

MIND & BODY

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The root of the issue lies deep in our subconscious, where our beliefs about pleasure and pain plant the seeds of thought and action.

WEIGHT LOSS

Slimming Down Through Your Subconscious

Some people find the motivation to eat better and exercise through the help of hypnosis

Read story on Page 6



Being overweight leads to unsettling situations, like being unable to sit comfortably in a regular airplane seat.



Never feeling comfortable in your clothes makes the simple act of dressing a daily stressor for many overweight people.



Rena Greenberg is one among many certified hypnotists helping people gain better awareness of their inner world.

COURTESY OF RENA GREENBERG

Obesity is the second-leading cause of cancer—quickly closing in on cigarette smoking, currently in first place.

M-FOTO/SHUTTERSTOCK



New Study: Unvaccinated Wrongly Maligned

Decision to not get COVID-19 vaccine comes with consequences, but maybe not for the health care system

JENNIFER MARGULIS

A large-scale international study of those unvaccinated against COVID-19 finds a pattern of discrimination—and a relatively low hospitalization rate.

While the study's findings are limited by the nature of the selection process, in which unvaccinated people opted in to participate, the new study suggests that those who declined the vaccine may not be

the burden to the health care system many have claimed them to be. The study is now available as a preprint (which means it hasn't yet been peer-reviewed). It was uploaded to ResearchGate earlier this month.

The findings hold significant importance to policymakers. According to Our World in Data, 60 percent of the world is fully vaccinated against COVID-19. The 40 percent who aren't vaccinated against the virus have been frequently blamed

for the duration and severity of the COVID-19 pandemic, even as vaccination rates reached up to 90 percent in many jurisdictions.

With government agencies, news media, and social media algorithms ignoring or misrepresenting the contending science around COVID-19, the unvaccinated have faced often intense pressure to get vaccinated against COVID-19.

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Is Electroconvulsive Therapy Getting a New Image?

This controversial therapy is more widely used than ever, but its troubling consequences remain

MARTHA ROSENBERG

There are few psychiatric therapies that are as controversial as electroconvulsive therapy (ECT) which sends pulses of electric currents through the brain to intentionally cause a seizure. Few people would expect it to make a comeback.

Intended to treat severe and treatment-resistant depression, severe mania, catatonia, and dementia-associated agitation and aggression, ECT is usually conducted two to three times per week for three to four weeks. It's a treatment, not a "cure." "Most people treated with ECT need to continue with some type of maintenance treatment," the American Psychiatric Association stated.

Kitty Dukakis, wife of the Democratic presidential candidate Michael Dukakis, told media outlets in 2016 that she receives maintenance treatment every seven or eight weeks. At least 100,000 Americans receive ECT every year, according to Mental Health America.

It isn't known why ECT affects mental conditions, although the supposition of early developers—that the seizures of epilepsy somehow obviated schizophrenia—was subsequently debunked, according to "Desperate Remedies: Psychiatry's Turbulent Quest to Cure Mental Illness" by Andrew Scull, a distinguished professor emeritus of sociology at the University of California-San Diego. In the 1930s, doctors tried to induce seizures with drugs until Italian psychiatrist Ugo Cerletti saw the fits of electrically stunned pigs at a Rome slaughterhouse and thought the same could be done with humans.

Many believe that electroconvulsive therapy, historically linked to patient punishment or efforts to produce patient compliance in mental health settings, has vanished. But it's still popular and even experiencing an image makeover. According to Scull, in the days of Cerletti, the "sheer violence" of the induced seizures often produced "fractures of the long bones or of hips sockets" and dislocated jaws. Many medical attendants were necessary to hold patients down during the procedures.

Today, patients are typically "asleep" under anesthesia during the procedure, so they feel no pain. Muscle relaxants are given so that fractures don't occur during the seizures. Major or minor memory loss still continues to be an existential risk with ECT.

Some critics say that the procedures only "look"

less violent and still take a bodily toll. According to Somatics, the company that makes the top-selling ECT machine Thymatron: "During the ECT stimulus and seizure the jaw muscles commonly clench tightly. This poses risks of tooth fracture or displacement and biting of [the] tongue and cheeks. These can cause mouth bleeding with pulmonary aspiration of blood. These risks are mitigated by inserting a mouth protector prior to the electrical stimulus."

