

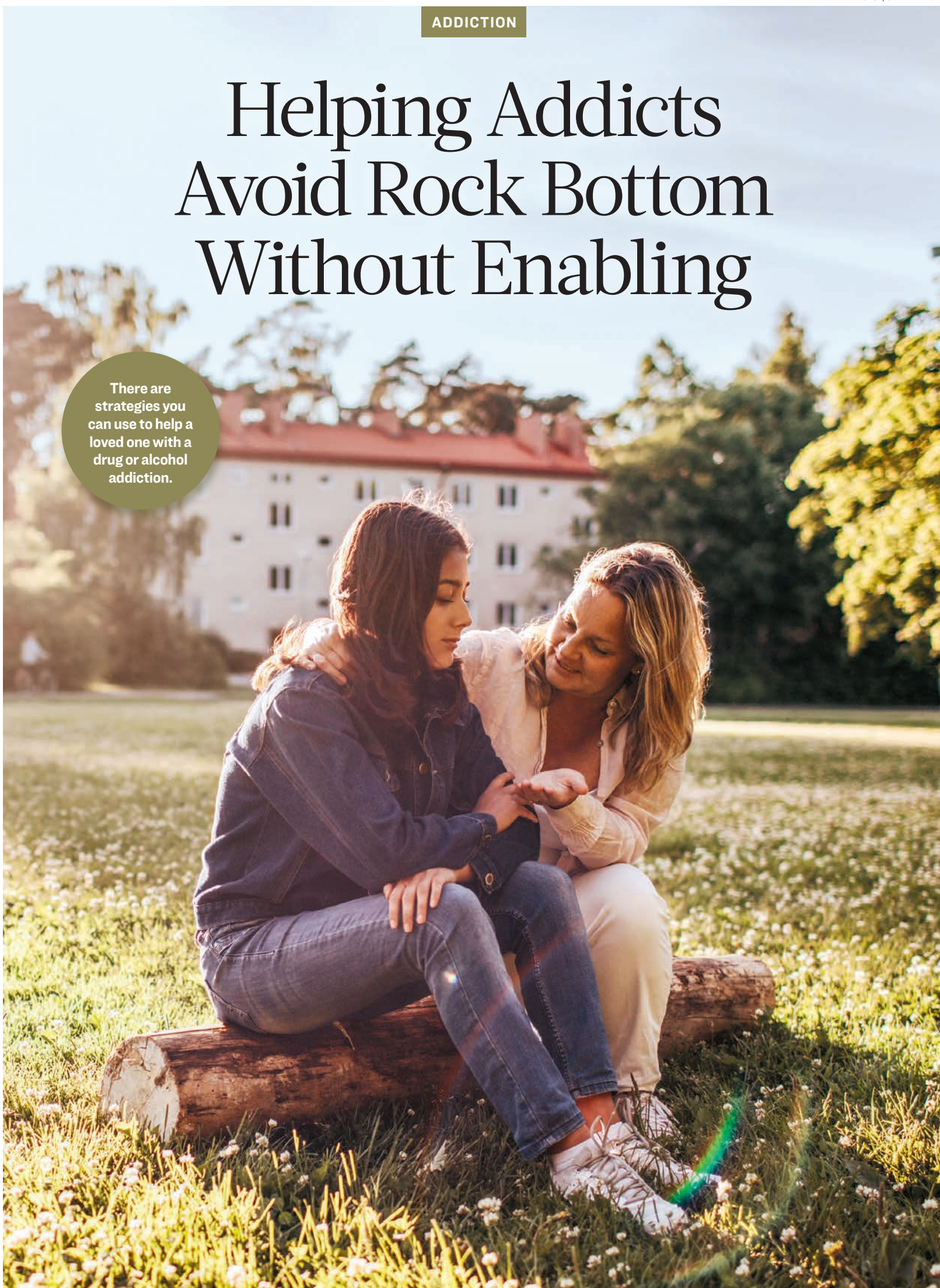
MIND & BODY

MASKOT/GETTY IMAGES

ADDICTION

Helping Addicts Avoid Rock Bottom Without Enabling

There are strategies you can use to help a loved one with a drug or alcohol addiction.



There are alternatives to the tough-love approach that many families feel forced to take with an addicted loved one

CONAN MILNER

We live in an age of addiction. Drug and alcohol abuse has been on the rise for decades. And in the past few years, the number and severity of such addictions have made a dramatic rise.

And it isn't just drugs. Experts point to disturbing rises in other compulsively destructive behaviors, such as porn addiction, gambling addiction, and food addiction.

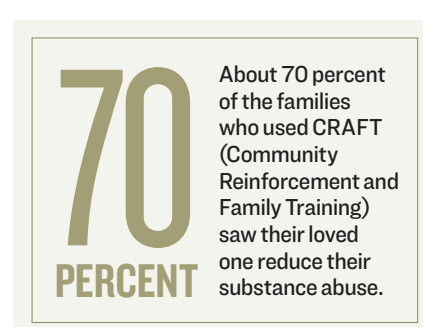
Several factors may contribute to this trend, but there's one predominant method that many families eventually use to deal with loved ones who suffer with it.

A spirit of tough love characterizes

this approach. After trying to help the loved one curtail their addiction, or begging them to get help, we start to pull back. We also don't want to enable bad behavior by constantly coming to the rescue of someone who seems unable to be responsible for themselves. So we call them out by staging an intervention and demanding change. And until an addict finally admits to his or her problem and starts making amends, friends and family are often encouraged to keep their distance.

Pulling away is necessary because it leads an addict to a place called "rock bottom." This is a point at which the consequences of an addiction become so extreme that pain finally overwhelms the grip of compulsion.

If everything goes according to



plan, the rock bottom experience teaches a valuable and lasting lesson. It inspires an individual to recognize their behavior, get help, and sober up. However, waiting for someone you care about to arrive at this destination can take a lot longer and look a lot uglier than you might expect.

Continued on Page 6

Scientists, Doctors, Parents Speak Out About Harms of COVID-19 Vaccines

In terms of global vaccination policies, 'a reappraisal ... is long overdue,' study says

JENNIFER MARGULIS & JOE WANG

Just one day after she got a COVID-19 booster shot, Regan Lewis, a 20-year-old nursing student at Colby Community College in Colby, Kansas, had a heart attack.

Her mom, Connie Werth Lewis, desperately asked for prayers for her daughter in a public post on Facebook.

"I can't say for sure that there is a link, but our beautiful 20 year old healthy daughter ... had a [COVID-19 injection] yesterday so she could participate in her clinicals," Werth Lewis wrote. "Today, she went into cardiac arrest and has been flown to Kearney. She is on a ventilator and is fighting for her life. PLEASE PLEASE PRAY FOR HER!"

That night, Regan Lewis died.

Not an Isolated Incident

As of Oct. 7, 31,470 deaths have been reported to the Centers for Disease Control and Prevention and Food and Drug Administration via their Vaccine Adverse Events Reporting System, a passive post-market surveillance system designed to help government officials and researchers pick up safety signals about vaccines.

According to the Agency for Healthcare Research and Quality, "adverse events from vaccines are common but underreported, with less than 1 percent reported to the Food and Drug Administration."

Other peer-reviewed scientific articles, including a 2012 study published in the journal *Human and Experimental Toxicology*, have similarly shown that only a fraction of adverse events following vaccines are reported to the government.

In addition, recent research, published by an international team of scientists last month in the journal *Vaccine*, found that the Pfizer and Moderna mRNA COVID-19 vaccines were associated with a much higher excess risk of serious adverse events compared to baselines established by placebos.

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Unexplained deaths and a growing list of study results are making a review of the COVID vaccines increasingly urgent, say doctors.

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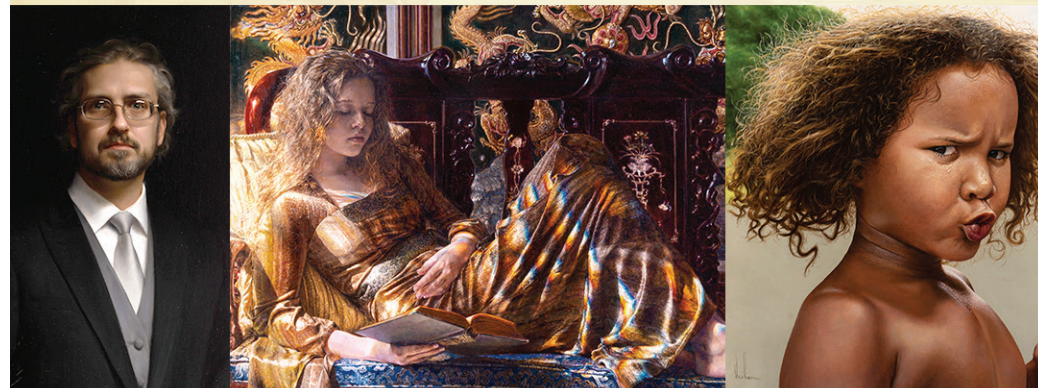
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NASA has downgraded kidney stones as a key concern for long space flights to Mars following successful testing of a treatment using ultrasound.

NASA-Funded Kidney Stone Treatment Shows Promise

New ultrasound method can break apart and move kidney stones while patients are awake

BARBARA CLEMENTS

Ultrasound can be used to move, reposition, or break up kidney stones, all while the patient is awake, a new study finds.

The new technique, which combines the use of two ultrasound technologies, may offer an option to move kidney stones out of the ureter with minimal pain and no anesthesia, the researchers reported.

In the procedure, the physician uses a handheld transducer placed on the skin to direct ultrasound waves toward the stone.

The ultrasound can then be used to move and reposition the stones to promote their passage, a process called ultrasound propulsion, or to break up the stone, a technique called burst wave lithotripsy (BWL).

“It’s nearly painless, and you can do it while the patient is awake, and without sedation, which is critical.”

M. Kennedy Hall, emergency medicine doctor, University of Washington

Unlike shock wave lithotripsy, which is the standard procedure currently in use and requires sedation, this new technology doesn’t hurt, said M. Kennedy Hall, an emergency medicine doctor at the University of Washington and lead author of the paper in The Journal of Urology.

“It’s nearly painless, and you can do it while the patient is awake, and without sedation, which is critical.”

The research team hopes that, with this new technology, the procedure of moving or breaking up the stones could eventually be performed in a clinic or emergency room setting, Hall said.

Stones in the ureter, which leads from the kidney to the bladder, can cause severe pain and are a common reason for emergency department visits. Most patients with ureteral stones are advised to wait to see if the stone will pass on its own. However, this observation period can last for weeks, with nearly one-fourth of patients eventually requiring surgery, Hall noted.

One in 11 Americans will have a urinary stone over the course of their lifetime. The incidence appears to be increasing, according to a previous study that looked at the same technology. Up to 50 percent of patients with a stone event will recur within five years.

Hall and colleagues evaluated the new technique to meet the need for a way to

treat stones without surgery. They designed the study to test the feasibility of using the ultrasonic propulsion or BWL to break up stones in awake, unanesthetized patients, Hall said.

Twenty-nine patients participated in the study. Sixteen were treated with propulsion alone and 13 with propulsion and BWL. In 19 patients, the stones moved. In two cases, the stones moved out of the ureter and into the bladder.

Burst wave lithotripsy fragmented the stones in seven of the cases. At a two-week follow up, 18 of 21 patients (86 percent) whose stones were located lower in the ureter, closer to the bladder, had passed their stones. In this group, the average time to stone passage was about four days, according to the study, which reported that one of these patients felt “immediate relief” when the stone was dislodged from the ureter.

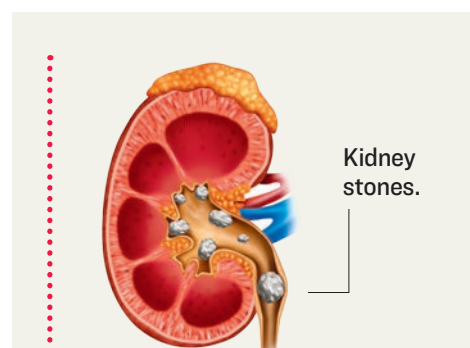
The next step for the researchers is to perform a clinical trial with a control group, which wouldn’t receive either BWL bursts or ultrasound propulsion, to evaluate the degree to which this new technology potentially aids stone passage, Hall said.

Development of this technology first started five years ago, when NASA funded a study to see if kidney stones could be moved or broken up, without anesthesia, on long space flights such as the Mars missions. The technology has worked so well that NASA has downgraded kidney stones as a key concern. “We now have a potential solution for that problem,” Hall said.

Other University of Washington Medicine trials have looked at breaking apart kidney stones inside the kidneys. This was the first trial to look at moving the stones or breaking them apart while inside the ureter with BWL, Hall said.

NASA, the National Institutes of Health, and the National Space Biomedical Research Institute supported the work.

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Advances in Treatment

New processes are being developed in removing kidney stones. They are non-intrusive techniques called ultrasound propulsion and burst wave lithotripsy (BWL). They pulse high-frequency sound waves onto the kidney stones that break them apart.

Scientists, Doctors, Parents Speak Out About Harms of COVID-19 Vaccines

Continued from Page 1

At a conference for front-line doctors who have been treating COVID-19, held in Sedona, Arizona, Peter McCullough, a cardiologist, immunologist, and scientific researcher, said that deaths and other adverse outcomes following vaccines have been “grossly underreported.”

