

# THE EPOCH TIMES

# MIND &

# BODY

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2016

Medical error is the third leading cause of death in the United States, according to a 2016 study conducted by researchers at Johns Hopkins Medicine.

## As a Patient, Are You Giving Informed Consent?

Doctors and patients are both failing to ensure patients understand the risks of different treatments

MARTHA ROSENBERG

**I**nformed consent in health care—in which patients are given risk and benefit information about a medical procedure or treatment beforehand—is supposed to be a cornerstone of doctor-patient interactions. Yet in today's environment of rushed medical visits and high volumes of patients for doctors to see, informed consent can be slighted. Patients can feel "not listened to" and hurried through without having their questions answered.

For example, 2022 research published in the journal *Clinical Psychology & Psychotherapy* found that as many as one in five psychotherapists admitted that they don't inform clients about potential risks and side effects of psychotherapeutic modalities. Many said they failed to do so out of fear of provoking anxiety in their patients. Research published in the journal *Medicine, Health Care and Philosophy* in 2022 notes that the role of informed consent "is often misunderstood."

"Informed consent (IC) is a key patients' right. It gives patients the opportunity to access relevant information/knowledge and to support their decision-making role in partnership with clinicians."

Unfortunately, that often doesn't happen.

### Consent Comes First

According to Dr. Irene Campbell-Taylor, a Canadian doctor and clinical neuroscientist who spoke to *The Epoch Times*, patients don't always realize that the American Medical Association's code of ethics (Opinion 2.1.1) states that "informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care."

"Actually, patients not only have the right to obtain all relevant information, both pro and con, but for a physician to prescribe and operate without obtaining informed consent is medical battery," Campbell-Taylor said.

"I have always found it amazing that people are quite content to have substances put into or taken out of the body without ever asking the most important, 'Why and will it do any harm?' The patient, not the physician, decides what will be done or ingested and the competent patient has the absolute right to refuse treatment even if it would mean death."

*Continued on Page 3*

“Always request counseling by the pharmacist who fills the prescription.”

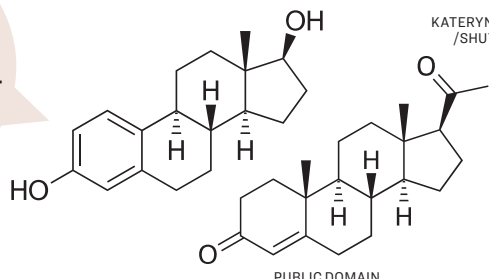
James O'Donnell,  
associate professor of  
pharmacology, Rush  
Medical College

## WOMEN'S HEALTH

### Contending With Perimenopause

Is hormone replacement necessary when you tackle the root cause of shifting hormones?

Lifestyle may offer a better treatment than estrogen and progesterone hormone therapy.



KATERYNA ONYSHCHUK / SHUTTERSTOCK

AMY DENNEY

For all the education, emphasis, and preparation regarding a girl's first menstruation, so little seems to be understood and shared about what happens decades later when she stops menstruating. Perhaps it's because perimenopause is much less a universal experience; in fact, it's such an unpredictable period of transition that it can last months or up to a decade.

Called the "ill-defined period" in one medical journal, perimenopause is highly individual because it involves the interplay of not just the two hormones primarily associated with femininity—estrogen and progesterone—but also a host of other chemical messengers that regulate our bodies and protect our health.

Not to be confused with menopause, which is defined by the cessation of a period for 12 consecutive months, peri-

menopause is the season leading up to it. And for some women, it can be terribly uncomfortable with symptoms such as hot flashes, heavy bleeding, forgetfulness, brain fog, fatigue, skin changes, vaginal dryness, insomnia, cramping, and more.

It's enough for many women to hightail it to their doctor in desperation, which often leads to hormone replacement therapy (HRT), sometimes without hormone levels tested at all.

Those who find themselves facing the desire for relief might want to know that symptoms of COVID-19 and long-COVID also mimic perimenopause. The medical establishment has noticed, too, and it was noted in a December 2021 *Lancet* article that women in perimenopause and menopause could be misdiagnosed with long-COVID.

*Continued on Page 6*



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The major challenge with a methionine-restricted diet is eating fewer animal foods, which most people overeat.

## Methionine-Restricted Diet a Promising Cancer Treatment

Research suggests that eating less of this common amino acid could starve tumors, keep them from growing

ZRINKA PETERS

The idea of hitting cancer cells where they're vulnerable is the basis of conventional cancer treatments such as radiation or chemotherapy, which target the DNA of malignant cells. But researchers also have identified other, cancer-specific vulnerabilities.

