relatively simple fix: Move more.

More movement forces your heart to move blood through your blood vessels to help them stay malleable and functional, getting adequate levels of oxygenated blood to all of your organs and tissue.

Any exercise or type of movement is great. Go for a run, do some dancing, play in the garden, or go for a walk around the block. But it's important to remember

one thing: Do it regularly.

I'm not talking about scheduling 30 to 45 minutes of exercise into your day, although that is a hugely beneficial routine. Instead, I mean get up for at least five minutes every hour and move around.

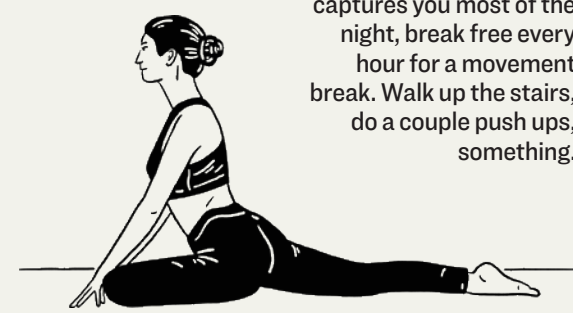
Sitting for extended periods, regardless of what you've done earlier in the day or are planning to do, can boost the risk for blood flow issues.

So when you're settled in, remember to take a break. Do some work for your-

self during a commercial break or between episodes. Just get up and do something to push that blood around instead of letting it pool!

Mat Lecompte is a health and wellness reporter for *Bel Marra Health*, which first published this article.

Your body needs to move—often. If the couch captures you most of the night, break free every hour for a movement break. Walk up the stairs, do a couple push ups, something.



The Concerning Rise of GMO Food Animals

A quiet effort is underway to maximize profits by manipulating the genes of food animals

MARTHA ROSENBERG

The health conscious and safe food advocates are well aware of genetically modified organisms (GMO) such as the corn that Monsanto designed to withstand heavier exposures to its jugernaut herbicide Roundup.

Less publicized, however, are GMO food animals. Judging from ongoing research, the companies making these creatures hope they will increasingly find their way onto Americans' plates in the years ahead. The AquAdvantage salmon was approved by the U.S. Food and Drug Administration (FDA) in 2015, but other GMO animals are under development.

The AquAdvantage salmon was created by inserting the coding sequence from a Chinook salmon growth-hormone gene under the control of an "antifreeze protein promoter and terminator" from the eel-like ocean pout into wild Atlantic salmon.

Designed to grow twice as fast as normal salmon, it was the first GMO animal approved by the FDA. According to a food industry website, the Counter, the AquAdvantage salmon is sold in Canada, but more than 85 grocery chains, food service companies, restaurants, and seafood companies have pledged to boycott it for both food safety and environmental reasons.

In addition to concerns about the product itself, the safety of wild salmon populations is threatened by such GMO animals if they escape. (Think Jurassic Park.)

While both the FDA and the AquAdvantage (AAS) salmon's creator, AquaBounty, claim the GMO salmon is safe to eat, the FDA briefing packet disseminated for 2010 hearings revealed such red flags as a higher incidence of

Most grocery stores and butcher shops don't want to sell genetically modified fish and food animals.



"jaw erosion" and "focal inflammation" (infection) seen in the AAS salmon; no way to determine if greater allergy risks existed because of the excessive culling of "abnormal" AAS salmon; and a possible "increase in the level of IGF-1," insulin-like growth factor-1, in the AAS salmon.

Moreover, FDA food scientists and outside experts who had been called in for the hearings noted unexplained discrepancies, omitted data, and overall substandard science pre-

sented by those promoting the AAS salmon.

More FDA GMO Approvals

In 2020, the FDA approved the second GMO animal, an "intentional genomic alteration" (IGA) in pigs. The lab-created animal, called a "GalSafe" pig, is designed to eliminate a substance found on the surface of pigs' cells called "alpha-gal sugar" that could cause people with alpha-gal (AGS) syndrome to have an allergic reaction. AGS sensitizes someone to allergic reactions to beef, pork, and lamb usually after a tick bite. The GMO animal was created by removing the gene for alpha-1, 3-galactosyltransferase, which "attaches alpha-galactose sugars to cell surfaces," Medpage Today reported.