Sudden Deaths Continue

It appears that there has been a rise in excess deaths in industrialized countries around the world. For example, the Australian government has released provisional mortality statistics that show a dramatic rise in excess deaths. In June, in Australia, a country of only 26 million people (making it smaller than the population of the entire state of Texas), there were 2,410 deaths above the historic average. The top three causes of excess death in Australia were attributed to cancer, dementia, and non-COVID respiratory diseases, including influenza and pneumonia.

In the United States, insurance companies, including Lincoln Financial Group, have reported dramatic increases in payouts for non-COVID-related deaths in the first quarter of 2022. The uptick began to be seen clearly the year before.

On Dec. 30, 2021, Scott Davison, chief executive of OneAmerica, a major insurance company based in Indianapolis, said in an online news conference that his company was seeing “the highest death rates [they] have seen in the history of [the] business.”

Davison said that death rates had climbed 40 percent and that COVID-19 fatalities “greatly understate” the actual deaths from working-age people hit by the pandemic, as most of the claims being filed weren’t being classified as COVID-19 deaths.

“It may not all be COVID on their death certificate, but deaths are up just huge, huge numbers,” he said.

Brian Tabor, president of the Indiana Hospital Association, said in the same news conference that hospitals across Indiana were being flooded with patients “with many different conditions.”

At the recent Sedona conference (where Jennifer Margulis also was a speaker) several physicians pointed out that there has been a growing number of “unexplained” sudden deaths among young people who have received COVID-19 injections as well as booster shots.

That point was made by several of the speakers, including Dr. Sherri Tenpenny, a physician based in Cleveland; and Dr. Jeffrey Barke, a medical doctor in private practice in California. These untimely, age-inappropriate deaths, they pointed out, often were the immediate result of heart dysfunction, blood clots, or seizures. But, they said, where there was a history of prior COVID-19 injection, the health condition that ostensibly led to death may actually have been caused by the shots.

McCullough cited the case of U.S. Rep. Sean Casten’s (D-Ill.) teenage daughter. Casten wrote in a statement that his 17-year-old daughter, Gwen, died in her sleep in June.

Casten’s statement says that his daughter was “a healthy 2022 teenager” who “ate well, exercised, got regular check-ups, [and] didn’t suffer from any behavioral health issues.” She was also “fully vaccinated, and quarantined after occasional positive, asymptomatic COVID tests during the omicron wave.”



As studies accumulate, more doctors are becoming concerned with the COVID-19 vaccines.

According to the statement, the family was “left grasping at the wrong end of random chance” following Gwen Casten’s sudden death.

But McCullough and other experts argue that random chance may have had an accomplice.

“As with any other new medical product, the burden of proof must be on the vaccine,” McCullough said.

It appears that there has been a rise in excess deaths in industrialized countries around the world.

A Formerly Pro-Vaccine Cardiologist Speaks Out

British cardiologist Dr. Aseem Malhotra has outspokenly defended vaccines throughout his entire medical career.

“Vaccines are the safest of ALL drugs,” he wrote in a tweet in late November 2020. “Far safer than any other drug people are taking on a regular [basis],” the tweet continues. “The vaccine safety concerns are totally disproportionate to reality.”

Malhotra initially believed that the COVID-19 vaccines were crucial to ending the spread of SARS-CoV-2. In fact, when the COVID-19 vaccines became available, he was among the first to take them.

In February 2021, he even appeared on “Good Morning Britain” to defend COVID-19 vaccine safety. He told the host then that there was “clearly irrational reasoning behind why people don’t want to take the vaccine, which is based on very blatant false information.”

However, when his father died suddenly of cardiac arrest just five months after that television appearance, Malhotra started researching the safety and efficacy of these

vaccines in more depth. When he dove into the medical research and spoke with medical colleagues, scientific researchers, and investigative health journalists, he became increasingly disturbed by what he uncovered.

Based on his scientific research and clinical experience, Malhotra says he no longer recommends the COVID-19 vaccines.

Moreover, he now insists that there’s strong scientific, ethical, and moral evidence that the current COVID-19 vaccine administration must stop and that the raw data submitted to approve the vaccines must be subjected to fully independent scrutiny.

Not Safe or Effective

When Malhotra was interviewed for the newly released documentary film “Safe and Effective: A Second Opinion,” he reiterated that he has “reluctantly concluded that this vaccine is not completely safe and has unprecedented harms.”

Malhotra also has shared this view in a new peer-reviewed article in the Journal of Insulin Resistance. The study, titled “Curing the Pandemic of Misinformation on COVID-19 mRNA Vaccines Through Real Evidence-Based Medicine—Part 1,” shows that the risk of serious adverse events from the vaccines is greater than the risk of being hospitalized from COVID-19.

The real-world safety data, coupled with an understanding of the plausible mechanisms of harm, “are deeply concerning, especially in relation to cardiovascular safety,” the study found.

“It cannot be said that the consent to receive these agents was fully informed, as is required ethically and legally,” the study concluded. “A pause and reappraisal of global vaccination policies for COVID-19 is long overdue.”

In part 2 of Malhotra’s study, published in the same journal, he concluded that, “There is a strong scientific, ethical, and moral case to be made that the current COVID vaccine administration must stop

until all the raw data [have] been subjected to fully independent scrutiny.”

According to Malhotra, not only do we need to halt the current program, we need to make sure that profits don’t take precedence over people’s health in the future.

“Looking to the future, the medical and public health professions must recognize these failings and eschew the tainted dollar of the medical-industrial complex,” he said. “It will take a lot of time and effort to rebuild trust in these institutions, but the health—of both humanity and the medical profession—depends on it.”

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

Joe Wang, Ph.D., was a molecular biologist with more than 10 years of experience in the vaccine industry. He is now the president of New Tang Dynasty TV (Canada), and a columnist for the Epoch Times.

31,470
COVID vaccine-related deaths have been reported via the Vaccine Adverse Events Reporting System as of Oct. 7.

BELAVINMODELS/SHUTTERSTOCK

Fall Allergens That Can Sneak Up on You

MAT LECOMPTÉ

Allergy and asthma symptoms don’t just appear in spring and summer. The fall can bring on sneezing and trouble breathing, as can volatile weather patterns and other environmental factors.

Allergy sufferers can experience frequent symptoms as we move through fall, even if they’re mainly allergic to pollens in spring and summer.

Sometimes the symptoms are the result of a natural event. For example, the Tonga volcano eruption in January sent particulates and aerosols into the atmosphere that can change global weather systems, potentially lengthening or shortening pollen seasons.

Seasons may be even longer this year in the Northern Hemisphere, where the year has seen much hotter and drier conditions than normal.

Hurricane season is in full swing, and these tropical storms can produce a lot of rain and destroy vegetation. This can lead to fungal “blooms” that increase mold spores in the area, which can make allergy or asthma symptoms worse for months.

Cold fronts that usher in thunderstorms can also stir up ragweed and pollens from earlier seasons that have traveled long distances.

People with mold-related asthma run the risk of symptoms getting dramatically worse, potentially posing a health threat. Stay indoors following thunderstorms,

and if there has been any water damage, get it repaired as quickly as possible to avoid mold growth.

Try leaving your allergies outdoors. Showering after being outdoors and removing and washing any clothes worn outside can help limit the allergens that follow you indoors.

If you’re experiencing symptoms, there are several treatment options, including over-the-counter antihistamines,

nasal rinses, and allergy shots, which are a form of immunotherapy. Speak to your doctor about the best options for you.

A number of factors can bring on more intense allergies and extend the season well into the fall. Be prepared so that you can breathe easily.

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

Allergy season may be dragging on longer for some after a summer that was hotter and drier than usual.

BUDIMIRJEVIC/SHUTTERSTOCK

Black Seed: The Harty Helper

This tiny powerhouse can do much to combat heart disease and improve cardiometabolic health

DIANE FULTON

Who would guess a little black seed could fight metabolic disease risk factors and help you prevent heart disease?

Black seed—also known as *Nigella sativa*—is a flowering plant native to Asia and the Mediterranean, which has been used to make medicine for thousands of years.

Some of the biggest benefits of black seed are its ability to lower metabolic factors that can lead to heart disease. These include high blood pressure, imbalances in cholesterol, like reduced high-density lipoprotein cholesterol (HDL), increased low-density lipoprotein (LDL) cholesterol, or high triglycerides. Black seed can also decrease obesity—particularly belly fat—and help with diabetes, including abnormal blood sugar or glucose levels.

When three of these risk factors are present, the patient is described as having metabolic syndrome

Black seed, dill, turmeric, and garlic were highly effective in balancing triglycerides levels.

Black seed may be small in size, but not in its physiological effect on our metabolic well-being.



and a higher risk for cardiovascular diseases like heart attacks and strokes.

Cholesterol Imbalances

High levels of LDL cholesterol and triglycerides—a blood fat—encourage the accumulation of plaque in our arteries, which can lead to heart disease. In a meta-analysis of 17 trials examining the effects of *Nigella sativa* oil on plasma lipid concentrations, scientists showed a reduction in total cholesterol, LDL cholesterol, and triglycerides levels, which suggests black seed's effectiveness in preventing heart disease.

High triglycerides in the blood can lead to serious complications over time and is usually a part of metabolic disorders such as Type 2 diabetes, metabolic syndrome, and dyslipidemia (an abnormal amount of lipids in the blood). In a review of medicinal plants, black seed, dill, turmeric, and garlic were highly effective in balancing triglycerides levels.

In past research, increased LDL cholesterol levels in blood serum have been associated with high risk—and increased HDL with low risk—for the development of atherosclerosis, a narrowing of the arteries due to plaque buildup of fat, cholesterol, and other substances. In a study of rats fed a diet meant to cause cholesterol imbalances, black seed supplementation for 20 weeks resulted in a significant decrease in LDL and a strong increase in HDL cholesterol levels.

Obesity

In a meta-analysis of 13 studies, including 875 subjects, black seed supplementation significantly reduced body weight and body mass index (BMI) compared to a placebo.

In a study of 39 obese and overweight healthy women, participants were grouped to either receive black seed oil at a dose of 2,000 milligrams (mg) per day or a placebo for eight weeks separated by a washout period of four weeks. All participants were put on an iso-caloric diet—a moderate-carbohydrate, moderate-fat diet that allows dieters to eat whatever they want as long as they consume the same amount of carbohydrates, proteins, and fats daily.

Results showed favorable effects on overall cardiovascular disease risk factors including increased HDL, reduced LDL,

reduced ratio of total cholesterol to HDL cholesterol, and reduced serum glutamic-oxaloacetic transaminase (SGOT). Elevated SGOT signals heart damage like a heart attack. The results also showed reduced systolic blood pressure but no effect on diastolic blood pressure.

In another study, 45 healthy women who were obese or overweight were randomized into two groups receiving either a black seed oil dose of 2,000 mg or a placebo for two eight-week treatments separated by a washout period of four weeks. The black seed treatment decreased BMI, weight, waist circumference, body fat mass, body fat percentage, visceral fat area, and appetite.

Black seed oil has been recommended as a suitable treatment to address health issues related to obesity or being overweight.

Type 2 Diabetes

In a clinical trial, 43 patients with Type 2 diabetes were grouped into 23 who received 500 mg soft gel capsules containing *Nigella sativa* oil extract and 20 in the control group who received two placebo soft gel capsules with sunflower oil per day for eight weeks. Compared with the placebo, black seed oil significantly decreased fasting blood sugar, total cholesterol, triglycerides, BMI, waist circumference, systolic blood pressure, and diastolic blood pressure.

Therefore, *Nigella sativa* oil exerted beneficial effects on glycemic control, serum lipid profile, blood pressure, and body weight among those with Type 2 diabetes.

Reviewing seven trials, researchers found that black seed oil supplementation significantly improved fasting blood sugar, glycated hemoglobin (HbA1c) or blood sugar levels, total cholesterol and LDL, and significantly reduced triglycerides suggesting black seed oil may be an effective therapy to manage diabetes complications.

High Blood Pressure

Twenty-six patients with high blood pressure were given an intervention of 2.5 milliliters (ml) of black seed oil and 29 subjects received a sunflower oil placebo twice daily for eight weeks. The intervention group had significantly reduced systolic blood pressure levels compared to the baseline data and placebo group.

A significant decline was also observed in the levels of diastolic blood pressure, total cholesterol, LDL, malondialdehyde (a biomarker for oxidative stress and damage), and fasting blood sugar in addition to a significant increase in the



Black seed contains an abundance of nutrients that can help improve your health by balancing blood pressure, controlling blood sugar, and targeting obesity.

levels of HDL and glutathione reductase, which is another biomarker of oxidative stress related to coronary heart disease. Black seed oil showed regulating effects on blood pressure, blood sugar problems, and lipid metabolism in these patients with no adverse side effects.

In a high blood pressure-induced animal study, black seed oil prevented increases in systolic blood pressure by reducing oxidative stress markers and is thought to be beneficial for managing high blood pressure.

Metabolic Syndrome and Disorders

Menopausal women are often more susceptible to metabolic syndrome. In a two-month study of 20 menopausal women aged 45 to 60 years, participants were assigned into either a treatment group given black seed powder in the form of capsules at a dose of 1 gram (g) per day after breakfast or a control group given a

daily placebo.

Blood glucose levels, total cholesterol, triglyceride levels, LDL, and HDL levels significantly improved providing evidence of black seed's protection to menopausal women against the risk of metabolic syndrome.