Cancer cells have unique nutritional needs that differ from the healthy cells around them, and identifying these cancer-specific characteristics opens up potential areas for targeted treatment.

Many types of cancer cells are dependent on the amino acid methionine for their viability and growth. By restricting methionine intake, either through dietary changes, pharmaceutical intervention, or both, recent research offers hope that it may be possible to starve cancer cells, slowing their growth or even stopping it altogether.

Methionine is a sulfur-containing amino acid that is a building block of proteins in the body. It's essential, meaning that the body can't synthesize it on its own, and must be consumed through diet. According to the National Cancer Institute (NCI), aside from its role in protein synthesis, methionine is also directly or indirectly involved in many other important processes, including cellular metabolism and DNA repair. A certain amount of methionine is essential for human life.

Methionine is found in most protein-containing foods, but animal-derived foods contain much more than most plant-based foods. According to MyFoodData.com, using data from USDA Food Data Central, eggs, fish, chicken, and turkey are some of the highest methionine-containing foods, followed by beef, pork, and other animal products such as milk and cheese.

Even though methionine plays several important roles in the body, some people may benefit from a low-methionine diet.

NCI research in recent decades has uncovered an important fact about methionine—cancer cells have an abnormally large appetite for it and are dependent upon this particular amino acid for their growth. In experiments done on mice, researchers found that feeding mice a methionine-restricted diet resulted in lower amounts of methionine being available for use by cells after just two days. The methionine-restricted mice also experienced slowed growth of their cancerous tumors.

Researchers then tested to determine the effect of combining a methionine-restricted diet along with chemotherapy or radiation treatments. They found that the combination of dietary changes plus conventional treatments slowed tumor growth, or shrank the tumors, significantly more than the conventional treatments alone.

Another study, published in the May 2019 edition of the journal *Cells*, demonstrated that administering a lab-developed methionine-restricting enzyme, recombinant methioninase, was highly effective in

inhibiting tumor growth in mice.

While studies on humans are sparse, one small study involving six healthy adults who ate a low-methionine diet for three weeks, showed effects on cell metabolism similar to that observed in the mice, with significantly lower levels of methionine available to cells after a short time. These and many other related studies offer hope that restricting methionine, either through diet alone or in conjunction with a pharmaceutical methionine inhibitor, could lead to positive outcomes in cancer treatment.

Interestingly, several other studies on mice also show that restricting methionine consumption could offer additional benefits including slower cellular aging, improved health, and even extended lifespan.

**Methionine is a sulfur-containing amino acid that is a building block of proteins in the body.**

The recommended daily allowance (RDA) of methionine, outlined in the November 2007 issue of the journal *Nutrition and Metabolism*, is low—just 1.1 grams per day for a 154-pound (70-kg) person, although some experts recommend double that amount. However, the study finds most people are eating far more than that. Looking at different subgroups or eaters, ranging from high-protein eaters to vegans, the study found nearly everyone eats above the RDA, with an average balanced diet containing nearly four times the RDA. Even vegans more than double the RDA.

Mark Simon, director of the Nutritional Oncology Research Institute, stresses that optimal protein requirements for humans are actually significantly less than what is normally provided through the standard American diet.

“Actual daily protein requirement is between 10-15 grams for an average adult. Excess protein is toxic resulting in the elevation of ammonia and uric acid. In addition, excess protein and especially animal protein disturbs the gut microbiome favoring pathogenic bacteria. A low methionine diet is sustainable and health-promoting, [and] greatly slows aging.”

The majority of research exploring the benefits of a methionine-restricted diet has been done on mice, and it is unclear how easily the results translate to humans. One major obstacle to conducting low-methionine studies on humans is the difficulty of getting participants to actually follow a largely vegan diet for an extended period of time.

Still, knowing that most cancer cells require excessive methionine intake to grow presents a potential Achilles' heel, and as research into nutritional therapies for cancer treatments continue, this will be an area that shows great promise.

*Zrinka Peters has been writing professionally for more than a decade. She holds a degree in English literature from Simon Fraser University in Canada and has been published in a wide variety of print and online publications, including Health Digest, Parent.com, Today's Catholic Teacher, and Education.com*

## As a Patient, Are You Giving Informed Consent?

Continued from Page 1

do any harm?’ The patient, not the physician, decides what will be done or ingested and the competent patient has the absolute right to refuse treatment even if it would mean death.