Tooth fracture isn't the only ECT risk listed in the Somatics Thymatron instruction manual. As with drug ads on TV, an entire list of possible adverse effects from ECT includes:

"adverse reaction to anesthetic agents/neuromuscular blocking agents; adverse skin reactions (e.g., skin burns); cardiac complications, including arrhythmia, ischemia/infarction (i.e., heart attack), acute hypertension, hypotension, and stroke; cognition and memory impairment; brain injury; dental/oral trauma; general motor dysfunction; physical trauma (i.e., if inadequate supportive drug treatment is provided to mitigate unconscious violent movements during convulsions) including fractures, contusions, injury from falls, dental or oral injury; hypomanic or manic symptoms (e.g., treatment-emergent mania, postictal delirium or excitement); neurological symptoms (e.g., paresthesia, dyskinesias); tardive seizures; prolonged seizures; non-convulsive status epilepticus; pulmonary complications (e.g., aspiration/inhalation of foreign material, pneumonia, hypoxia, respiratory obstruction such as laryngospasm, pulmonary embolism, prolonged apnea); visual disturbance; auditory complications; onset/exacerbation of psychiatric symptoms; partial relief of depression enabling completed suicide; homicidality; substance abuse; coma; falls; and device malfunction (creating

potential risks such as excessive dose administration), and death."

The Thymatron instruction manual also cautions staff to avoid the risk of "accidental shock" by not contacting "the patient, or any conductive surface touching the patient, unless wearing electrically insulated gloves."

"If holding the patient's jaw or touching the patient's head during the electrical stimulus, make sure to use electrically insulating gloves," it reads.

Does Money Drive the Continued Use of ECT?

Many critics of the mainstream medical system say that reimbursement potential shapes the character of treatment—that clinicians and hospitals base care on a "wallet biopsy" of how much the patient's insurance will pay.

According to Kenneth Castleman, a biomedical engineer who has been on the faculty of the California Institute of Technology and the University of Texas, ECT costs little to administer and "brings in about two billion dollars per year in the USA alone."

On a forum of the nonprofit Student Doctor Network website in 2019, one poster detailed ECT's financial appeal:

"I think ECT has the potential to be extremely lucrative, but the challenge is that it only becomes so with volume. Paying nursing staff, an anesthesiologist, whatever it costs to have the space, the device itself, etc. is going to be expensive and completely [nonviable] if you're treating only a handful of patients each day. If you have staff that know what they're doing, you're efficient, patients show up on time, and you're only running one treatment room, I think it's possible to treat anywhere from 3-5 patients per hour. If you really get things running and can run two rooms at once... you could double that, but that would be an extremely busy day and arguably unsafe."

In 2018, research cited in MedPage Today also showed that finances factor

into the use of ECT.

Specifically, it was found that when health care providers start patients with treatment-resistant depression on ECT earlier rather than later, it's more "cost-effective." ECT is usually only given after a patient has tried seven antidepressants unsuccessfully, according to the article, but giving a patient ECT treatment after only two unsuccessful antidepressants, "maximizes ECT's health-economic value."

and manageable. ECT doctors mistakenly call this an improvement but it indicates severe and disabling brain injury."

In a phone interview, Breggin told The Epoch Times that ECT isn't just growing in use, but that the intensity of the shocks that new machines are delivering is also increasing.

What Patients Say

While some patients embrace ECT, as we saw with Dukakis and the late Fisher, those touched by ECT whom The Epoch Times interviewed had sad and upsetting stories. Fred, 58, said ECT was suggested for his 82-year-old depressed mother, who was no longer making her own health care decisions. Before he could investigate the treatments, a sibling authorized the procedures.

"At first, she was like our old mom—happy and energetic," he said in an interview. "But after a few months, the positive effects wore off, and in two years, she had serious dementia, which she had not had before. She was never the same and died with the severe dementia."

One woman using the pseudonym Jill was hospitalized with treatment-resistant depression and said the memory loss from her ECT treatment was so severe that she "did not remember having it or consenting to it until I opened the file with the paperwork from the hospital."

Jill couldn't even remember the name of the doctor who recommended it. "I was in a total fog" after the treatment, she said. After five years, memories of much of her life are gone and unretrievable.

While suicide certainly occurs from depression, we also spoke to siblings of another family whose loved one took her own life soon after being "talked into taking ECT." They blame the treatments.

A Final Note

ECT promoters often cite neurogenesis—the growth of new brain cells—which is often seen on brain scans after ECT, as physical evidence that ECT works and how it works. For example, research published in the *Journal of Psychopharmacology* in 2020 opines that "neurogenesis might contribute to the efficacy of ECT." Research published in *Psychiatry Research* in 2015 suggests that "ECT could possibly bring the long-term beneficial cognitive effect by regulating neurogenesis."