In 250 males who had metabolic syndrome, subjects were randomized into four treatment groups: a black seed dose of 1.5 g per day, a turmeric dose of 2.4 g per day, a combination of 900 mg black seeds and 1.5 g turmeric treatment per day, or a daily placebo for eight weeks. Black seeds reduced lipids and fasting blood sugar, while turmeric reduced LDL cholesterol and C-reactive protein compared to the placebo group.

C-reactive protein in your blood indicates inflammation in your body, and if your arteries are inflamed you have a greater risk of heart disease, heart attack, stroke, and peripheral arterial disease. However, the combination of both black seed and turmeric taken together as a treatment showed an improvement in all parameters from baseline, reducing body fat percent, fasting blood sugar, total cholesterol, triglycerides, LDL, C-reactive protein, and raising HDL levels.

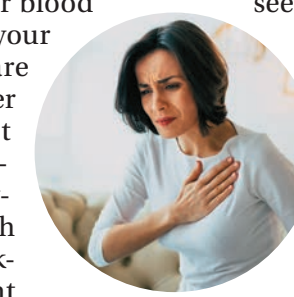
Metabolic disorders often disturb intracellular metabolic processes that can affect the liver, kidneys, pancreas, cardiovascular system, and endocrine system. In a literature review of medicinal plants, black seed, white tea, and garlic all had beneficial effects on obesity, Type 2 diabetes, and nonalcoholic fatty liver disease by their inhibition of lipid

peroxidation, suppression of inflammatory reactions, balancing the lipid profile, reduction of adipogenesis (fat accumulation), and regulation of blood sugar levels.

Prevent Heart Disease and Metabolic Risk Factors

Current research is showing the powerful benefits of *Nigella sativa*—the little black seed—against metabolic risk factors and diseases that can increase your chances of getting heart disease.

Further scientific research affecting your cardiometabolic health can be found at GreenMedInfo.com's database on *Nigella sativa* (aka black seed), metabolic syndrome, metabolic diseases, cardiovascular disease prevention, and black seed as a cardioprotective agent.



Studies suggest black seed can lower your risk of heart disease.

Dr. Diane Fulton is a professor emerita at Clayton State University. She holds a Ph.D./MBA in business (University of Tennessee-Knoxville) and a bachelor's with math/secondary education majors (University of Wisconsin-Milwaukee). During her 45-year career as an administrator/professor teaching research and business, she authored 10 books,

over 50 articles, and is now writing children's books about the body, mindfulness, and cross-cultural awareness. Her passion is to share her knowledge to integrate a healthy body, mind, and soul. This article was originally published on GreenMedInfo.com

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

ALL PHOTOS BY SHUTTERSTOCK



Varied Forms of Nigella Sativa

Black seed is sometimes processed into different forms of supplements.

Be Aware: If you go shopping for black seed supplements, be aware that black seed is sometimes called "black cumin," but this usage is problematic. That's because "black cumin" sometimes refers to *Elwendia persica*, an entirely different plant from *Nigella sativa*. Make sure you read the label so you know you are getting the right plant.



Black seed may be ground and processed into pill form.



Sometimes black seed is often pressed to extract the oil.



It is sometimes difficult to find unprocessed black seed.

Adverse Surgical Outcomes From 'Gender-Affirming' Surgeries

Vanderbilt University Medical Center pauses the transition procedures over ethical concerns

MARTHA ROSENBERG

Many have heard in the past few weeks that Vanderbilt University Medical Center (VUMC) is pausing pediatric sex reassignment surgeries for an indefinite period of time. But why? And what are the implications for the broader trend of juvenile gender transition surgeries?

The Story of VUMC

After disquieting videos came to light, including a 2018 video of VUMC assistant professor Dr. Shayne Taylor talking about the profitability of "top surgeries" and hormones for the hospital in Nashville, Tennessee Gov. Bill Lee and senior Sen. Marsha Blackburn (R-Tenn.) called for an investigation of the Pediatric Transgender Clinic at Monroe Carell Jr. Children's Hospital, which is part of VUMC.

According to its web page, the clinic "offers evidence-based, personalized gender-affirming care for transgender and gender-diverse children and adolescents." Taylor is a physician with VUMC's Program for LGBTQ Health and the Clinic for Transgender Health for patients aged 18 and older.

The VUMC pediatric clinic "raises serious moral, ethical, and legal concerns," the governor said, after becoming aware of the videos. "We should not allow permanent, life-altering decisions that hurt children or policies that suppress religious liberties, all for the purpose of financial gain. We have to protect Tennessee children, and this warrants a thorough investigation."

After the videos became known, Blackburn wrote on Twitter on Sept. 20: "There

is nothing healthy about mutilating the bodies of minor children. We need an investigation into VUMC putting profits ahead of children immediately."

Two weeks after the call for an investigation, VUMC suspended "gender-affirming" surgery for minors, it announced in a letter to Tennessee state Rep. Jason Zachary, which was then posted on Twitter.

According to Dr. C. Wright Pinson, VUMC's chief health system officer, the hiatus was to review "new recommendations" going forward. The transgender clinic, established in 2018, has performed sex reassignment surgery on an average of five minor children a year, the letter states. The pause in pediatric surgery may last several months.

Growing and Lucrative Business

The worldwide gender surgery "market" is projected to hit \$1.5 billion in four years. In the United States, the number of gender clinics is exploding with many clinicians favoring "swifter assessments and the provision of puberty blockers, hormones, and gender-affirming surgeries for young people at or near the moment they present with gender dysphoria," reported Undark, a digital magazine affiliated with the Knight Science Journalism Fellowship Program at the Massachusetts Institute of Technology.

Yet, serious questions remain, Undark reported, such as: "What is the long-term impact of blocking puberty on a young person's health? Can practitioners correctly determine which youngsters will still identify as trans when they are adults? Do the psychological assessments contribute to

Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population.

\$1.5

BILLION

is projected to be spent on gender surgery worldwide over the next four years.

children's suffering by delaying access to puberty blockers and hormones? Why has the number of teens coming forward to receive transgender medical care, particularly those assigned female at birth, risen so dramatically in recent years?"

Earlier this year, Sweden's National Board of Health and Welfare stated that the risks of the commonly used puberty blockers, called gonadotropin-releasing hormone analogs, and hormonal treatment outweigh their possible benefits. Treatment should be limited to research settings and exceptional cases, the Swedish agency stated.

Puberty-blocking drugs can lead to bone-thinning, the Cleveland Clinic and Mayo Clinic report. Moreover, the drugs have little to no effect on gender dysphoria, quality of life, depression, anger, or anxiety, and neither do sex reassignment hormones, according to the United Kingdom's National Institute for Health and Care Excellence.

Yet, puberty-blocking drugs are surprisingly lucrative, costing up to \$39,000 per month without insurance, according to Undark. AbbVie's puberty blocker Lupron brought in \$752 million in revenue in 2020, and the puberty-blocking implant Supprelin LA has a list price of \$37,300.

Does Gender Reassignment Work?

The woke pro-transgender agenda has cast a chill on research that questions the effectiveness and appropriateness of sex reassignment medicine and surgery, and especially patient outcomes.

Nonetheless, a definitive Swedish study published in the journal PLOS One in 2011 found that "persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population."

"Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group," the study reads.

The researchers also found that "sex-

reassigned persons had a higher risk of inpatient care for a psychiatric disorder other than gender identity disorder than controls matched on birth year and birth sex."

"This held after adjustment for prior psychiatric morbidity, and was true regardless of whether sex reassignment occurred before or after 1989. In line with the increased mortality from suicide, sex-reassigned individuals were also at a higher risk for suicide attempts, though this was not statistically significant for the time period 1989-2003," the researchers wrote.

While woke voices warn that gender-confused people will kill themselves if not given a medical gender switch, the opposite seems to be true, according to some research.

More recently, a research letter in the Journal of the American Medical Association (JAMA), found disappointing results from "gender-affirming" surgery (GAS).

"In a study of more than 4,000 patients, those with an established diagnosis of a mental health condition had a higher chance of experiencing postoperative complications within 90 days of GAS versus those without a mental health condition," MedPage Today reported on the letter's findings.

Patients who underwent mastectomy,



There have been many reported side effects involving sex reassignment surgeries, with some experts asserting that these procedures offers little quality of life improvement to those pursuing it.

Puberty-blocking drugs can lead to bone-thinning.

Puberty-blocking drugs are surprisingly lucrative, costing up to

\$39,000

PER MONTH

without insurance.

breast augmentation, hysterectomy, orchiectomy (removal of the testicles), phalloplasty, or vaginoplasty were more likely to experience the postoperative complications of "acute kidney injury, surgical site infection, deep venous thrombosis, pulmonary embolism, wound disruption, urinary tract infection, pneumonia, blood transfusion, hematoma, urethral stricture, urethral stenosis, and rectovaginal fistula," in the 90 days following surgery, MedPage Today reported.

The Epoch Times reported in May on complications of sex reassignment surgery in the article "When Gender Surgery Goes Wrong."

The research letter is surprising, since JAMA has usually been pro-transgenderism, even invoking the colloquial—and political—term "transphobia" in an otherwise medical article it published in February.

More Surgical Complications

"Gender-affirming" surgery often includes voice alterations in which patients wish their voices to be higher or lower pitched and, for men, their Adam's apple to be removed (chondrolaryngoplasty).

Yet, those surgical operations are also beset by complications, according to research presented this year at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) association.

"Over time, vocal care for transgender patients has evolved from behavioral therapy to hormone-replacement therapy, to voice therapy, and now, to laryngeal surgery," Medscape reported. However, "few studies have reported on complications and suboptimal outcomes."

It turns out that complications from Wendler glottoplasty (in which sutures on the vocal folds raise voice pitch) and chondrolaryngoplasty are often seen, Dr. Matthew Naunheim of Massachusetts Eye and Ear and Harvard Medical School in Boston said at the AAO-HNS meeting.

With glottoplasty, "granulation tissue issues" were seen as short-term complications, and glottic insufficiency was seen as

a long-term complication, Naunheim said, and were "more than [they would] expect."

"Glottic insufficiency is characterized by incomplete closure of the vocal folds with phonation, which causes an increased risk of aspiration," according to an entry in the National Library of Medicine.

Long-term complications seen with chondrolaryngoplasty included skin tethering or dimpling, and infections or fistula, the AAO-HNS presenters said.

Sex reassignment surgery has become a surgical cash cow. Researchers have been perfecting chondrolaryngoplasty on cadavers, according to a study published in the journal OTO Open in 2020.

"We carried out our cadaveric feasibility study in an anatomy laboratory at an academic center," the researchers wrote. "We used a lower oral vestibular incision, along with retractors and an endoscope to dissect and gain access to the laryngeal prominence of the thyroid cartilage. ... We were able to remove the laryngeal prominence successfully in all of our cadaveric specimens with this transoral approach."

Not Happily Ever After

Increasingly, the voices of young people who regret their sex reassignment surgeries are being heard. Sometimes called "detransitioners," these young patients express regret at their irrevocably modified bodies and likely inability to have children. They cite the intense internet support they received for their "trans" decisions at a time when they needed validation as one reason for pursuing sex reassignment surgery.

Some detransitioners also say that they were pushed through the sex reassignment system without being fully vetted or fully understanding the severity of their moves. Some say their short-term emotional confusion was enabled into a new, and unwelcome, permanent identity.

As the Vanderbilt University Medical Center pauses its pediatric sex reassignment surgeries, some are welcoming the decision and hoping it will slow the medical trend of ushering children into new gender identities they might later regret.

ADDICTION

Helping Addicts Avoid Rock Bottom Without Enabling

Continued from Page 1

A Flawed Idea

It's a very familiar approach, but some experts say it's flawed. The American Addiction Centers (AAC) describe it as the "rock bottom myth."

On the website for this leading provider of addiction treatment services, the AAC states that the rock bottom approach "can have serious repercussions, in that it can significantly influence the perceptions and behaviors of family members and treatment professionals toward the addicted person."

The potential tragedy of this idea is that people are pushed apart at a time when support and communication are sorely needed. Giving addicts the space to reach rock bottom is said to be part of the transformation process. But it may just leave them feeling abandoned and betrayed. It can also leave friends and family feeling powerless as they wait for their loved one to ruin his or her life in pursuit of an all-time low.

The rock bottom concept may be the most widely known method in addressing an addiction problem, but it isn't the only one. In fact, lesser known but more successful methods can help to promote change with far less pain for everyone involved.

The Center for Motivation and Change (CMC) specializes in teaching such evidence-based communication techniques. These strategies are featured in the organization's new book "Beyond Addiction: How Science and Kindness Help People Change."

The persistence of the rock bottom approach owes to the sense it makes on the surface.

Many recovered addicts also recount their own rock bottom as the experience that finally convinced them to get help.

It's clear that the negative consequences of an addiction can be an extremely convincing catalyst for turning one's life around. And there's no doubt that friends or family who enable an addict can prolong bad behavior. But according to Ken Carpenter, director of training at the CMC Foundation for Change and a licensed clinical psychologist and research scientist, the rock bottom model lacks the nuance that can allow for supportive relationships to blossom within the process.

"Family members can help raise the bottom, so to speak. They can be on the sidelines. And when a person is more likely to be contemplating change, they'll be there so that they can raise the bottom a person has to hit," Carpenter said.