“Except in an emergency, a doctor, nurse, or therapist must obtain the patient's consent before even touching him or her.”

When it comes to informed consent for research studies, consent from patients—who are called subjects—is much more complicated because of the higher risk of the protocols.

These consent agreements are governed by what are called “Institutional Review Boards,” usually affiliated with medical centers where the research will be conducted to ensure the safety and full knowledge of the participants.

Legal and ethical questions also swirl around cases in which a patient in an acute setting can't give informed consent because of a physical or medical condition or dementia. Sometimes, in these cases, family is enlisted for decisions about informed consent of their relative or loved one.

**Informed Consent About Medications** As pharmacology has advanced, medications have become more medically consequential and more expensive and patients remain on them for longer periods, often taking many medications at once—a practice called polypharmacy—for the final decades of their lives. This situation raises more questions about informed consent pertaining to medications themselves.

Unfortunately, patients and doctors are often reluctant or uninterested in asking these questions.

“The millions of resultant tragedies [from medication use] every year constitute a disgrace for the medical profession that increasingly forgets to obtain data on the side effects of all medications, inform the patient, and stop relying on the information provided only by the pharmaceutical company representatives,” Campbell-Taylor said.

“I regret to say that much of the damage inflicted by adverse side effects of medications is the shared responsibility of physicians and the patients themselves who avoid obtaining essential information and thereby being unable to make reasoned decisions.”

According to Campbell-Taylor, before a physician even touches a patient, he or she needs permission. However, she noted that physician exams seem to be disappearing in favor of routine drug prescribing.

“It has been years since I have heard a patient tell me that they were actually examined [by a physician] as opposed to



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Your prescription should come with an insert. If any part of it is unclear, ask your pharmacist or doctor to explain it.

“Patients not only have the right to obtain all relevant information, both pro and con, but for a physician to prescribe and or operate without obtaining informed consent is medical battery.”

Dr. Irene Campbell-Taylor, clinical neuroscientist

**NON-DISCLOSURE**

One in five psychotherapists admitted that they don't inform clients about potential risks and side effects of psychotherapeutic modalities.

2022 RESEARCH PUBLISHED IN THE JOURNAL CLINICAL PSYCHOLOGY & PSYCHOTHERAPY



Informed consent is key to your ability to make medical decisions.

merely talked to ... [leaving] with a prescription in hand,” she said.

“Few Americans realize that the United States ranks last in health care rankings compared with Australia, Canada, the Netherlands, Germany, Switzerland, France, New Zealand, Norway, Sweden, and the United Kingdom.”

Medical error is the third leading cause of death in the United States, according to a 2016 study conducted by researchers at John Hopkins Medicine.

The researchers said the Centers for Disease Control and Prevention's method of collecting national health statistics fails to classify medical errors separately on death certificates and called for changes to how deaths are reported to better reflect reality.

While the Hopkins researchers said those errors include systemic problems, such as “poorly coordinated care, fragmented insurance networks, the absence or underuse of safety nets, and other protocols,” another researcher lays far more blame at the hands of pharmaceuticals.

“Our prescription drugs are the third leading cause of death after heart disease and cancer in the United States and Europe,” professor Peter Goetzsche wrote in a 2014 paper. Goetzsche is a specialist in internal medicine who co-founded The Cochrane Collaboration in 1993 and The Nordic Cochrane Centre in the same year.

With medical errors and drugs being such high-risk factors for death, it appears even more critical that patients be given the right to decide, with eyes wide open, as to whether they want to proceed with any given treatment.

O'Donnell recommends that the first prescription should be limited in the number of pills it contains in case the patient can't tolerate the medications. He also advises patients to make use of the other drug expert at their disposal.

“Always request counseling by the pharmacist who fills the prescription,” he said. O'Donnell also recommends that you fill all your prescriptions at a single pharmacy, and, if you have mail-order prescriptions, let each pharmacy know what you're getting from other pharmacies.

“This provides the pharmacist with the information to conduct a drug interaction screen,” he said.

Finally, always tell the pharmacist and the doctor about any allergies you might have experienced, O'Donnell said. Give them the specifics of what your reactions were, such as itchiness, hives, or rashes.

“This information is very important. The same drug or any drug in the same class or a drug that cross-reacts should not be prescribed with a common allergy history,” he said.