Yet the medical literature also shows that neurogenesis tends to develop after brain injury—the very side effect of ECT that Breggin cited.

Research published in 2013 in the *Journal of Neurotrauma* states: "Many studies demonstrate that various brain injuries induce neurogenesis in a number of neurological disorders in humans, including Huntington's disease, ischemic stroke, Alzheimer's disease, epilepsy, and aneurysmal subarachnoid hemorrhage."

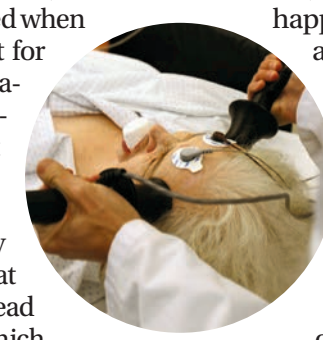
"Our data suggest that neurogenesis may be induced in [the] human brain after TBI [traumatic brain injury]." ECT may look better and cleaner today than it did half a century ago, but questions remain about its safety and increasing usage.

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 exposé*, "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.

It was found that when health care providers start patients with treatment-resistant depression on ECT earlier rather than later, it's more cost-effective.

\$2 BILLION
ECT costs little to administer and "brings in about two billion dollars per year in the USA alone."

Some patients explore electroconvulsive therapy after drug treatments have failed.



Sending electric currents through the brain has known side effects.



ECT treatments have changed little but patients are now drugged.



TOM WERNER/GETTY IMAGES

Study Shows Adults Commonly Overestimate the Quality of Their Diet

SARAH COWNLEY

Do you think you have a healthy diet? You might be surprised to learn that most adults overestimate the quality of their diet.

According to a new study from the U.S. Department of Agriculture's Agricultural Research Service, only a small percentage

of adults can accurately assess their diet. In fact, it's mostly those who evaluate their diet as poor who are the most accurate.

While previous studies have found that self-rated health is a strong predictor of mortality, there isn't much research on whether self-rated diet quality is predictive of the actual quality of diet. So re-

searchers wanted to determine whether a single question could be used as a screening tool for nutrition studies. If it was able to do so, it would replace a detailed dietary questionnaire that's commonly used in nutrition research.

For the study, data was used from the National Health and Nutrition Examination Survey, a nationally representative survey of U.S. adults conducted every two years. All participants were required to complete 24-hour detailed dietary questionnaires and rate their diet as excellent, very good, good, fair, or poor.

Researchers used the questionnaires to score each participant's diet quality. Foods ranked as healthier included fruits and

vegetables, whole grains, healthy fats, lower-fat dairy products, seafood, and plant proteins. Foods considered less healthy included refined grains and foods high in sodium, added sugars, or saturated fats.

Significant disconnects were found between the calculated scores and how participants ranked their own diets. Almost 99 percent of them overrated the healthfulness of their diets.

"It's difficult for us to say whether U.S. adults lack an accurate understanding of the components of a healthy diet or whether adults perceive the healthfulness of their diet as they wish it to be—that is, higher in quality than it actually is," said lead

author Jessica Thomson.

"Until we have a better understanding of what individuals consider when assessing the healthfulness of their diet, it will be difficult to determine what knowledge and skills are necessary to improve self-assessment or perception of one's diet quality."

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



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When it comes to figuring out how healthy your diet is, research suggests you are more likely to be accurate if you don't think you are eating that well.

WISE HABITS

The Questions You Ask to Create the Life You Want

We create our life each day, from the patterns and direction of our choices—or avoidances

LEO BABAUTA

Very often, the way we live our lives is that we go through the motions: We do our work, try our best, tackle the things we have to do, take on our obligations, or we slack off on those obligations and find comforts where we can.

What we often forget is that no matter what, we're creating our lives.

What if we took a more intentional approach and created our lives on purpose?

What if we took life as a blank slate and decided what we really wanted it to look like? What if we felt empowered to choose, to create, to bring to life what our hearts really wanted?

In this article, I'm going to share three questions to seriously take on if you want to create your life.

I highly encourage you to take these on with full commitment. Pour yourself into them, don't just read and think about them. Set time aside, go for a walk, take along a notebook, and really create something here. It's your life you're creating.

Question 1:

What Do You Want to Create?

If you could have anything you wanted in life, what would it be? Not just possessions (although those, too). Think about relationships, an experience of life, a way of being, or a way of living.

What does your heart really want? Why do you care about that? Why does it matter?