Making a Connection

Influencing someone to change is never easy, but using a confrontational approach often makes it worse. A major weakness of the intervention model is that it's confrontational at its core, even if the tone of the actual conversation is calm or gentle. It puts an addict on the spot, and typically builds to a demand for an immediate commitment to change and accountability. This approach leaves little room for negotiation. The goal is to demonstrate how serious the problem is and to spark realization and motivation but, Carpenter says, it often backfires.



It pushes people in the very opposite direction of what we're hoping to do," he said. A confrontational approach in any personal interaction can easily invite a defensive reaction. If we feel like we're being attacked, we're likely to retreat or retaliate. But to the person attempting to help us, it may look like we're just refusing to change or acknowledge our problem. So they push their point harder, leading to further tension, conflict, and hopelessness.

It's understandable why we might feel justified in using a confrontational approach. Looking at an addiction from a distance, it can seem irrational, destructive, and absurd. While we still need to stick by our values, instead of starting in with demands and judgment, consider

first fostering a connection. Carpenter suggests one point of entry is to find out what motivates an addiction.

"Often, families and friends are never asked to consider that. And they find it very helpful, because it actually opens up a door of conversation," he said.

Asking for the motivation behind an addiction doesn't condone the behavior, but it can reveal some genuine understanding and create an opportunity for connection that's less likely to happen in a confrontation. This question also gives an addict an opportunity to reflect on their behavior in a way they themselves may have never considered.

"When I would ask people that question, at first they're suspicious of me, because that's not what they're used to talking about," Carpenter said. "They have rehearsed answers as to why they shouldn't be doing it. But asking, 'What do you get out of it?' can be a game changer sometimes in terms of the tone of conversations."

Families Learning CRAFT
Conversational techniques such as the one described above are part of what is known as CRAFT (Community Reinforcement and Family Training). The program is designed for the families of people who struggle with addiction.

Whereas the rock bottom idea keeps to a fairly limited script, CRAFT gives a wider range of options to keep the lines of communication open.

"I can step back. I can ask what you mean by that. I can inquire or just reflect back to you what I'm hearing," Carpenter said. "You don't want to change. That's what I'm hearing from you. Am I correct? Help

explain more."

Carpenter says the approach provides flexibility to maneuver the conversation without it inevitably leading toward conflict.

CRAFT was developed at the University of New Mexico by two researchers who conducted several studies over two decades to demonstrate the program's effectiveness. Their studies showed that about 70 percent of the families who used the program saw their loved ones seek treatment and reduce their substance abuse.

"The philosophy behind this [program] is that motivational barriers weren't really the absence of pain, but the absence of hope," Carpenter said.

Finding Hope
Pain can be a great teacher, but so can hope. The problem is that while we may find pain in abundance, hope is often hard to come by.

But hope can be found in several forms. CMC acknowledges that the paths to recovery are very diverse. A program that works for one individual may not be effective for someone else. In fact, many addicts fully recover without any therapy at all. Realizing that there are a variety of options available grants a great deal of freedom.

Whatever your path might involve, a reliable source of hope to be found along the way comes from our relationships. It's in the stories of failure and triumph that we share with each other, and in assisting one another with the challenges we face.

Keeping the lines of communication open helps keep this hope alive.

"I look at motivation not residing in you or residing in me, but is really just a matter of our interaction," Carpenter said.



What Is CRAFT?

Community Reinforcement and Family Training (CRAFT) is an evidenced based, cognitive behavioral therapy designed to support loved ones in overcoming substance abuse issues. CRAFT is based on the idea that people tend to participate in behaviors that are reinforced and pleasurable, offering an alternative to addictive behavior.

Like the 12 step model that provides a positive, life-affirming community to join in giving up an addiction, CRAFT aims to address substance abuse issues holistically in the context of the family or community. It uses positive reinforcement to discourage substance use, and teaches techniques to address the triggers that influence use.

Substance abuse can easily become a volatile topic for discussion. CRAFT teaches communication skills to help lower defenses so that family members can better discuss and negotiate with addicted loved ones.

Family members who use CRAFT learn to identify a loved one's triggers for using substances, as well as how to recognize, reward, and support positive behavior. It also makes use of the negative consequences that can accompany substance abuse, making sure they weigh appropriately on the addict, not on family and friends.

These strategies can be used to increase the cost and decrease the benefits of substance use. Families learn how to spot the ideal times to address the idea of treatment for someone with a substance use disorder, and how to act on it when a loved one agrees to treatment.



Paradigm Shift: From Seeking Health to Accepting Death

There's an inevitable moment when each of us, as well as our doctors and loved ones, must shift our perspective

PAMELA PRINCE PYLE

Because we're situated in a resort community, our hospital admits as many visitors as locals. Some of these tourists are in the middle of treatments for severe diseases. I'm sure that their thinking is along the lines of "I don't care if I do have cancer—I'm going to live my life! I'm taking that long-planned vacation!"

Often these restless souls don't bother telling their oncologists that they're slipping down south for a few days of "R&R" following a session of chemotherapy treatment. (I can't blame them. In their shoes, I would be sneaky, too.) I'm sure they're concerned that their doctors would discourage traveling.

Mrs. L was one such sojourner. She had been coming to our beaches all her life, even after she and her husband became empty nesters. However, this visit was different. In recent months, her "health passport" had been stamped multiple times by hospitals and treatment centers back home in Indiana. The couple realized that this beach trip would be her last.

Upon greeting her, I could sense the strength of her will. She spoke of the blur of all those family vacations.

"I have so many memories of my children playing in the sand, the morning sun warming our faces," she said. "I didn't come to simply see the ocean. I came to relive those memories in their fullness. I came to sink my toes in that sand, the same sand where my children left so many footprints through the years. I know that you must understand."

Immediately, I remembered my own kids running and laughing as the low-tide waves chased them in a game of tag. I thought of the beautiful sunrises that greet me daily, leaving gorgeous reflections in tide pools. In my mind's eye, I could see the brilliance

Conversations about such a paradigm shift require time, active listening, and, most importantly, empathy.



End-of-life care can be an emotional time for the whole family. Physicians should continue placing the needs of their patients first by listening and honoring their final requests.

VOLDO/MYR BALENA/SHUTTERSTOCK

of a harvest moon set against the darkness of the sea.

I did understand.

Mrs. L spoke of all this beauty before saying a single word about how she felt, before we ever discussed her health. I listened closely, because what people talk about most passionately reveals what they value most deeply. She was making her priorities known. Cancer had robbed her of many things. It wasn't going to rob her of this final memory at the beach.

Eventually, we did get around to her medical issues. She told me that none of the treatments that the doctors had tried to cure, or at least slow, her disease had worked. She had, at best, a few weeks or perhaps a couple of months to live. Although she didn't use the phrase "a good death," as she talked about her family, life, and current decline, this was what she was describing. This trip was meant to close the last chapter; the epilogue would occur at home.

We would never have met, had she not become sick enough to require hospitalization during this, her final trip. While she was quite familiar with her health care system back home, our hospital was a foreign land to her. I was a stranger. Her anxious husband stood by as she walked me through her health history. She expressed confidence that she would return home to her loving family and die with her dreams fulfilled.

I marveled at this strong woman. She was yet another patient who would be my teacher. She knew her true condition. But more than knowledge, she had wisdom. She must have been a little afraid, but she displayed courage more than fear. Because of her obvious hope, she exuded peace.

My role as her temporary physician changed at that point. I wasn't to keep her in the hospital for some recommended length

of time. Nor was I to run multiple tests that would only delay her release. My job was to get her well enough ASAP so that she might fulfill her dream of enjoying a few last days at the beach before returning home to die.

This is what I call a paradigm shift. It's a necessary, important change in perspective for physicians and patients. As health care providers, we're trained to do everything in our power to battle disease and restore or maintain health. With our white coats and stethoscopes as "armor" and new pharmaceuticals and cutting-edge treatments as our weapons, we're always ready to go to war. But sometimes we fight so hard that we lose sight of what we're fighting. If we aren't careful, our mission can become driven by data rather than by the patient. We can forget that winning the battle means much more than good numbers for the day or week.

Like all people, Mrs. L had faced multiple paradigm shifts along her health journey; however, what I was witnessing was her final shift. She no longer sought treatment that would extend her life, whatever the cost and however long it took. She simply wanted her health passport stamped with a "hospital exit visa" as quickly as possible. Time on the beach was much more precious and meaningful to her than getting back a few labs marked WNL (within normal limits).

Conversations about such a paradigm shift require time, active listening, and, most importantly, empathy. In this instance, Mr. L gave his wife all these gifts. Despite lamenting her imminent departure, he chose to love her unselfishly by embracing her dream of what would make for a good death.

His example reminds us that it's vital for family members to both recognize when such a paradigm shift is occurring and support their loved ones through the process. It's equally important for clinicians to note such paradigm shifts and cooperate.

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, 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

Mindfulness May Help You Manage Blood Sugar

MAT LECOMPTÉ

If you practice yoga, meditation, or another mindfulness practice, you may be helping your body to manage its blood sugar level. If you don't, it might be worth starting.

New research has found that mindfulness activities may help people with Type 2 diabetes lower their blood sugar levels. The effects of these activities may be substantial, too. The research has shown that doing these activities worked almost as well as standard treatments such as taking the medication metformin.

It's important to note that these practices are best used in addition to standard diabetes

treatment and not as a replacement. In any event, mindfulness activities are worth a try.

More than 37 million people have diabetes, with the vast majority having Type 2. The condition develops when the body loses its ability to process insulin, a hormone that carries sugar from food into the body's cells for energy.

When that happens, sugar builds up in the bloodstream, damaging blood vessels and nerves over time. Many people with diabetes also develop complications such as heart disease, kidney failure, nerve damage in the feet and legs, and potential blindness.

Controlling blood sugar levels through a healthy diet high in whole foods and low in

processed foods can minimize those risks.

Researchers looked at 28 published clinical trials that tested various practices. Most focused on yoga, which combines physical postures with breathing techniques and meditation. Other trials looked at qigong, guided imagery, meditation, or mindfulness-based stress reduction.

They found that each practice helped people with Type 2 diabetes lower their hemoglobin A1c level—a measure of average blood sugar levels over the previous three months.

In general, people with the disease should keep their A1c level below 7 percent. During the trials, on average, mind-body practices lowered participants' A1c levels by about

0.8 percent. That's very close to what metformin does, which cuts A1c levels by about 1 percent.

Mindfulness may help because it can reduce stress, making diabetes easier to manage. A dip in stress hormones may also help to reduce systemic inflammation, which may help to bring down blood sugar levels. Stress can also trigger poor eating habits.

If you're treating diabetes or are interested in blood sugar management, yoga, qigong, or other forms of meditation may help.

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

10,000 Steps Daily Can Help Cut Your Risk of Dementia by Half

SARAH COWNLEY

Walking is a great way to get exercise, but new research has found that those steps can also help reduce your risk of dementia. The study found that walking 10,000 steps each day can cut your risk of dementia by half. So if you're looking for a way to stay healthy, be sure to make time for a walk each day.

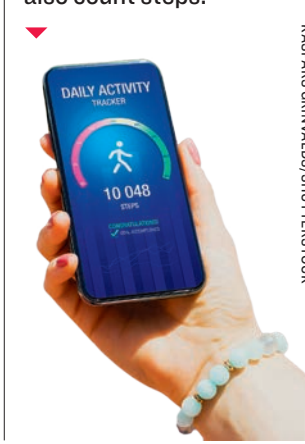
Vascular dementia is the second most common type of dementia after Alzheimer's and can affect memory, concentration, and

thought processes. Previous research has shown that aerobic exercises can help to increase blood flow to the brain and improve memory function, so it's no surprise that walking 10,000 steps each day potentially reduces the risk of dementia.

Many people don't realize how going for a walk can greatly benefit physical and mental health. Previous studies have suggested that moderate exercise may reduce the risk of dementia by a third. However, this research proves that walking may be the best way to reduce your risk. Walking 10,000 steps each day not only reduces the risk of dementia but can also reduce other conditions, such as high blood pressure and heart disease.

For the study, researchers monitored the steps of 78,430 adults between the ages of 40 and 79 over the course of seven years. They found that 9,800 steps per day could reduce the risk of dementia by half. There was no added risk reduction if participants

Pedometers are a good tool to measure your daily steps and ensure you are getting in the minimum amount of exercise you need to keep your body happy and healthy. Most phones can also count steps.



went higher than that number. However, walking fewer steps daily, such as taking 3,800 steps, was found to reduce the risk of dementia by 25 percent.

"This study represents an important contribution to step count-based recommendations for dementia prevention," the study's authors wrote. "Step count-based recommendations have the advantage of being easy to communicate, interpret and measure, and may be particularly relevant for people who accumulate their physical activity in an unstructured manner."

Sarah Cownley has a diploma in nutritional therapy from Health Sciences Academy in London. She enjoys helping others by teaching healthy lifestyle changes through her personal consultations and her regular contributions to the Doctors Health Press. This article was first published on BelMarraHealth.com



INTENTIONAL LIVING

How to Stay in Love

Marriage is renewed daily with small acts, conversation, and a healthy dose of fun

MIKE DONGHIA

My wife and I have been married for 11 years. That's not long enough to be too confident in our success—after all, it's just a few years longer than the average U.S. marriage of eight years.