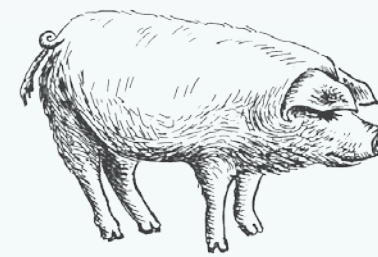
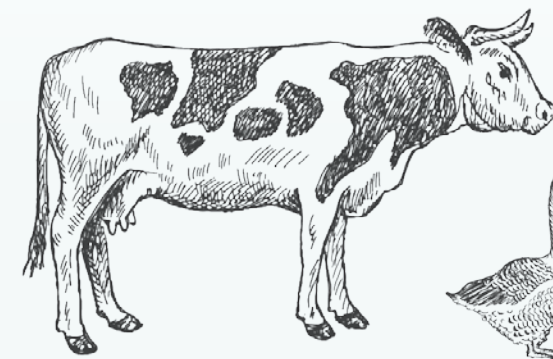
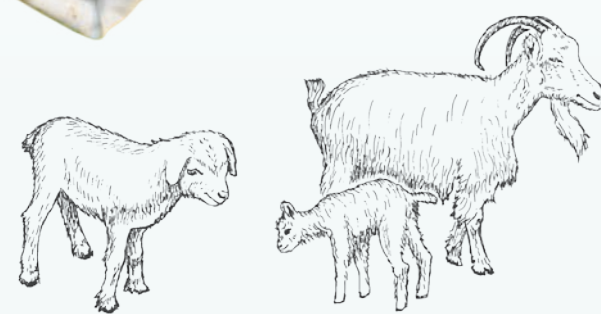
GMO animals are already used in the laboratory. In the 1980s, transgenic mice were created by inserting human genes and a sheep with human genes was created in 1997. GMO animals are also used in medical and non-food applications. In 2009, the FDA approved an anti-clotting drug made from goats that had the human gene for antithrombin inserted and linked to their DNA.

More Livestock Genetic Engineering

In 2006, research published in the journal Nature Biotechnology describes the "generation of cloned pigs that express a humanized Caenorhabditis elegans gene, fat-1, encoding an n-3 fatty acid desaturase," in order to produce pork with more "good" omega-3 fatty acids and less "bad" omega-6 fatty acids that are usually found in meat.

In 2010, researchers created a GMO pig by adding mouse and E. coli phytase genes to its DNA, and the creature was approved in Canada.

Dubbed the "Enviropig," it was said to produce less phosphorus in its urine and feces and be less destructive to the environment but the pigs were killed



As companies and researchers move from altering the genes of plants to altering those of animals, ethical questions remain unanswered and have been all but ignored.

Conclusion

The development of genetically engineered food animals will likely increase because the GMOs represent greater profits for big meat producers when they adjust animals to their bottom line rather than their practices to better suit animal welfare and human safety.

However, like GMO crops, many environmental and food groups distrust the products (sometimes called "Frankenfoods") and raise legitimate questions about their safety, purpose, and who is driving the aggressive GMO agenda.

Moreover, the objections to GMO crops—tampering with nature for human advantage—are magnified when it comes to animals.

Creating new animals for a dedicated human use "is a mechanistic use of animals that seems to perpetuate the notion of their being merely tools for human use rather than sentient creatures," the Humane Society of the United States says. That may be an understatement.

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

MINDSET MATTERS

Why We Don't Change What We Can Change

If you're stuck in a bad situation, don't deny yourself your own empathy

NANCY COLIER

Have you ever found yourself in a situation you didn't want to be in? If you're over the age of 7, the answer, I'm guessing, is yes. As a therapist, I often meet people in moments of conflict. Something in their life isn't working, but they don't know how to get out of it; they don't know how to change their reality to get out of a bad situation.

Lisa's aging and ailing father was now living with her. She was making all of his meals, checking on him during the night, helping him use the bathroom and bathe, and many other difficult tasks. It was a lot of work, on top of her full-time job. As a result, Lisa felt exhausted, frazzled, resentful, and overwhelmed. Her relationship with her boyfriend was coming apart because she simply wasn't available, emotionally or physically. There wasn't enough of her to go around. And her own health was declining, too; without the time or energy to exercise, make healthy eating choices, or get enough sleep, she was in hardcore burn-out.