**Conclusion**

Patients have the right to know all aspects of medical procedures and treatments that their doctors propose, as well as the right to accept or refuse physical examinations, said experts with whom The Epoch Times spoke. And, as medications become more bioactive in the human body, patients also have the right to request complete explanations from their doctors and pharmacists about the proposed drugs.

### What Can Patients Do?

Even if doctors don't fully inform patients about medication risks, benefits, and side effects, prescriptions almost always come with printouts and patient education sheets which describe all the drug effects in detail. But it's hard to know if patients read them and how well they understand them. According to James O'Donnell, an associate professor of pharmacology at Rush Medical College Chicago, there are important questions patients should ask their doctors:

- Should I discontinue or modify the dose of any drugs that I'm taking? (Make sure that the prescribing doctor knows all of the drugs prescribed by other doctors)
- What should I expect the new drug to do?
- How long does it take to make a difference, one that I will feel or you, in monitoring, can determine?
- What are the common toxicities and side effects (fainting, trouble getting up or out of bed, rashes) and what can I do to mitigate problems associated with food or exposure to sunlight?
- How frequently or soon do I need to be monitored by you in regard to the new drug? Do I need any lab work, blood, or urine tests?



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## Morning Movement Lowers Risk of Heart Disease and Stroke

SARAH COWNLEY

New research suggests that physical activity in the morning may lower the risk of heart disease and stroke. So, if you are one of those people who like to work out first thing in the morning, you are in good company.

While it has been well established that physical activity is good for heart health, this new study indicates that morning activity seems to be the most beneficial. Researchers used data from the UK Biobank, which included 86,657 adults aged 42 to 78 free of cardiovascular disease. All participants wore an activity tracker on their wrists for seven consecutive days and were followed for incident cardiovascular dis-

ease, which was defined as the first hospital admission or death related to stroke or coronary artery disease.

There was a follow-up period of six to eight years, during which 2,911 participants developed coronary artery disease and 796 had a stroke. When activity times were compared among participants, those who showed a peak activity time between 8 a.m. and 11 a.m. had the lowest risks of heart disease and stroke.

After adjusting for age and sex, participants who were found to be most active in the early or late morning had between 11 percent and 16 percent lower risks of incident coronary artery disease. Participants who were most active in the late morning also had a 17 per-

cent decreased risk of stroke compared to a reference group. When analyzed separately, investigators found the results were more prominent in women than men.

Study author Gali Albalak explained: “This was an observational study, and therefore, we cannot explain why the associations were more marked in women. Our findings add to the evidence of the health benefits of being physically active by suggesting that morning activity, especially late morning may be the most advantageous. It is too early for formal advice to prioritize morning exercise as this is quite a new field of research. But we hope that one day we can refine current recommendations simply by adding one line: ‘When exercising, it's advised to do so in the morning.’”

Sarah Cownley earned a diploma in Nutritional Therapy from Health Sciences Academy in London and she enjoys helping others by teaching healthy lifestyle changes

through her personal consultations and with her regular contributions to the Doctors Health Press. This article was originally published on Bel Marra Health.



Participants who were found to be most active in the early or late morning had between 11% and 16% lower risks of incident coronary artery disease.

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# New Nanoparticle Treatment Regenerates Decaying Teeth

Studies show nanohydroxyapatite can remineralize decayed teeth, repairing tooth enamel and combatting cavities

DANIEL STANISLOWSKI

The mounting data on the ill effects of fluoride use have led some to avoid it, but these people may not be aware of a promising new alternative that does what even fluoride can't.

Multiple studies have demonstrated nano preparations of hydroxyapatite can regenerate decayed tooth enamel and help repair dentin within teeth. And it makes sense since hydroxyapatite is the primary mineral making up your tooth enamel, dentin, and cementum.

## Why Nanohydroxyapatite?

Dental erosion is caused by the chemical destruction of the hard tissue that constitutes teeth. A prevalent source of dental erosion is consumption of sugary, acidic beverages such as soft drinks or fruit juice. "The mechanisms involved in the damage of dental hard tissue are the acid attacks on the outer few micrometers of the enamel," states a 2009 Journal of Nanomaterials study. These attacks demineralize and dissolve the minerals in our teeth, it explains.

Hydroxyapatite is a naturally occurring mineral composed of calcium and phosphate ions and is the primary component of tooth enamel, comprising about 97 percent of it by weight.

One of the main determinants of tooth erosion is the solubility of hydroxyapatite, how readily it is dissolved by substances in the mouth; "all calcium phosphates including [hydroxyapatite] ... are soluble in acids, i.e., the enamel surface can be attacked by acids and be partially dissolved," according to a 2018 review in The Open Dentistry Journal.