But it's long enough to have endured many different seasons of life, to have seen each other at our best and worst, and to have begun to take stock of what we have.

What has emerged in that time is a relationship with an individual that has no comparison to any other in my life. Not only have we remained in love, but in recent years, the intentionality we've applied to so many areas of our lives has spilled over into our relationship as well.

Of course, the full story of our love has yet to be written. We hope to remain in love for a lifetime.

In the spirit of self-reflection and trading notes with others along the journey, the rest of this post will explore a few ideas that I've had about what it takes to stay in love.

Grow in a similar direction. Have you ever met a friend who you haven't seen in a long time, and they seem like a different person? That's because all of us are constantly changing in response to our environments and the way we interpret our experiences.

If you want to stay on the same page as your spouse in terms of values and big-picture goals, the best approach is to simply talk about these things regularly. If you find yourself inspired or challenged by a new idea, see what your partner thinks. If you crave something new or different, put it out there.

It's not essential that you always agree. Just talking about these things together ensures that you don't wake up one day married to a stranger that you hardly know. Sharing this personal part of ourselves with each other naturally leads to drinking from a shared well of ideas.

Avoid emotional scars. There are certain actions that are nearly impossible to undo in a relationship. They're like opening the proverbial can of worms—and nothing is

If you want to stay on the same page as your spouse in terms of values and big picture goals, the best approach is to simply talk about these things regularly.



“Just have fun with it” has become a catchphrase we use to solicit a smile and remind each other to enjoy whatever activity we're doing.

I've found incredible value in focusing on simple, everyday expressions of love.

ever quite the same.

At one extreme is cheating on your spouse. I believe that forgiveness is real and beautiful, but I also know that our actions can leave permanent scars. Short of cheating, there are other lines that once you cross become easier to cross again in the future—yelling, ignoring, shaming, and embarrassing, to name a few.

These are emotional weapons of mass destruction, and once they've been brought out, the threat of them being used again never really disappears. Trust is eroded in a way that's hard to regain.

A research article in the journal *Frontiers in Psychology* concluded that trust is an absolutely essential ingredient in love and relationship intimacy; one that must be zealously defended if you hope to remain in love for many years.

Do the little things. Over many years of marriage, it's natural and good that lovers grow comfortable with one another. The strong desire to please and impress at the beginning of a relationship gives way to security and familiarity. But along with that transition comes a greater risk of taking your partner's happiness for granted.

To combat this slide toward complacency, I've found incredible value in focusing on simple, everyday expressions of love. We all like to dream about grand gestures of love—planning a romantic week of vacation on an exotic island or bravely sacrificing your safety to protect your spouse from danger—but it's undoubtedly the ordinary moments of thoughtfulness and self-denial that weave together a lasting love.

Refuse to accept boredom. If you've ever watched a couple sitting together in a restaurant with evidently nothing to say to each other, you've witnessed the dull ache of boredom. Nobody chooses boredom; it's the end result of a hundred choices not made, a thousand roads not pursued.

The only way I know to fight this general air of apathy in a relationship is to vigorously seek out novel experiences together. Starting a blog with my wife was one great adventure we chose to pursue, but we've also been very intentional about how we spend our evenings

together to avoid the creep of boredom. You don't need anyone's permission to make your marriage more fun and interesting, just a little imagination.

Master the art of conversation. I can hardly imagine a lasting love that doesn't have at its foundation a deep conversational life. Long, unrushed, rambling talks with your spouse are one of the best ways to learn who they really are. To know and be known by someone is the greatest feeling in the world and one of the best ways to strengthen the bonds of intimacy.

In my experience, being a good conversation partner isn't so much about being smart or witty, but rather deeply curious and willing to be vulnerable. Every human is unimaginably interesting if you desire to know the truth about what makes them tick. But the key to unlocking the hidden chambers of your spouse's motives and fears is to first invite them to see your own unguarded self.

Have Fun With It

My wife was home by herself one day when the chimney sweep came to give our open, wood-burning fireplace its annual cleaning. When I got home from work, she told me how friendly the guy was and how he made small talk with her the whole time he worked. One thing he kept stressing was that we should enjoy our fireplace and “just have fun with it.”

We thought it was oddly delightful how passionate our chimney sweep was about us having fun with our chimney. And since that day, “just have fun with it” has become a catchphrase we use to solicit a smile and remind each other to enjoy whatever activity we're doing.

There seems to be no wiser piece of advice I can give about staying in love than to remind you to not take yourself or your marriage too seriously. Yes, be intentional—but don't forget to “just have fun with it.”

Mike (and his wife, Mollie) 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.

Try to cherish and enjoy your time spent together as a couple, no matter what you're doing or where you are.



Doctors can struggle to diagnose and treat this triangle of illness, but it can be done.

The Triad of Autoimmunity, Gluten Sensitivity, and Leaky Gut

Chronic health conditions often arise from each of these, and each can trigger the other 2

DATIS KHARRAZIAN

In the research and in my practice, I find three areas that consistently stand out in complex chronic cases: gluten, leaky gut syndrome, and autoimmunity.

Gluten Sensitivity and Chronic Health Problems

I personally can't recall a single patient with autoimmunity or intestinal permeability who wasn't sensitive to gluten, the protein found in wheat, spelt, barley, and rye. I'm sure they exist, but the research and clinical experience of many educated practitioners suggests that gluten sensitivity plays a significant role in this vicious inflammatory cycle.

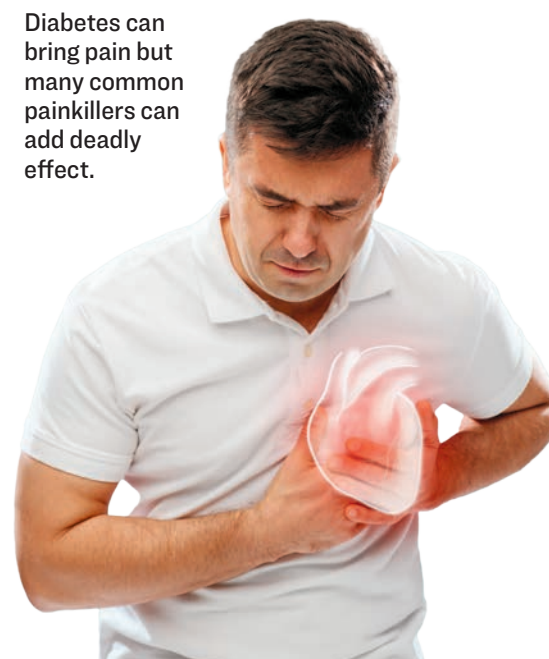
Why has gluten sensitivity gained so much attention lately? Wheat has changed profoundly in the past 50 years—including the way it is grown, stored, and processed—making it more inflammatory today than previously. Gluten-free miracle stories have become fairly common: an individual with an irresolvable health problem finds total relief on a gluten-free diet. Or they suddenly drop excess pounds, have more energy, can sleep better, stop snoring, stop having allergy attacks, and so on.

However, for many others, the fix isn't so miraculous. A gluten-free diet chips away at the problem but doesn't solve it.

Continued on Page 10

Nonsteroidal Anti-Inflammatory Drugs May Trigger Heart Damage

Diabetes can bring pain but many common painkillers can add deadly effect.



GROUND PICTURE/SHUTTERSTOCK

These medications can increase one's risk of heart damage, especially for diabetics

JOSEPH MERCOLA

Nonsteroidal anti-inflammatory drugs (NSAIDs) are used to treat mild to moderate pain. Research presented at the European Society of Cardiology in August demonstrated that these over-the-counter pain medications can increase the risk of heart failure in individuals who have Type 2 diabetes.

NSAIDs are used to treat such conditions as back pain, sprains, strains, headaches,

migraines, osteoarthritis, and menstrual cramps. Low back pain is a common global issue that's the leading cause of years lived with disability.

According to the World Health Organization, the number of people globally with diabetes rose to 422 million in 2014 from 108 million in 1980. According to the Centers for Disease Control and Prevention, 6.2 million adults in the United States have heart failure and roughly 37.3 million Americans have diabetes.

Unfortunately, those with Type 2 diabetes have a higher incidence of chronic lower back pain, which may prompt the use of the same NSAIDs the new research says puts them at risk of heart failure.

Continued on Page 12

In 1980, **108 MILLION** in the world had diabetes.

In 2014, **422 MILLION** in the world had diabetes.

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Wheat has changed profoundly in the past 50 years, including the way it is grown, stored, and processed.

The Triad of Autoimmunity, Gluten Sensitivity, and Leaky Gut

Continued from Page 9

Also, many people assume they don't have an issue with gluten because they have lab tests (usually incomplete) that show they aren't gluten sensitive, or they don't have any digestive symptoms from eating gluten. That's because most labs only test for alpha-gliadin, and people can react to several different compounds in wheat.

As it turns out, only about one-third of people with gluten sensitivity suffer any digestive symptoms. In fact, the tissue most often affected by gluten is the brain.

Gluten sensitivity also commonly affects joints, skin, and other organ tissue. Basically, once gluten sensitivity has triggered chronic inflammation, anything in the body is open to autoimmunity. Genetics and various other

factors can play a role in determining your vulnerabilities.

For example, people with genetic susceptibility to celiac disease (HLA-DQ 2 and 8) are at significant risk for developing autoimmune disease if they consume gluten. However, you don't have to have the celiac disease genes for gluten to be an immune trigger for you.

If you have autoimmunity, you should absolutely screen for gluten sensitivity, making sure to use a lab that tests for multiple reactive proteins. Likewise, if you have a gluten sensitivity, you should screen for autoimmunity as a gluten sensitivity increases your risk of developing autoimmunity.

Leaky Gut and Its Role in Autoimmunity, Gluten Sensitivity

Leaky gut syndrome ("leaky gut") is another factor that almost always affects a person with autoimmunity. Within the scientific community, leaky gut is called "intestinal permeability." It occurs when the lining of the small intestine becomes inflamed and damaged, and thus, overly porous.

As a result, undigested foods, bacteria, and other pathogens enter the sterile environment of the bloodstream and trigger inflammation. This inflammation in turn leads to chronic conditions that involve inflammation and autoimmunity. Common causes of leaky gut include poor diet, chronic stress, certain medications, autoimmunity, and more.

An important thing to understand about leaky gut is that it often doesn't cause gut symptoms. Instead, it's much more common for leaky gut to cause chronic inflammation that manifests elsewhere in the body depending on your genetic makeup, past injuries, or existing health disorders or injuries.

When leaky gut triggers chronic inflammatory conditions, your risk of developing an autoimmune reaction against your body tissue increases.

The subject of leaky gut isn't as straightforward as I once believed. A



Lime Juice Could Save Thousands of Lives Each Year

This delicious citrus has therapeutic effects against several conditions and harmful bacteria

SAYER JI

While billions of dollars are poured into research and development for pharmaceutical drugs, the humble lime has been

proven to mitigate and even cure diseases that cause millions to suffer and hundreds of thousands to die each year worldwide.

The lime is best known for its role in key lime pie and margaritas, but did you know it possesses remarkable healing properties as well?

An impressive array of research on lime juice from the National Library of Medicine indicates that it could either cure or greatly accelerate healing time from a variety of life-threatening illnesses, including:

Sickle cell anemia (SCA): According to the CDC, SCA afflicts about 95,000 Americans and is diagnosed in 1 in every 500,000 African American births.

A hereditary blood disorder, SCA is characterized by an abnormality in the oxygen-carrying hemoglobin molecule in red blood cells. A clinical trial looking at SCA in children found lime juice to reduce painful episodes (only 50 percent for people in lime juice intervention

standard leaky gut protocol, now recognized as the foundation of autoimmunity management, doesn't go the distance for many people. Your attempts at managing leaky gut may not be successful if you don't know the underlying mechanism, or root cause, of your leaky gut.

Also, "healing" leaky gut isn't always achievable. The outcome of your leaky gut protocol depends on the cause. When you understand what's causing your leaky gut, you'll have more realistic expectations in terms of outcome, which will save you a lot of frustration. For instance, people with past brain injuries or ongoing brain-based disorders may always have some degree of leaky gut. Autoimmune flare ups can also trigger leaky gut.

What Comes First?

Gluten, Leaky Gut, or Autoimmunity?

A typical thought in alternative medicine today goes something like this: "Gluten sensitivity causes leaky gut, and leaky gut causes autoimmunity. This is because gluten sensitivity inflames and breaks down the walls of the intestine, which increases inflammation throughout the body and raises the risk for autoimmunity. If we get you off gluten and fix your leaky gut, then we'll manage your autoimmunity."

For some people, this simple and straightforward approach is successful. However, it doesn't work for many others. Many patients do everything right—everything their practitioner and their online support group friends say to do—and yet, they continue to suffer. Many beat themselves up, wondering what they're doing wrong, when the truth is they simply have a different underlying cause for leaky gut.

Which comes first: gluten sensitivity, autoimmunity, or leaky gut? The answer is any one of them can trigger the other two.

Which comes first: gluten sensitivity, autoimmunity, or leaky gut? The answer is any one of them can trigger the other two.

As I mentioned above, we have the classic model in which gluten sensitivity causes leaky gut, which then causes autoimmunity. However, did you know that autoimmunity itself can cause leaky gut and gluten sensitivity? This is because autoimmunity creates inflammation that breaks down the barrier lining of the gut (and the blood-brain barrier), which then leads to sensitivity to gluten and other foods. I'll expand on this later.