Ana, on the other hand, was a stay-at-home mom. She adored her children, ages 4 and 7, but was tired and frustrated from only being a mom; she was losing patience for all the domestic tasks that she increasingly hated doing. She missed working in the adult world and longed to use her brain again. She, like Lisa, felt burned-out, bored, and increasingly re-

sentful of her husband, who got to "have a life." She even found herself resenting her kids because she had to spend all her time with them, which made her feel terrible about herself.

Both women were struggling in situations they desperately didn't want to be in, situations that were costing them their own well-being. And yet they both felt guilty for even considering making changes. Despite their own suffering, doing something different was out of the question.

Their situations were emotionally complicated and logistically challenging to unravel, and I'm by no means suggesting that they should have been easy to change. I'm using them simply as examples to help us see and understand a much broader issue, one that keeps us stuck in bad situations long after we need to be stuck there.

The issue is this: Our gauge for whether to stay in a bad situation is faulty, or put another way, the question we ask ourselves in considering our choices in a bad situation is the wrong question. For some odd reason, we think that because we can keep doing something we don't want to do, we should keep doing it. Both Lisa and Ana stayed in their bad situations because they could stay and thought they should stay.

And it's of course true that sometimes life is just difficult. Sometimes we simply have difficult obligations we must fulfill.

Often, there are actual things we can do to change our situation, and the major barrier is that we simply forget that we too are worthy recipients of our own compassion—and action, if possible.

If we're fortunate, we may be simply looking at that situation in a way that causes us suffering, and a change in view or understanding can ease much of our anguish. But often, there are actual things we can do to change our situation, and the major barrier is that we simply forget that we too are worthy recipients of our own compassion—and action, if possible.

With both women, I pointed out an obvious truth, that while it was true that they could keep doing what they were doing (without dying), they couldn't keep doing what they were doing in the way they were doing it and be well. There was something about acknowledging this simple truth—that their own well-being wasn't possible in this reality—that proved important in freeing up the possibility for change.

In deciding whether to free ourselves from a bad situation, we consistently overlook our own experience as a factor in the decision; we dismiss the reality of what the situation is doing to us, how it's affecting us emotionally, physically, spiritually, and all the rest. It's as if that bit of information, how we are, really, is irrelevant and need not be considered in the decision-making process. Women in particular invisibilize themselves (although men do it, too) when deciding what choices to make in their life.

For one thing, it's difficult for us just to acknowledge that we're being deeply affected by a situation, that we are indeed

suffering as a result of it, which implies that we are human and not invincible.

Furthermore, it's even harder for us to acknowledge that we have limitations, and that we can't be OK and keep doing what we're doing. From the time we're very young, we learn that it's not OK to not be OK, and it's not OK to not be able to make any situation work.

When I pointed out to Lisa and Ana that they couldn't keep doing what they were doing and also be well, that it just wasn't possible despite their really trying, both women felt an initial sense of relief and surrender. It was the kind of relief that happens when we recognize something utterly true about ourselves and our life, something we've been fighting to make not true, but that is still true. It's that moment when someone tells us something about ourselves that we know deep down but that hasn't yet come to the surface

in 2012 when funding ran out. In addition to creating animals that are more environmentally friendly or that have better nutritional profiles for human consumption, in 2007, United Kingdom scientists at the Roslin Institute, near Edinburgh, announced that they had produced genetically modified chickens to lay eggs that contain cancer-fighting drugs according to the BBC.

"Some of the birds have been engineered to lay eggs that contain miR24, a type of antibody with potential for treating malignant melanoma, a form of skin cancer. Others produce human interferon b-1a, which can be used to stop viruses replicating in cells," the news agency reported.

"Once you've made the transgenic birds, then it's very easy; once you've got the gene in, then you can breed up hundreds of birds from one cockerel—because they can be bred with hundreds of hens and you can collect an egg a day and have hundreds of chicks in no time," said Dr. Helen Sang, lead scientist on the project.

Overseas GMO Animals In 2011, scientists at the China Agricultural University introduced human genes into dairy cows to produce milk closer in composition to that of humans. They hoped the milk from GMO cows would be sold in supermarkets and positioned as an alternative to formula and human breast milk for babies. Soon after, scientists in Argentina also created a cow with human genes to approximate human breast milk, and scientists from New Zealand added a mouse gene to a cow to produce allergy-free milk.

When the human/cow GMO animals were announced, Helen Wallace, executive director of the biotechnology monitoring group GeneWatch UK, told the Telegraph: "We have major concerns about this research to genetically modify cows with human genes."