Fluoride and hydroxyapatite utilize different mechanisms to oppose enamel degradation.

"Fluoride ions generate a surface modification of the natural enamel apatite crystals increasing their crystallinity degree and relative mechanical and acid resistance," to halt the chemical erosion of apatite from teeth, notes the Journal of Nanomaterials study.

Fluoride modifies the natural mineral composition and degree of crystallinity of teeth while, "on the other hand, the remineralization produced by carbonate-hydroxyapatite consists in a deposition of a new apatitic mineral into the eroded enamel surface scratches," it continues.

Nanoparticulate hydroxyapatite acts as a reservoir of the naturally occurring calcium and phosphate minerals of teeth, helping to maintain the availability of a saturating amount of these ions for teeth adsorption.

In a 2014 research review published in the Journal of Odontostomatologic Sciences, researchers explain, "This ability is due to the size of nanoparticles, which considerably increase the surface area to which proteins can bind. Besides, nanohydroxyapatite also acts as filler because it repairs small holes and depressions on enamel surface, a function enhanced by the small size of the particles that compose it."

The similarities between nanohydroxyapatite and the minerals native to teeth make nanohydroxyapatite highly biologically compatible as well as nontoxic. Multiple studies demonstrate nanohydroxyapatite heals lesions in tooth enamel.

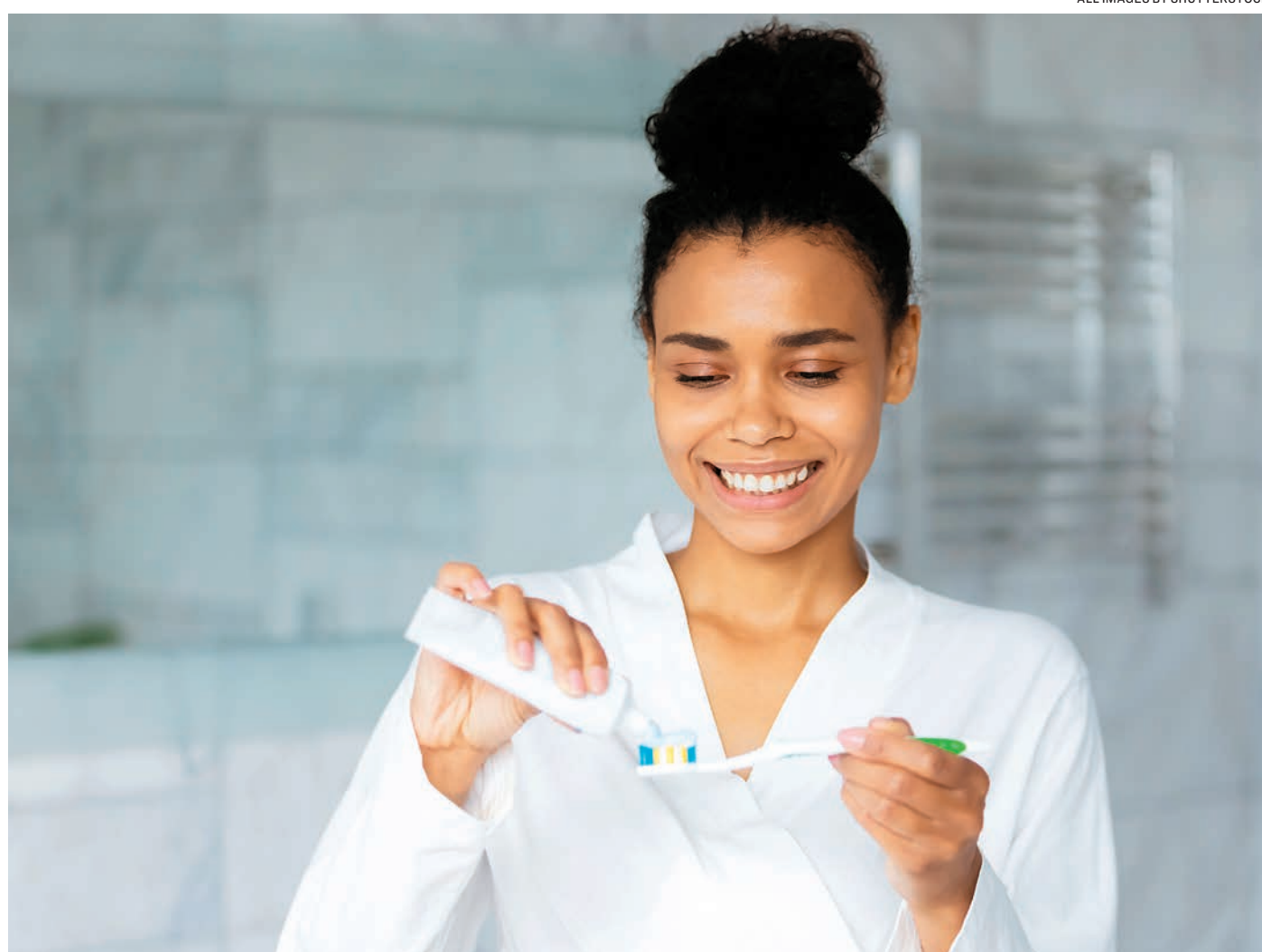
## Evidence of Nanohydroxyapatite Improving Tooth Health