We also know factors outside of gluten and leaky gut can trigger autoimmunity. These factors include viruses, environmental chemicals, toxic mold, and other pathogens, as well as deficiencies in vital compounds, such as vitamin D, omega 3 fatty acids, or glutathione.

The cause of autoimmunity can also arise from cross-reactivity, when the body mistakes a pathogen or food protein for a tissue in the body and begins attacking the tissue. For instance, the streptococcus bacteria has been shown to cross react with a part of the brain called the basal ganglia, causing Pediatric Autoimmune Neuropsychiatric Disorders Associated with Strep that affects children.

Additionally, because the gluten protein is similar to proteins in the brain, gluten can trigger autoimmunity against brain tissue based on a concept known as molecular mimicry.

Only 1 in 3 people with gluten sensitivity suffer any digestive symptoms.

Gluten sensitivity has the perverse ability to make virtually any body part or system open to autoimmunity.



Other factors such as chronic stress or antibiotic use can also cause leaky gut, thus setting the stage for autoimmunity.

The bottom line is that if you have either gluten sensitivity, leaky gut, or autoimmunity, then you need to be aware that having just one of these increases your risk for developing the other two.

If you present with one of these, then it's important to screen for the other two and manage them all together.

Why You Need to Understand the Mechanism of Autoimmunity

Why is it so important to understand which one came first for you? One thing I've learned from working with patients with chronic conditions is they often become demoralized because they don't understand what's happening to them. When I can cut through the complexity and get to the root issues, it gives them information, removes the mystery, and empowers them with knowledge that inform their choices.

Simply telling patients what to do often creates resistance. Simply saying "You must go on a strict gluten-free diet right away" doesn't work nearly as well as, "Here's what happens when you eat gluten and here's what can happen if you don't." If I explain what's happening, patients are better informed to make decisions for themselves versus being given orders.

If you understand why you have a chronic leaky gut, a stubborn autoimmune condition, or multiple food sensitivities, you have a higher chance of a successful outcome. Patients aren't the only ones who can end up spiritually broken—practitioners who manage their cases also become demoralized when they can't adequately help a patient.

By knowing how to target a condition more specifically, a practitioner has a better chance of helping patients. Over the years, I've seen all types of conventional and alternative health care practitioners burn out and quit practicing or inappropriately take out their frustrations on their chronically ill patients because they weren't taught how to help them—despite their best intentions.

The degree of success varies from person to person, as many factors come into play, including your support system, lifestyle, personal history, beliefs, environment, genetics, and factors we've yet to discover.

The bottom line is leaky gut, gluten sensitivity, or autoimmune conditions don't have to be a prison sentence of confusion and mystery. By understanding some basics, you can choose which string to pull first to begin unraveling the web of illness.

Although there is no known cure for autoimmunity, dietary, nutritional, and lifestyle strategies can help you live a life largely free of symptoms and respond constructively when symptoms flare up. The goal is a better quality of life, and my wish is to provide you with the information to improve the quality of yours or those you care for.

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Most labs only test for alpha-gliadin but people can react to several different compounds in wheat.

The significant changes in wheat over the past 50 years have made it more inflammatory.

versus 92.7 percent for people in the control group), febrile illness (46.6 percent lime juice intervention versus 87.3 percent control), and hospital admission rate (3.4 percent lime juice intervention versus 34.5 percent control) for sickle cell anemia in children.

Malaria: Malaria is a mosquito-borne parasitic disease. The World Health Organization estimates that malaria causes 219 million cases of illness resulting in 660,000 deaths each year. A wide range of highly toxic drugs are used to treat the disease, but a study found that lime juice greatly increased malarial clearance when combined with standard drug therapy. The researchers concluded: "Lime juice when used with the appropriate antimalarial may enhance malaria parasite clearance especially in those with uncomplicated malaria."

Bacterial agents in food: A study found that potential pathogens in the popular seafood dish known as ceviche could be completely sanitized with the lime juice used in a common recipe. Ceviche uses raw fish or fish

cured in citrus fruit, and this fish can contain *Vibrio parahaemolyticus* and *Salmonella enterica* bacteria. Both were reduced to below detection limits through the addition of lime extract.

Water disinfection: Lime has been found to enhance the disinfection of water, by killing both noroviruses as well as *Escherichia coli*, or *E. coli*. Lime has also been found to kill the cholera pathogen, which is believed to affect 3 million to 5 million people and cause 100,000 to 130,000 deaths annually, as of 2010.

Pancreatic cancer treatment: Pancreatic cancer is a notoriously difficult type of cancer to treat. Lime juice was found to induce programmed cell death in pancreatic cancer cells.

Smoking cessation: Smoking is likely the most preventable cause of death on this planet. A clinical trial comparing nicotine gum to lime juice extract found that "fresh lime can be used effectively as a smoking cessation aid."

Sayer Ji is the founder of GreenMedInfo.com, a reviewer at the International Journal of Human Nutrition and Functional Medicine, co-founder and CEO of Systeme Biomed, vice chairman of the board of the National Health Federation, and steering committee member of the Global Non-GMO Foundation. This

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Lime juice can add zeal to a recipe and offer nutritional benefits as well. But this small citrus also has other medicinal effects.

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THE EPOCH TIMES

Nonsteroidal Anti-Inflammatory Drugs May Trigger Heart Damage



Short-term use of NSAIDs is associated with heart failure in individuals with Type 2 diabetes.

Continued from Page 9

There's also a strong association between people with Type 2 diabetes and degenerative lumbar spine disorders, which can cause low back pain.

Newly diagnosed Type 2 diabetes is also linked with an increased risk of chronic lower back pain, with a higher incidence found in women than in men. One 2017 study analyzed the relationship between the progression of diabetes and back pain. The data showed that patients with uncontrolled diabetes had an increased development of chronic back pain.

NSAIDs Linked to Heart Failure

The current study, presented at the European Society of Cardiology in Barcelona, Spain, demonstrated that short-term use of NSAIDs is associated with heart failure in individuals with Type 2 diabetes.

The scientists wrote that a previous association had been made between NSAIDs and an increased risk of heart failure in the general population. They sought to determine if using NSAIDs with Type 2 diabetes could increase the risk of heart failure, given that people with Type 2 diabetes have twice the risk of heart failure without using NSAIDs.

The researchers included 331,189 participants whose average age was 62 years. Those who used NSAIDs claimed to have prescriptions of ibupro-

fen, diclofenac, naproxen, and celecoxib. The researchers didn't include over-the-counter use of NSAIDs in the analysis.

They recorded a median follow-up of 5.85 years, during which time 23,308 people were hospitalized for the first time with heart failure. Researchers then separately analyzed the individuals who reported that they took NSAIDs and found there was an increased risk of hospitalization for heart failure with the use of diclofenac or ibuprofen. They didn't find the same risk in those who took naproxen or celecoxib.

However, only 0.9 percent of the participants took naproxen and 0.4 percent took celecoxib. Researchers believe that the lack of association between those two NSAIDs and heart failure might have been due to the small percentage of participants who took the prescription medications.

Further analysis showed that the strongest association was found in participants who used NSAIDs infrequently, and in patients who were older than 65 years. There was no association in individuals who were younger than 65 years or who had normal hemoglobin A1c levels. Dr. Anders Holt, one of the researchers in the study concluded:

"This was an observational study, and we cannot conclude that NSAIDs cause heart failure in patients with Type 2 diabetes. However, the results suggest that a potential increased risk of heart failure should be taken into account when considering the use of these medications. On the contrary, the data indicate that it may be safe to prescribe short-term NSAIDs for patients below 65 years of age and those with well-controlled diabetes."

Are Blood Clots a Root Cause of Heart Disease?

For the past six decades, U.S. dietary advice has warned against eating cholesterol-rich foods.

The claim is that dietary cholesterol promotes arterial plaque formation, which leads to heart disease. Yet, even with overwhelming evidence to the contrary, dogmatic thinking has been persistent.

Decades of research have failed to demon-

strate a correlation between dietary cholesterol and heart disease. The 2015–2020 Dietary Guidelines for Americans addressed this shortcoming, announcing that "cholesterol is not considered a nutrient of concern for overconsumption."

However, a mere five years later, they reversed the decision. The 2020–2025 guidelines recommend lowering the intake of trans fats and dietary cholesterol. Of course, trans fats should be limited or even eliminated, regardless of cholesterol or heart disease.

In an interview with Dr. Malcolm Kendrick early this year, we discussed the underlying mechanism for heart disease and the pathological processes that cause blood clots to form on the arterial walls. The thrombogenic hypothesis of heart disease asserts that when these blood clots aren't eliminated, they become a vulnerable point over which other blood clots will form. Over time, this appears as an atherosclerotic plaque.

When the endothelial cells that line the interior of blood vessels are damaged, a clot forms to help repair the area. This is then covered by endothelial progenitor cells to help create a new endothelial layer. This repair process is gradual and nearly always ongoing. Problems occur when the damage and clotting process happens faster than the repair process.

In this case, plaque begins to build up, which thickens the arterial wall and forces blood through a narrower gap. There are several common causes of endothelial damage such as viral infections, smoking, diabetes, high blood pressure, and exposure to heavy metals, including lead, aluminum, and arsenic.

In his book "The Clot Thickens: The Enduring Mystery of Heart Disease," Kendrick reviews many different strategies that can lower disease risk, one of which is to avoid using NSAIDs such as ibuprofen, naproxen, and aspirin. Although these drugs effectively inhibit inflammation in the body, they also cause platelet aggregation by blocking COX-2, an enzyme involved in pain, inflammation, and the creation of prostaglandins, which are lipid molecules that inhibit platelet activation (clotting). In other words, these drugs shut



Patients with uncontrolled diabetes had an increased development of chronic back pain.

6.2
MILLION ADULTS
in the United States have heart failure.

down the process that keeps blood from clotting, which makes blood clots more likely.

Omega-3, Vitamin D May Lower Heart Failure Complications

Heart failure, which is sometimes called congestive heart failure, happens when the heart muscle doesn't function as efficiently as it should. This causes blood to back up and sometimes fluid to fill the lungs. Health conditions that can trigger heart failure are high blood pressure, coronary artery disease, obesity, and diabetes.

Data from a 2022 study published in JACC showed that people with Type 2 diabetes had a lower risk of hospitalization for heart failure when they used omega-3 supplements. Data were gathered from the vitamin D and Omega-3 trial (VITAL), which started in 2010.

The parent trial engaged 25,871 men and women to evaluate dietary supplementation with vitamin D3 or omega-3 fatty acids and the impact it had on developing heart disease, stroke, or cancer in people without a history of these health conditions. Participants used the supplement for a five-year intervention phase, and researchers continued with ongoing follow-up.

Data from the ancillary study, in which the researchers evaluated whether omega-3 supplementation could lower the risk of the first heart failure with hospitalization or recurrent hospitalization, showed that it reduced the hospitalization rate for the first heart failure by 0.69 in participants who had Type 2 diabetes when it was compared against taking a placebo.

They also found that omega-3 supplementation effectively reduced recurrent hospitalizations in black participants. The data didn't show a benefit for preventing heart failure in individuals who didn't have Type 2 diabetes. There's also evidence from multiple studies that vitamin D has a significant cardioprotective effect.

One study found that in patients with congestive heart failure (CHF), vitamin D may

serve as "a new anti-inflammatory agent for the future treatment of the disease." Evidence also suggests that vitamin D has an impact on mineral metabolism and myocardial dysfunction in patients with CHF. Researchers concluded that deficiency may be "a contributing factor in the pathogenesis of CHF."

Epidemiological studies have provided strong support that vitamin D has cardioprotective effects, and data show that most patients with CHF have insufficient vitamin D levels, lower than 20 nanograms per milliliter. More data indicated that low concentrations of vitamin D3 contribute to a poor prognosis in patients with heart failure, which may be related to inflammation.

Furthermore, deficiency is highly prevalent, including in patients with heart failure and is "a significant predictor of reduced survival." Researchers found that supplementing with vitamin D was independently associated with a reduction in mortality in people with heart failure and that lower vitamin D levels were associated with high body mass index, diabetes, decreased calcium and hemoglobin levels, and the female gender.

Alternative Anti-Inflammatory Foods and Supplements

The anti-inflammatory properties of NSAIDs help to promote pain control. Thankfully, there are alternative strategies that help to reduce the inflammatory process in your body and, therefore, help to reduce pain.

Curcumin is one of those strategies. Curcumin is the major biologically active polyphenolic compound of turmeric and the compound that gives it its characteristic yellow color. Turmeric has long been used in Indian cuisine and medicinal use in traditional Chinese medicine and ayurvedic medicine.

The safety and nontoxicity of curcumin, even at high doses, have been documented in human trials. It has demonstrated the ability to slow the progression of osteoarthritis and relieve pain in an animal study. In one human trial with 139 people with knee osteoarthritis, researchers found there was no statistically significant difference in pain between people taking curcumin and those taking the NSAID diclofenac.

Additionally, those taking curcumin had fewer episodes of flatulence, experienced statistically significant weight loss, and didn't require an H2 blocker to reduce excess stomach acid, which 28 percent of those using diclofenac did.