For example, some things my heart wants include:

- Serving people by helping them be with their fears and create meaningful lives
- Deeply intimate and nourishing relationships (wife, kids, family, friends, my team)
- Vibrant and strong health
- Adventure, curiosity, and wonder
- A house on the beach, with daily dives into the ocean

I'm actively creating those things (the house on the beach is a ways off, though). I'm only actively creating them because I decided that I really want to create them—they're what my heart is calling for.

Spend some time feeling what you want to create in your life. What matters to you? Are you willing to do what it takes to create those, including stepping out of your comfort zone? If not, you might consider that comfort is the thing you want most.

Don't worry about getting the list right. Just put what comes up for you. You can always evolve the list, like any creation. But write it down. Talk to others about it. Go for walks and contemplate some more.

Question 2:

What Are the Required Actions?

Once you have a decent draft of the life you

Put a short list of required actions (and what they're helping create) in front of you each day.



Each day gives you the chance to choose to create the life you want.



Once you are clear on what you want to create, then you can take action.



Live the life you want to create in the moment when the fears show up.

want to create, ask yourself: What actions would be required to create this life?

Make a list. Don't worry about getting it right. Put the things that are absolutely required.

Examples:

- Vibrant and strong health: 7 1/2 hours of sleep per night, eat 90 percent whole foods, and daily exercise and meditation.
- House on the beach: save money to buy a small plot of land near the beach and increase income to be able to save. [Insert actions for what I'd need to do to increase my income.]

For some, I can live them right now; I can live my life with wonder, curiosity, and adventure in every moment. For others, such as my intimate and nourishing relationships, I need to put in time each day to nourish and be nourished by my loved ones.

What actions would you need to take for each thing you want to create in your life? Make a list. Take an action from each item and commit to them.

Are you willing to take those actions to create the life you want? If not, reconsider how much you really want these things. How important are they to you? Is there something else you want more that's not on the list, such as comfort or rest?

Question 3:

What Do You Tend to Do When Those Actions Meet With Resistance?

Start to take the actions each day. Put a short list of required actions (and what

they're helping create) in front of you each day.

Do a review at the end of each day and each week: How's it going? What's getting in the way? What do you need to adjust?

Most importantly, what's your tendency when the actions are met with resistance? Do you tend to gravitate toward distractions, comforts, busywork, beating yourself up, overwork, addiction, perfectionism, or hiding?

This is where things get real. Up until this moment, things were just abstractions. When we meet resistance, our patterns show up. These patterns—and the fears that lead to them—are exactly why we haven't created the lives we want yet. They're why we let ourselves fall into routine and obligation. It's not our way to face our fears.

The work begins here: Turn toward the fears and be with them. Love them. Live the life you want to create in the moment when the fears show up. For me, that means being with the fears with a sense of curiosity, wonder, adventure, intimacy, nourishment, service, vibrancy, and strength. Diving into the fears as I would dive into the ocean—with zest and love.

How do you want to live when the fears show up?

Creating the life you want means living it, as you create it.

What will you create from this moment forward?

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

Researchers are finding novel ways to study ancient understandings of the body.

Using an Energy Channel to Treat Long COVID

A doctor finds success treating long COVID through a scientifically verified energy channel

HEALTH 1+1

Stimulating acupuncture points can improve or cure diseases. In the West, acupuncture and acupressure are gradually gaining popularity. However, do meridians really exist in the human body? The scientific community has looked at this from different perspectives. In one recent study published by Harvard Medical School, researchers were able

to confirm the existence of the “pericardium meridian,” one of the 12 meridians.

Man's Heart Issues Cured Within a Month

In January, a 28-year-old man came to the clinic of professor Jonathan Liu, a registered acupuncturist.

This young man and his entire family had always been Liu's patients. He used to have a lot of energy and loved rock climbing. Not long ago, he contracted COVID-19.

It started with a fever, cough, and a sore throat. After he spent a while resting, most of his respiratory symptoms subsided. However, he was stuck with lingering chest congestion and fluttering heartbeats (palpitations). When he exercised, his palpitations became more obvious.

The heart discomfort made it difficult for him to rock climb and left him distressed.

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A Book That Has Inspired The World



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

Martin Rubenis
OLYMPIC ATHLETE

Zhuangzi is the main text of Falun Gong (also called Falun Dafa). The book expounds upon profound principles of Truthfulness, Compassion and Tolerance. It addresses the long-forgotten term “cultivation,” the origins of illnesses, karma, the role of moral character on a path to spiritual perfection, and more. The book was a national bestseller in China in the 1990s, and has been translated into over 40 languages. Find out why it has captured the hearts and minds of tens of millions of people in over 100 countries worldwide!