Though reversible, dental cavities are unique among diseases as teeth have no available cellular repair mechanism because the outer layer of teeth, the enamel, consists of neither cells nor blood vessels. In that sense, it's like fingernails.

"Nonetheless, it is now well established that the formation of incipient enamel caries is a reversible process where periods of progression alternates with periods of remineralization. Given an appropriate change in conditions, remineralization may even become the predominant process, leading to apparent repair of the lesion," relates a 2009 study in the journal Biomedical Materials.

The study goes on to evaluate how readily different nanohydroxyapatite concentrations were able to induce the remineralization of teeth.

Extracted bovine incisors were inclu-



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bated in an acidic solution for 72 hours to artificially create caries. This was followed by treatment with one, five, 10, or 15 percent weight nanohydroxyapatite solutions whose acidity was dynamically tailored to resemble the oral environment one experiences daily.

The researchers analyzed surface hardness of the teeth before and after each step of the experiment to determine the recovery of the enamel, represented by a recovery of surface hardness of the teeth.

"They found all concentrations of nanohydroxyapatite produced significant recovery of surface hardness proportionate to the nanohydroxyapatite content of the treatment, up to 10 percent.

Solutions of 10 and 15 percent treatments produced no difference in enamel remineralization from which the authors concluded, "a suspension of 10 percent nanohydroxyapatite appeared to be the optimal concentration for remineralization of early enamel caries. Nano-hydroxyapatite of proper concentration could therefore be beneficial in promoting remineralization with regular daily usage."

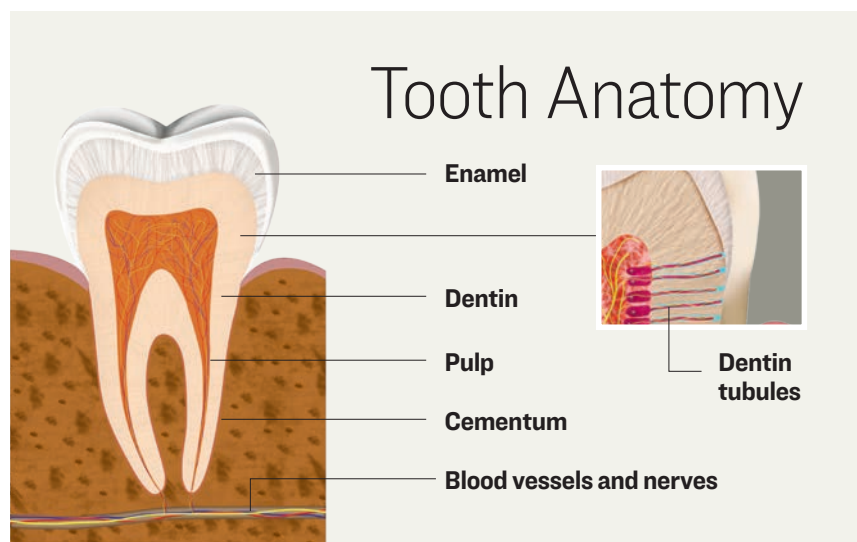
A similar experiment with a similar outcome was published in 2011 in Scientific Research and Essays, in which extracted teeth were immersed for a meager five minutes in beer to reduce their surface hardness. After this exposure, the teeth were exposed to either a 10 percent nanohydroxyapatite solution or drinking water.

A significant increase in surface hardness was induced by the nanohydroxyapatite treatment while a further reduction, though not statistically significant, was observed after drinking water exposure.