"There are major welfare issues with genetically modified animals as you get high numbers of stillbirths." Wallace also questioned whether the milk "could be harmful to some people" with no large

“There are major welfare issues with genetically modified animals as you get high numbers of stillbirths.”

Helen Wallace, executive director, GeneWatch UK

While stopping disease is a worthy goal, many animal diseases—like the current avian influenza epidemic—are caused or worsened by crowding and unsanitary conditions.

In deciding whether to free ourselves from a bad situation, we consistently overlook our own experience as a factor in the decision.



Life is fraught with hardship. Sometimes we can change our situation but we hesitate because we think we should just be okay with it.

clinical trials having been conducted. Others question the morality of adding human characteristics to animals.

More GMO Animals Likely to Come Before FDA

So far, the AquAdvantage salmon, the "GalSafe" pig, and the GMO goat have been FDA approved, and genetic engineering of food animals looks set to ramp up as meat producers seek to maximize profits and modify animals to crowded growing conditions, consumer appetites, and marketing possibilities.

"Genome editing has been found to be a valuable tool for lightening the hair and coat color to better adapt dairy cattle to rapidly changing climatic conditions," Giuseppe Ambrosi, European Dairy Association president, told Dairy Global. "These are the findings by researchers from the AgResearch Centre in New Zealand. High-producing Holstein Friesian dairy cattle have a characteristic black and white coat, often with large proportions of black. Compared to a light coat color, black absorbs more solar radiation."

Earlier this year, National Hog Farmer wrote that genetic engineering "has the potential to transform how we improve livestock with genetics ... increasing agricultural productivity (more food for more people in our community and elsewhere). While the article hints that genetic engineering could cut down on antibiotic usage, many operations are already using vaccines to that end.

GMO dairy cattle have been developed to grow without horns by taking DNA from the genome of Red Angus cattle, which suppresses horn growth, and inserting it into the cells of a Holstein bull. Pigs resistant to porcine reproductive and respiratory syndrome (PRRS)

have been genetically engineered and researchers have been trying to genetically engineer cows that are immune to the terminal, prion-caused disease known as "mad cow" after the worldwide outbreaks in the early 2000s.

While stopping disease is a worthy goal, many animal diseases—like the current avian influenza epidemic—are caused or worsened by crowding and unsanitary conditions.



Scientists are now adding human genes to dairy cows.



Lisa allowed their own suffering into their awareness; as they acknowledged the truth of their reality, their resistance quickly dissolved. My unwillingness to join them in dismissing their experience, and rendering their suffering irrelevant, gave them the permission they needed to own their truth and make changes on its behalf. Lisa and Ana shifted their operating system from "I can do this and therefore should do it" to "I cannot do this and be well and therefore need to change it," which allowed both of them to change their situations for the better.

I encourage you to consider your own experience when making decisions about your life—to allow your own truth to be a factor in your choices. It seems like it should be obvious, but sadly, for many of us, it isn't at all obvious. Because you should and can keep doing something is only one small part of the equation and decision. Try it as an experiment: Add in an even more important question, namely: What is doing it doing to you? Ask yourself, Can I keep doing this, stay in this situation, and also be well? Can I do it and even feel OK? Is there something in my relationship with this situation that I can change to alleviate my suffering? If the answer is no, then it's time to change it. It's not just the situation that matters; even though you may never have been taught it—you matter, too.

Nancy Colier is a psychotherapist, interfaith minister, thought leader, public speaker, and the author of "Can't Stop Thinking: How to Let Go of Anxiety and Free Yourself from Obsessive Rumination," "The Power of Off," and the upcoming "The Emotionally Exhausted Woman: Why You're Depleted and How to Get What You Need" (November, 2022.)

INTENTIONAL LIVING

Decluttering Mistakes to Avoid

These 5 tips will help you get rid of unwanted items—and unnecessary stress

ALL PHOTOS BY SHUTTERSTOCK

MOLLIE DONGHIA

As I stood in my kitchen, my view spanned across the countertops, into the living room, and through the adjacent playroom. I saw piles of unopened mail, dozens of small toys scattered by my toddler, last night's clean dishes left to dry next to the sink, and a large stack of clothes that beckoned to be ironed.

Back then, this wasn't an uncommon sight. I can remember feeling the stress that had built up from living with constant clutter in these spaces. I also remember asking myself if I needed a better system of organization. Maybe more storage bins or space to put all of my stuff?