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

Arthur Waldron
LAUDER PROFESSOR, UNIVERSITY OF PENNSYLVANIA

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

Shiyu Zhou
PH.D., USA

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Did You Need That Hysterectomy?

Nearly 40 percent of these surgeries may not be necessary

JENNIFER MARGULIS

While Cesarean delivery remains the most common surgical procedure among women of reproductive age, hysterectomy isn't far behind, according to Johns Hopkins Medicine. The second most common surgery for women of childbearing age, hysterectomy involves the surgical removal of the womb. It can be performed using three different techniques: vaginal, abdominal, and laparoscopic.

According to the National Women's

“Only 10 percent of hysterectomies are to treat cervical, endometrial, or ovarian cancer.”

Johns Hopkins Medicine

Health Network, approximately 600,000 hysterectomies are performed each year. In fact, about “one-third of American women will have had a hysterectomy by the age of 60,” states Brigham and Women's Hospital.

However, Dr. Jennifer Lang, an obstetrician-gynecologist and gynecological oncologist based in Los Angeles, believes hysterectomies are over-performed.

“I consider removing this particular organ as a very radical and extreme act that should be only proceeded with after a

thorough review and trial of every other less extreme option that is out there,” Lang, who sees the uterus as a sacred organ that plays a spiritual role in a woman's life, told The Epoch Times.

Continued on Page 11



Hysterectomies bring an increased risk for anxiety and depression.

The Energy Preservation of Introverts

We all draw energy differently, and while some are energized in crowds, others need time alone

LYNN JAFFEE

The world is made up of introverts, extroverts and people that fall someplace in between. For some, being one or another doesn't make a big difference in their lives. However, for introverts like me, it explains a lot.

I grew up in a family with a lot of kids, and was labeled sensitive because I was often overwhelmed by the chaos and commotion of living with so many people. As an adult married to a strong extrovert, I compared my handful of close friendships to my husband's vast army of friends and acquaintances and wondered if I was lacking in some way. It wasn't until I was in my late 30s that I realized that there was a word for how I interacted with the world—introvert.

So what does it mean to be an introvert? The simplest explanation is that social interactions can take a great deal of my energy, and to restore that energy, I may need time alone. In contrast, extroverts are often energized by social events and large gatherings.

This means that when I go to a large social event like a party or a wedding, I have an expiration date; a time when I'm done, depleted, and ready to go home. If I'm not able to leave, I begin to lose my ability for social niceties and become irritable or simply shut down. To make matters worse, my husband can take a good 45 minutes just saying goodbye. It's not pretty and it has nothing to do with the people at the event. It's just that my social bank account has become overdrawn.

When my husband is out of town, I look forward to having a night or two to myself. However, when I'm gone, he fills his time socializing with friends and relatives. And I gravitate toward people with whom I have a strong connection. They are my close friends with whom I can share life's highs and lows and can go deep. We may not get together every week, or even every month, but when we do our time is spent catching up on what's important in each other's lives.

Being an introvert doesn't mean that I'm shy, in fact, most introverts aren't. I freely speak to strangers, am comfortable starting conversations, and can address an auditorium full of people. However, I feel out of place at big events because there's little opportu-



Understanding aspects of our character can give us much needed insight into how to best manage our inner resources.

nity for connecting deeply. I can make small talk for a while, but it's not my strong suit, so after a while I become exhausted.

Do introverts have less energy than extroverts? In Chinese medicine, your energy (called Qi) comes from Heaven and Earth. It comes from Heaven in the air you breathe and from Earth in the food that provides your body with the nutrients necessary to sustain life.

Breathing deeply increases your circulation and oxygenates your blood. Breath work also ramps up the parasympathetic nervous system, which slows your heart rate, decreases the circulation of stress hormones, and allows your body to recover from stress.

Movement, digestion, metabolism, immunity, and every other function in your body use up energy. For introverts, however, there are many more things in the world that deplete our energy; things such as sensory overload, social media, advertising, news, crowds,

Interactions can take a great deal of my energy, and to restore that energy, I may need time alone.

and any kind of conflict. We introverts choose—or are hardwired—not to expend energy in events where we can't connect in a meaningful way. This isn't a judgment, but just how we roll. Socializing in large groups is difficult and energy-sapping.

So do introverts have less energy? Not necessarily; but they likely have less social energy for large groups. I think of being an introvert as a form of energetic self-preservation. And clearly, introverts replenish their energy in ways that are different from extroverts. While we all make energy through the air we breathe and the food we eat, we introverts gather energy from quiet time and solitary pursuits, while extroverts draw energy from being around other people.

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



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