The researchers observed, "according to the results of the present study, it can be concluded that [nanohydroxyapatite] solution has the potential to remineralise enamel erosive lesions caused by exposure to soft beer beverage."

Dentin makes up the bulk of a tooth and is the calcified layer under the enamel and surrounding the pulp which harbors blood vessels and nerves.

Microscopic channels, called dentin tubules, run through the dentin, from the pulp to the enamel, and carry nutrients and fluid throughout the dentin. Enamel



The similarities between nanohydroxyapatite and the minerals native to teeth make nanohydroxyapatite highly biologically compatible as well as nontoxic.

Hydroxyapatite is the primary mineral making up your tooth enamel, dentin, and cementum.

erosion can cause exposure of dentin and dentin tubules which can result in dental hypersensitivity which is, "a sensation characterized by distinctive short, sharp pain arising from exposed cervical dentin in response to various external stimuli that are typically thermal, evaporative, tactile, electrical, osmotic, or chemical ... when dentin becomes exposed and 'trigger' stimuli occur, the fluid in the tubule moves rapidly, resulting in stimulation of the pulp nerves, causing short, sharp pain," according to a report in the American Journal of Dentistry.

Dentin is comprised of approximately 75 percent hydroxyapatite by weight; thus, dental researchers investigated the ability of nanohydroxyapatite treatments to close the exposed ends of dentin tubules in order to eliminate hypersensitivity.

In the American Journal of Dentistry study, researchers compared toothpastes containing 10 and 15 percent nanohydroxyapatite to a standard fluoride-containing toothpaste, Colgate Regular, in biologically relevant conditions.

After both 14 and 28 toothpaste uses, the percentage of partially or completely occluded (closed) dentin tubules was significantly greater with both 10 and 15 percent nanohydroxyapatite toothpastes than the standard fluoride toothpaste, and the mineral layer deposited by the nanohydroxyapatite toothpastes was significantly thicker than that left by the standard toothpaste.

Importantly, this same study assessed dentin tubule permeability by the ability of a dye to penetrate into the extracted dentin grafts.

It was found that both nanohydroxyapatite toothpastes significantly inhibited dye penetration into the dentin and that the standard fluoride toothpaste did not.

"The result of this study demonstrated that [nanohydroxyapatite]-containing toothpastes showed ... effectiveness in occluding dentin tubules as well as depositing precipitate layers over and within dentin tubules, while standard fluoride toothpaste ... were not effective in either respect," the researchers reported.

Researchers reported similar findings in the Journal of Dentistry.

"Different nano-hydroxyapatite toothpastes exert similar capacities to remineralize enamel and dentine subsurface lesions. Furthermore, the fluoride toothpaste displayed the lowest remineralizing effects on both hard tissues [dentin and enamel], along with an increase in lesion depths."

Toothpastes formulated with nanohydroxyapatite can be purchased from Boka, Wellness, Risewell, Davids, and Dr. Brite.

*Daniel Stanislawski's life's work is to seek and expound truths for the health and wellness of all people. He holds a Ph.D. in Molecular Biology and Biochemistry and volunteers as the CSO of Midwest Public Health Coalition where he passionately educates about informed consent, medical tyranny, and much more.*

# The Pre-Pandemic That Drove Severe COVID-19

Studies demonstrate strong, causal link between obesity-driven comorbidities, severe COVID-19 outcomes

JEFF GARDNER

In 2021, one year into the COVID-19 pandemic, two studies, rich in data, showed that the greatest risks for severe COVID-19 outcomes were preexisting health conditions. These conditions are strongly linked to obesity.

These studies, and many others like them, weren't widely reported in the press, and despite the trillions of dollars spent on COVID-19, little in the way of public health messaging or investment was spent on addressing the obesity connection. This preexisting pandemic, and the diseases that come with it, were already a leading contributor to early death before the COVID-19 pandemic.

The U.S.-based studies, done independently, make clear that preexisting health conditions are most significant in driving severe outcomes from a COVID-19 infection.

The first study, published on July 1, 2021, in Preventing Chronic Disease, examined the records of 540,667 individuals, 18 and older, who had been hospitalized with COVID-19 between March 2020 and March 2021. The study's authors focused on the relationship between chronic comorbidities and severe COVID-19 outcomes.

## Consequences of Comorbidities

A comorbidity is an existing disease or bodily dysfunction that someone has before contracting something else. A chronic condition is a disease or dysfunction that develops slowly and persists for a long time, as opposed to an acute condition, one that develops suddenly and lasts a short time. According to the study, of those hospitalized with COVID-19, 95 percent had at least one underlying chronic comorbidity, such as high blood pressure or obesity.