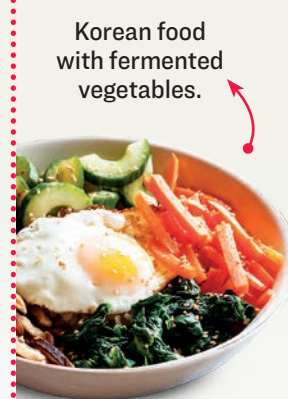
To find the studies mentioned in this article, please see the article online at TheEpochTimes.com

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

Other Anti-Inflammatory Foods or Supplements

Besides avoiding common causes of inflammation, including unhealthy foods, stress, environmental toxins, and so on, there are also foods, herbs, and supplements that can help to lower inflammation.

Fermented and cultured foods: These work by balancing your gut microbiome and optimizing your gut flora. Gut dysbiosis can increase the inflammatory response in your body and contribute to pain.



Fermented foods such as kefir, natto, kimchee, miso, tempeh, pickles, sauerkraut, olives, and other fermented vegetables will help reseed your gut with beneficial bacteria. Ideally, you'll want to eat a wide variety of them, as each contains a different set of beneficial bacteria (probiotics).

Omega-3 fatty acids: Marine-based omega-3 fatty acids found in cold-water fish are low in environmental toxins. They're particularly important for brain and heart health. Get your omega-3 fatty acids from wild-caught Alaskan salmon, sardines, and anchovies. It's also necessary to reduce your omega-6 intake to achieve a balanced intake of as close to 1-to-1 as possible.



Matcha tea: This nutrient-rich green tea comes as a stone-ground unfermented powder. The best matcha tea comes from Japan and is an excellent source of antioxidants.



Herbs and spices: Ounce for ounce, these are the most potent anti-inflammatory ingredients. One study found that cloves, ginger, rosemary, and turmeric could significantly impact systemic inflammation. In another study, garlic effectively lowered several biomarkers of inflammation, including C-reactive protein, TNF-alpha, and interleukin-6.



Frankincense (Boswellia serrata resin): One paper noted that frankincense "possesses anti-inflammatory, anti-arthritis, and analgesic properties" and is an inhibitor of leukotriene biosynthesis. This makes it useful in the treatment of pain and disease driven by leukotrienes, such as inflammatory and degenerative joint disorders. Another study found that frankincense and myrrh are capable of suppressing inflammation by inhibiting the expression of inflammatory cytokines.



Capsaicin: One 2013 animal study found that capsaicin "produced anti-inflammatory effects that were comparable to diclofenac," an NSAID commonly prescribed for mild to moderate arthritis.



The Surprising Connection Between Grip Strength and Longevity

This one aspect of your physical fitness can be a deciding factor in health and lifespan

JEFF GARDNER

To assess overall health, medical clinicians routinely use biomarkers.

Biomarkers are measures of the body's physiological state and can include blood pressure, glucose levels, or body fat percentage of total weight.

Biomarkers indicate if the body is functioning normally and can predict the possibility of developing health problems.

For example, if someone has uncontrolled high blood pressure (referred to as hypertension) for an extended period, that person is at a higher risk for stroke, kidney disease, or heart attack.

About a decade ago, researchers and clinicians discovered that as we age, measuring grip strength is a biomarker for everything from overall body strength to bone density and even the likelihood of falls and fractures in later life.

According to a 2004 study published in the American Journal of Epidemiology, postmenopausal women, in particular, experience significant declines in both grip and pinch strength. Of the women involved in the five-year study, those with lower grip and pinch strength were more likely to have poorer health and experience a higher incidence of falls.



Doctors will assess grip strength by asking a client to squeeze a dynamometer, a device that measures pounds per square inch.

In several unrelated follow-up studies, researchers such as physical therapist Richard W. Bohannon have demonstrated a positive and significant correlation between declining grip strength and overall declining or poor health in older adults.

As recently as January, a study headed by Lisa J. Underland of the Albert Einstein College of Medicine showed that grip strength is an excellent predictor of continued mobility as we age. It may be a better indicator of long-term health than weight loss or gain.

Why Grip Strength?

Grip strength is such a helpful biomarker for overall health because of how grip is strengthened. When we engage in activities that require us to move the whole body, especially while picking up or moving heavy things (think weightlifting or exercise with a resistance band), grip is also strengthened.

And while we have long known that moving the whole body is beneficial to health, particularly for those who are older, researchers are beginning to study why being physically

active helps to extend life span.

Testing what's called "the active grandparent hypothesis," researchers speculate that continuous physical activity for adults, especially during their post-reproductive years, diverts the body's energy away from the storing of fat and refocuses it on the destruction of aging cells (a process known as autophagy) and the maintenance and repair of the whole body, including overall muscle mass and related muscle strength.

As overall muscle mass increases, so too does grip strength.

But how is grip strength measured, and what levels predict overall good health and the potential for longevity?

A clinician will ask a patient to grip a device called a dynamometer with one hand and squeeze it three times in succession, and then repeat this with the other hand.

When squeezed, a dynamometer indicates how many pounds per square inch (psi) or kilograms per square centimeter (kg/cm²) of pressure is applied. The clinician then averages the three output scores for each hand, resulting in a baseline grip strength for the dominant hand.

For a healthy adult male, average grip strength should be about 72–73 psi; for a healthy adult female, 44–45 psi.

To put these numbers into perspective, the

average pressure needed to break an egg, when squeezed end to end, is about 53 psi. Any score below these averages can indicate potential problems for long-term health and mobility.

If below-average grip strength indicates potential health and longevity problems, can improving grip strength impact overall health and improve longevity? Happily, the answer seems to be "yes," although more re-

search is needed. One study found a small but significant relationship between improved grip strength and an overall improvement in mobility.

The goal to keep in mind, according to Rocky Snyder, a certified strength and conditioning specialist and author of the book "Return to Center," is to perform exercises that increase overall body strength and mobility, such as picking up and carrying a kettlebell or dumb-

bell until grip begins to fail, or hanging from a chin-up bar for as long as possible, increasing the hang time week by week.

If grip strength is already below a healthy average, and it's a challenge to perform these exercises, improvement can be made by squeezing a tennis ball for an increasing number of repetitions each day.

Keep in mind, however, that the goal is to improve overall body strength and mobility,

not just the muscles in the hands and forearms.

Dr. Jeff Gardner, Ph.D., has a background in biology and teaches and researches at Regent University. His interests include the relationship between media use and our physical and spiritual well-being. An avid backpacker, when not writing, lecturing or traveling, he can be found somewhere on trail. You can reach him at jeffgar@mail.regent.edu

Exercises to Improve Grip Strength

Many exercises can strengthen your grip. Focus on those that strengthen upper, lower, or whole-body muscle groups. As with all resistance training (in the past, called weightlifting), don't focus on the maximum amount of weight you can lift, but rather on lifting to failure, picking a weight you will "fail" at somewhere between 8 and 12 repetitions.

Failure means that you can either no longer lift the weight or you can't lift it and maintain a good, smooth, balanced form. Resistance training isn't a contest or a race. Lift as much as you can to failure, and you will improve as your body strengthens. Resistance training works best when done regularly, at least three times weekly. If you have a chronic medical condition such as diabetes, chronic obstructive pulmonary

disease, or cardiovascular disease, consult your doctor before beginning any exercise program.

Reverse Curl

This is an excellent exercise for grip, upper body strength, and balance. Hold a dumbbell in each hand at your sides with the tops of your hands facing forward. Stand erect with your feet roughly shoulder-width apart, keeping your back straight. Keeping your elbows close to your body, raise the dumbbells with the backs of your hands facing up until your hands reach your shoulders. Slowly lower the dumbbells, keeping the tops of your hands facing up, and return your hands to your sides, spending about twice as

much time lowering your hands and forearms as you did raising them.

The idea is to keep tension in your hands and forearms while lowering the dumbbells and not let gravity do most of the work.

Repeat 8 to 12 times (called a "rep") or to failure, and repeat the cycle (called a "set") three times. Do three sets of 8 to 12 reps 2 to 3 times weekly.

The Farmer's Carry

The farmer's carry is great for developing core body and grip strength. Pick up two dumbbells and walk approximately 30 feet, then turn around and return to where you started. Carry enough weight so that as you return to the starting position, it feels like you are going to drop the dumbbells. Do three reps in a set, and three sets, 2 to 3 times weekly.

Chin-Up Bar Hang

This is perhaps the simplest of all the exercises, though it requires a sturdy, well-secured chin-up bar. Simply reach up, grab the bar, and raise your feet off the floor, hanging for as long as possible. Start with three reps of 15 seconds, done three times. Repeat three times weekly, working your way up to 30 seconds or more of hang time.

Exercises that solely improve grip strength don't have the same whole-of-body effect.



Can You Control Your Dreams?

Lucid dreaming may help you in your waking life

SANDRA CESCA

Almost everyone dreams, even if they don't remember their dreams. The practice of lucid dreaming has shown benefits when applied to waking life. Research has shown that if you can remember your dreams, you may be able to control what you dream about using techniques to induce lucid dreaming.

When Do You Dream

Scientists hypothesize that your dreams help process emotions, conflicts, and memories from your day. They talk about two stages to your sleep: non-rapid eye movement (NREM) sleep and rapid eye movement (REM) sleep. Dreams are associated with REM sleep, and a person switches between the NREM and REM stages several times before waking up.

The first half of your sleep is mostly NREM or restful sleep, during which the body is repaired and restored. The second half is REM or dreaming sleep, which helps to reactivate the mind, improving learning and memory. You can experience several REM phases per night. The final phase can last an hour or less and occurs in the early morning before you wake up. Brain research indicates that your mind can perform psychological healing during REM sleep, which thus holds the greatest potential for lucid dreams.

What Are Lucid Dreams?

References to the phenomenon of lucid dreaming date at least to the time of Aristotle, an ancient Greek philosopher, and his treatise "On Dreams." Later works in the 19th and early 20th centuries, including Friedrich Nietzsche's writings and texts from Tibetan Buddhists, also reference lucid dreaming.

The term "lucid dream" was reintroduced by Dutch psychiatrist Frederik van Eeden in his 1913 book "A Study of Dreams," which was most likely inspired by earlier works of St. Denis from France. Many students of lucid dreaming regard Denis as the father of modern lucid dream research.

Those engaged in lucid dream research also use the terms "conscious awareness" and "conscious dreaming" in their descriptions of lucid dreaming because in that state of mind, the dreamer is aware he's dreaming while he's in the dream. Dreams can be controlled during this state. When you're awake, your senses dictate your reality. In lucid dreams, when consciousness arises, the sensations become intensified and life-like. You're still asleep, but you recognize that you're in a dream.

What's the difference between vivid dreams and lucid dreams? Vivid dreams can be mistaken for lucid dreams; however, in vivid dreams, faces, sounds, colors, and traumatic scenes are more intense. Because of this, you will often remember them. Lucid dreams can be vivid, but vivid dreams aren't always lucid. You can't control vivid dreams like you can lucid dreams.

Benefits of Lucid Dreaming

Some people have been lucid dreamers for a long time. There are even societies and groups that compare their lucid dream experiences. One of the attractions is that lucid dreams have been known to help dreamers in their waking lives. These benefits include the feeling that you can control your waking life like you can your lucid dreaming life. This heightened sensation is empowering as well

as addictive. Others report having less anxiety, better motor skills, more creativity, and even the ability to improve their problem-solving skills due to lucid dreaming.

How to Experience Lucid Dreaming

For best results, follow these recommendations:

First, if you're sleep-deprived, it will be challenging to remember your dreams, so be sure to have sufficient good quality sleep for several days before trying these techniques.

Second, you must be able to recall your dreams before trying lucid dreaming. You should be able to remember and write down at least one dream every morning for several weeks.

Third, you need to be relaxed when you go to bed so that you can fall asleep within 10 minutes.

So, how can you experience lucid dreams for yourself? Although several techniques exist to help induce lucid dreaming, there are two that have shown the best results. These two methods, referred to as cognitive techniques, have the most research and include reality testing and mnemonic induction.

MILD Technique

The Stanford University work of mapping mind-body relationships during the dream state by Stephen LaBerge resulted in the introduction of the MILD technique, which stands for mnemonic induction of lucid dreams. It's very effective and ideal for beginners.

MILD involves creating a memory along the lines of "Next time I'm dreaming, I will remember I'm dreaming" as a trigger. Over time, this memory will start to reside in your REM, triggering a lucid dream while you sleep. There are a few variations on this technique.

In his book "Exploring the World of Lucid Dreaming," LaBerge details his work, his study of Tibetan dream yogis, and his experiments.

Reality Testing Technique

Reality testing is the practice of noticing differences in your environment throughout the day that are different from your dreams. It's based on the idea that as noticing this difference becomes habitual, it will eventually become part of your dreaming life, thus triggering lucid dreams. This method is relatively subjective and consequently more difficult to practice.

Research Example

A study published in *Frontiers of Psychology* in 2020 looked at different methods of inducing lucid dreams. The International Lucid Dream Induction Study, conducted by Denholm Aspy of the

Scientists hypothesize that your dreams help process emotions, conflicts, and memories from your day.



A healthy sleep is the first and crucial step in learning to enter lucid dreams, so practicing good sleep habits is a must.

One of the concerns with some methods to induce lucid dreaming is that they can interrupt sleep.



University of Adelaide in Australia, looked at six techniques to induce lucid dreaming.

Participants were asked to record their dreams and improve recall for a week, and then were taught a method to induce lucid dreaming and test it for a week. Recruited through the internet, 355 men and women, aged 18 to 84, from various countries participated. All six techniques were somewhat effective, especially in improving dream recall; however, the MILD technique and the senses-initiated lucid dream technique showed the best results.