The answer—I've learned since—is not about being more organized or having space to store my belongings. Through our journey of simplifying, my husband and I have found that clutter can only be eliminated when you reduce your possessions and declutter what you no longer need.

Many people declutter their homes with the goal of reducing stress, but they often fail due to common mistakes. The end result is that decluttering adds to the stress in their life, instead of subtracting.

Why Our Bodies

Perceive Clutter As Stress

Clutter affects each of us differently, and how we feel about our homes can shape our mood and stress levels. When we walk inside the door and notice piles of clutter and unfinished projects, it's no surprise that our cortisol level rises.

Stress creeps in each time we neglect to put everything back in its home, or we begin to accumulate too much stuff. Oftentimes, we don't even realize our stress is coming from the cluttered state of our space.

Many also feel guilty over the clutter in their home when others enter, and that also leads to stress. Have you ever found yourself apologizing due to the untidiness of your space?

Personally, the state of my home feels like a direct reflection of my ability to provide a welcoming space. Whether or not this perception is valid, my mood can swing depending on the amount of clutter in my home.

Decluttering Isn't Always the Magic Solution

Since my husband and I began our journey toward minimalism, we've realized the immense freedom that comes from owning less, and we've learned to be mindful about what we bring into our home.

But what happens when the initial excitement of decluttering wears off and you're faced with decision fatigue or feelings of regret over spending money on something that's just taking up space and not being used?

I've been in many of these situations and recognize that sometimes decluttering causes more stress than the clutter itself. Having experienced several failed attempts and eventually success in maintaining a mostly clutter-free home, I've identified five common decluttering mistakes.



I have found that clutter can only be eliminated when you reduce your possessions and declutter what you no longer need.



Mistake 1: Believing that decluttering once will eliminate clutter from recurring

After eliminating the excess from our homes, a common misconception is that we've solved the problem and will remain clutter-free going forward. It takes willpower and intentionality to stop clutter from building up again. Consider everything that enters your home and ask, "Do I need this?"

Mistake 2: Organizing your possessions instead of reducing them

When a space feels cluttered, moving items around to a new spot won't solve your clutter issue or alleviate stress long term. It's a waste of time, money, and space to think that having a better system of organization will be the fix for getting rid of the stuff you don't regularly use or love. Declutter first and then organize what you have left.

Mistake 3: Thinking that decluttering can be done quickly

I remember the first time we decluttered our kitchen. "This won't be too bad," I figured. Several hours in and knee deep into the process, I felt overwhelmed with decision fatigue and exhausted from the amount of items on my kitchen table. Decluttering takes time if you do it thoroughly. Consider setting a time limit or breaking the task into manageable chunks before it becomes a stressful experience.

Mistake 4: Not being ruthless enough in your decision-making

When we began decluttering our home, my husband reminded me to be ruthless with what I kept. If you're wishy-washy about getting rid of items, you're not likely to make a dent in decluttering. Indecisiveness will leave you with decision fatigue and a house full of items you may not even

use—ultimately leading to more clutter and greater stress.

If you're unsure, let it go. Get rid of broken items. Don't be sentimental about everything. If you need to, consider having a "just in case bin" where you place items you're unsure about and tuck it away for several months to see if the item is actually missed.

Mistake 5: Failing to get decluttered items out of your home

After you've done the hard work of decluttering a space, make sure to put those items out of sight so they don't creep back into your home. Donate them right away, or, if you're planning to sell them, put them in a spot out of the way of your living space.

Stop the Clutter and Add More Peace

Your home is meant to be a place where you can unwind and feel less burdened by the demands of life, but visual clutter can be a major source of stress. Before diving into decluttering to alleviate this stress, think about these common mistakes that many of us make.

Decluttering should be a process that results in more time to do what you enjoy and less stuff to manage on a regular basis. Consider what Joshua Becker of the blog "Becoming Minimalist" says: "The first step in crafting the life you want is to get rid of everything you don't."

Get rid of what you no longer need. Evaluate what comes into your home. And experience the freedom that comes from fewer possessions and less clutter.

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

When our space isn't overcrowded with stuff, we can unwind. Without the tension created by clutter, our homes become more relaxing.

A Book That Has Inspired The World



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

Martin Rubenis
OLYMPIC ATHLETE

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

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

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

Arthur Waldron
LAUDER PROFESSOR, UNIVERSITY OF PENNSYLVANIA

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

Shiyu Zhou
PH.D., USA

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