There are challenges to studying lucid dreaming. Doing so in a laboratory setting is difficult because there are too many variables. Standardized procedures for testing and measuring lucid dreams also need to be created. Effective and reliable induction methods also need to be in place, and it can take time for participants to learn them well enough to know how effective they are and gain insight on lucid dreaming itself.

Future Applications

Lucid dreaming has shown some potential for helping both children and adults deal with recurring nightmares. Aspy calls this "lucid dreaming therapy."

As an example of the application of this technique, he told *Medical News Today*: "Let's say you're being attacked by someone in a nightmare. You could try to talk to the attacker. You could ask them, 'Why are you appearing in my dreams?' or 'What do you need to resolve this conflict with me?'"

There may also be help for those suffering after traumatic incidents such as those with post-traumatic stress disorder, since they often experience nightmares.

There's also some potential to help people to deal with phobias such as a fear of flying or a fear of spiders.

Doubts and Risks

Because current studies have had mixed results, there's concern among the medical community about the harm lucid dream practices may cause, especially those that require the participants to wake up for a period of time in the night and return to sleep. Some scientists feel there's a risk of disturbing the balance between sleep- and wake-promoting neurotransmitters. Others think that continuous lucid dream induction may result in fragmented sleep, adverse effects on health, and even possible psychotic mental states due to the brain's difficulty distinguishing between reality and dreaming.

Until you have mastered control over your lucid dreaming, experienced lucid dreamers caution others to avoid such topics as flying, spinning, tempting fate, or focusing on negative thoughts such as violence or aggression. The consequences of using these for lucid dreams are questionable and have yet to be studied.

Before trying lucid dreaming on your own, be sure you're aware of the benefits, risks, and induction methods. If you have any doubts or questions, see your health care provider or sleep specialist first.

Sandra Cesca is a freelance writer and photographer focusing on holistic health, wellness, organic foods, healthy lifestyle choices, and whole-person medical care. Her background includes allopathic medicine, naturopathy, homeopathy, organic and biodynamic farming, and yoga practices.

One of the first steps to induce more frequent lucid dreams is to improve dream recall. A dream journal can help.

Present Bias: How It Affects Us and How to Overcome It

Our habits can develop in a way that leads us to trade major long-term rewards for trivial gains

ALL PHOTOS BY VSHUTTERSTOCK

JOSHUA BECKER

When I was in middle school, my twin brother bought a stereo. Not a portable boombox, but an entire component system on shelves that took up a large corner of his bedroom.

I remember, to this day, being outside when he arrived home with his purchase. I was shocked.

I wasn't surprised necessarily that he had bought such an impressive stereo system. I was shocked that he had enough money to buy it.

We received the same allowance from Mom and Dad. We worked the same amount of odd jobs (mowing lawns and others). And yet, I had nowhere near the amount of money required for such a purchase.

Looking back, it might have been a foolish question, but I remember asking him directly, "How in the world did you have enough money to buy that?" I must have been expecting to hear that he had picked up a second job without me noticing.

But instead, he simply said, "I've been saving up my money for quite a while to buy this stereo."

In my head, I quickly recounted the amount of money I had spent on baseball cards and candy over the previous months and figured the amount in my head. The math added up.

Had I not spent money on candy, could I have bought something bigger and cooler? Is it really that simple? Just decide to spend less and save more?

Maybe it is that easy, maybe it isn't. Enter: present bias.

Present bias is the tendency for people to settle for a smaller reward in the present rather than wait for a larger reward in the future, in a trade-off situation. It describes the trend of overvaluing immediate rewards, while putting less worth on long-term consequences.

For example, would you prefer \$100 today or \$110 in one week?

The wise decision is to wait a week. But a large percentage of us tend to choose the smaller amount today. That tendency is called present bias.

Brain scans have been done to figure out why so many of us choose the smaller reward in the present moment, rather than waiting for the bigger payoff. The science tells us that one of the reasons is that the idea of a "present award" activates the reward center of the brain to make the decision, rather than the areas of the brain that might be better at decision-making.

Of course, the example of present bias above doesn't have too many real-world implications. Very rarely will a stranger approach us on the street offering \$100 today or \$110 next week.

But the implications of present bias can be seen in countless situations:

- Would I rather hit snooze to sleep in this morning or get up and exercise?
- Would I rather spend money on a concert tonight or pay down extra on my credit card debt next month?
- Would I rather stay up late and watch another episode of this Netflix series or feel rested in the morning?
- Would I rather stay home this afternoon or make an appointment for my health screening?
- Would I rather enjoy this ice cream right now or keep the pounds off tomorrow?
- Would I rather do the work today or put it off until tomorrow?
- Would I rather accept a new job today with a higher paycheck or keep one that allows me a longer-term work-life balance?

In each case, we can see how the promise of an immediate reward overtakes our thinking and moves us away from longer-term, wiser decisions.

These effects can be seen in our finances, our health, our habits, our homes, our families, and our opportunities in life.

We would be wise not to allow present bias to keep us from better, healthier, more fulfilling decisions. But how?

How Do We Overcome Present Bias?

Here are seven ideas:

Become aware of it. Some people are more susceptible to present bias than others. If you are, become aware of the pattern in society and yourself.

At the very least, starting today, you have a word for it and know that you aren't alone.

Work to notice when it's happening to you. It's one thing to understand the principle. It's something entirely different to recognize when it's affecting your decisions.

Healthy habits can require some immediate effort, but the long-term results can be profoundly beneficial.



To begin noticing it more, make it a specific point in your life over the course of a few days (including a weekend) to think a lot about the principles of present bias and look for as many examples in your life as you possibly can. You'll likely see the principle at play far more than ever realized.

Access the long-range decision-making portion of your brain by considering your long-term goals. One of the first steps I encourage people to take during my Uncluttered course is to write out why they want to own less.

"I desire to own less so that I can _____." And I ask them to tape that sentence to their mirror or refrigerator—somewhere they will see it often.

This serves to keep them focused on longer-range goals and motivated in the present to make wise choices about time, money, and even decluttering efforts.

The same principle can be used to overcome present bias. The clearer we get on our long-range goals and priorities, the quicker we can access them when they come up against immediate gratification.

Focus on the immediate satisfaction of delayed gratification. One strategy discovered by researchers and published in the *Harvard Business Review* focuses on the potential to better accomplish long-term goals when we consider the immediate gratification of them.

For example, people who say they have fun while exercising are more likely to exercise. Those who enjoy their field of academics study more. Those who enjoy the taste of healthy food eat healthier.

This may seem like common sense, but it can have a profound impact on us. If we focus on the positives of wise decisions and the immediate gratification we get from the behavior, we can move that action into our present bias.

Choose exercises you enjoy. Think of how good it feels to go to bed each night. Consider the positive aspect of putting in the work today. Notice the specific enjoyment of seeing your savings account grow.

Focus on the immediate enjoyment that you can find even in delayed gratification.

See if you can remove the decision altogether. In a fascinating study, researchers discovered how automatic enrollment in a retirement program changed people's



It's easy to avoid the work we need to do, but that doesn't make it go away, even if we gain a false and passing sense of ease.

We would be wise not to allow present bias to keep us from better, healthier, more life-fulfilling decisions.

Immediate gratification is seductive and can be devastating if we can't resist it.



behavior. When employees were asked if they wanted to opt in to a 401(k) retirement plan, only 40 percent took the opportunity (present bias). But when employees were automatically enrolled in the program, only 10 percent opted out, leaving 90 percent participation.

Lesson learned? When the opportunity for present bias is removed, we tend to make wiser decisions. See if you can remove the opportunity for present bias in your life. For example, automatically deduct for savings and investment, use an app to limit your phone use after 10 p.m., or keep healthier food in your home.

Place a waiting period on tempting decisions. Do you often find yourself overspending your budget or buying things you don't need? Maybe sales or discounts or weekends become triggers to over shop?

Lesson learned? When the opportunity for present bias is removed, we tend to make wiser decisions. See if you can remove the opportunity for present bias in your life. For example, automatically deduct for savings and investment, use an app to limit your phone use after 10 p.m., or keep healthier food in your home.

Work to imagine how 'future you' would decide. Present bias is strong and ingrained, or it wouldn't be an issue.

The steps above can help us to overcome it and lead to wiser decisions. No doubt, you'll find some strategies more helpful than others.

But one closing strategy is to picture how "future you" would make the decision in front of "present you."

- Would future you, tired in the morning, choose to binge-watch another episode?
- Would future you, struggling to pay the credit card bill, get take-out food again?
- Would future you have saved more for retirement?
- Would future you have exercised more, eaten healthier, or spent more time in solitude?

If the answer is yes, do him or her a favor today and choose wisely.

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



Small purchases that give us a lift in the moment can add up to a heavy burden.

Cellular Blood Analysis Can Detect Emotions, Forecast Disease

New testing capabilities are allowing doctors to get more information through less invasive means

JAMES TEMPLETON

Ask anyone who has been diagnosed with cancer, and they'll probably tell you they wished they could have seen it coming earlier—before the biopsy, before symptoms began, and before they or their physician had any inkling that trouble was brewing.

We all know that it's much easier to direct the path of a small stream than a raging river, and it's the same with our health. If we're clued in to problems very early in their progression, we stand a much better chance of nipping them in the bud.

Vital Tool in Cancer-Fighting Toolbox

Cellular blood analysis is an extraordinary and highly successful method of forecasting the root cause of future illness. It can be a vital cancer screening tool as well as a reliable marker in a patient's progress against cancer. So, how does it work?

Using extreme microscope magnification (up to 65,000 times), an in-depth analysis reveals the overall state and condition of a person's blood cells. It's the specialty of a process used by physicians such as Dr. Raymond Hilu of The Hilu Institute.

Hilu, whose patients affectionately call him "Dr. Nounours" (French for "Dr. Teddy Bear") because of his compassionate approach toward them, is one of the leading cellular biologists in the world. He's the only scientific collaborator personally trained by Johanna Budwig, who was nominated seven times for a Nobel Prize for her contribution in classifying fatty acids in oils.

Building on Budwig's enormously valuable research, Hilu, who holds degrees in medicine and also surgery, has instructed doctors and scientists all around the world in the fatty acid protocol, the Mediterranean diet field, and on clinical nutrition. The fact that Hilu speaks several different languages fluently is exceedingly helpful in this process.

Blood Doesn't Lie: Hidden Emotions Within

By studying blood under the powerful microscopes that Hilu uses at his clinic, it's possible to evaluate the root cause of why a person isn't healthy. Under such a microscope, he can see the quality of the

blood, the quality of the nucleus, shape, and the size of red blood cells, as well as what surrounds them. These are all indicative of the state of a person's health.

Even emotions are detectable in this live blood analysis. Someone who's angry will have blood that's carrying hormones that a person who isn't angry won't have present in their blood. For example, testosterone tends to increase during periods of anger even as cortisol decreases. This is how our blood can reveal hidden emotions.

The blood doesn't lie. It's a "judge" of our health. If we're willing to listen to this judge, it will tell us what changes we need to make and what habits we need to develop in order to reverse the direction of our current state of health.

Such a blood analysis can be extremely helpful in getting to the root of health issues. Understandably, many cancer patients are frightened and may believe there's no solution to their health diagnosis. But when presented with a blood analysis, they may become aware of how their emotions, hormones, and other factors are affecting their health. It can mean a night and day difference in the way patients interpret their health—and the key to finding their way out of declining health.

Urgency of Detoxification

As we've learned from many of the expert physicians, practitioners, and specialists we've interviewed here at the Templeton Wellness Foundation, detoxification plays a huge part in healing from chronic diseases such as cancer. And according to Hilu, the detoxification process should be tailored toward an individual's blood screening.

A blood screening is vital to determine not only the health status when diagnosed, but also the progress made through various treatments. The blood test is key to uncovering the root cause of what's going on within the body.

What type of toxins does Hilu typically find? Among the people he treats, heavy metals are the top offender. In fact, Hilu said in the interview that he couldn't recall a single patient who didn't have a high level of mercury in their mouth.

"Metals aren't meant to be in the human



PHOTOROYALTY/SHUTTERSTOCK

Someone who's angry will have blood that's carrying hormones that a person who isn't angry won't have present in their blood.

body. These metals act as antennae and pull into our bodies contaminating electromagnetic fields, which add to our illness, our imbalances, and our deterioration," he said.

Liquid Biopsy

Blood analysis is a growing field, with some tests that once required tissue now moving toward using fluids instead.

The National Cancer Institute reports that researchers are exploring an alternative approach to tissue biopsies—a liquid biopsy. This technique analyzes bits of tumor material (DNA, RNA, proteins, exosomes, and whole cells) that circulate within bodily fluids such as blood, urine, saliva, and cerebrospinal fluid.

Fluid tests are a much less invasive procedure than a tissue biopsy and are very effective in monitoring the progression of chronic conditions such as cancer and in tracking the development of drug resistance. This gives physicians an informed method of recommending up-to-date, personalized treatments.

James Templeton founded Uni Key Health Systems in 1992 and now the Templeton Wellness Foundation as a way of giving back and helping others achieve the health and wellness they are seeking.

By studying blood under the powerful microscopes, it's often possible to gain insight into the root cause of why a person isn't healthy.



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