The second study, published on July 7, 2021, in Risk Management and Healthcare Policy, examined the records of 1.4 million U.S. individuals, from infants to the elderly, with confirmed COVID-19 infections.

The researchers examined the relationship between severe COVID-19 outcomes and the presence of one or more of the four most common chronic comorbidities in the United States: diabetes, cardiovascular disease, chronic lung disease, and renal (kidney) disease.

For their study, the authors defined "severe outcome" as either being hospitalized, admitted to the intensive care unit, placed on a ventilator, or dying.

The authors then compiled a table in which various age groups and their respective COVID-19 outcomes were presented three times: First, those with no chronic comorbidities, then those with one chronic comorbidity, and finally, those with two or more chronic comorbidities.

For any of the listed age groups, the difference in outcomes of any severity, depending on the existence of one or more comorbidities, was within a magnitude of 300 percent to 900 percent.

For example, in the 50 to 59 age group, the percentage of those with no comorbidities who were hospitalized because of COVID-19 was 8.54 percent. For those with two or more



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comorbidities, it was 55.69 percent, an increase of more than 550 percent.

Although not the focus of either of the two listed studies, obesity has been shown, in several studies, to be a significant causal factor of diabetes, cardiovascular disease, and renal disease.

Globally, the number of obese individuals has tripled since 1975, with most of the world's population now living in countries where being overweight kills more people than malnutrition, according to the World Health Organization. These figures have led some researchers to write about a "dual pandemic" of obesity and COVID-19, with a bidirectional impact, that is, both increasing the severity of the other.

## A Missed Opportunity?

In the United States, some physicians have openly expressed their concern that the current approach to public health by organizations such as the Centers for Disease Control and Prevention (CDC) isn't addressing the known causal relationship between lifestyle, obesity, comorbidities, and severe outcomes from diseases such as COVID-19.

"Thirty years ago," Dr. John Littell told the Epoch Times, "when I first started practicing medicine, the primary approach to disease prevention was a focus on lifestyle, diet, and exercise, with medical interventions secondary or tertiary. Now, that has completely flipped, and vaccinations and medical interventions are pushed as primary interventions."

Littell practices family medicine in Ocala and Kissimmee, Florida. He's the author of "The Hidden Truth: Deception in Women's Health Care" and recently was the host of the national conference "Florida Summit on COVID II: The Future of Medicine in post-COVID America," which was featured on Epoch TV.

"In taking a vaccine-first, behaviors-second approach to public health, Littell believes that the CDC has missed an opportunity to warn the public about the dangers of obesity and the connection between comorbidities and severe disease outcomes.

Littell is concerned that the CDC has too completely adopted the agenda of large pharmaceutical companies, including those making biologics such as vaccines.

"Other organizations, like the National Institutes of Health (NIH), as an arm of the federal government, are increasingly focused on population health strategies and are less patient-centered," he said.

"Most of my patients, after dealing with the many adverse consequences of COVID-19 vaccines, mask, and quarantine mandates, are now skeptical of much of the medical information they are getting from the media."

There's an upside, however.

"They are choosing to pursue healthier lifestyles, including weight loss," Littell said.

## Avoiding Severe COVID-19 Outcomes

Across the United States, nearly 60 percent of the population has contracted COVID-19, and physicians expect that number to con-



This preexisting pandemic and the diseases that come with it were already a leading contributor to early death before the COVID-19 pandemic.

NEARLY 60%

of the population has contracted COVID-19, and physicians expect that number to continue to rise, even among those who have been vaccinated.



A healthy diet low in added sugars and high in vegetables is an important part of maintaining a healthy weight.

Walking just 30 to 40 minutes a day has been proven to aid in weight loss of 10 to 15 pounds in less than two months.

continue to rise, even among those who have been vaccinated. While the extent of obesity's effect on COVID-19 infections isn't fully understood, many independent studies now clearly indicate that obesity and obesity-related comorbidities are the most significant causal factor in severe COVID-19 outcomes.

Organizations such as Strategies to Overcome and Prevent (STOP) Obesity Alliance, which is composed of groups and individuals from inside and outside the health care industry, have formed to combat obesity and its impact on COVID-19 outcomes. Through its "Weight Can't Wait" campaign, STOP Obesity Alliance urges primary care providers to initiate conversations with patients about their weight, being careful to avoid judgment or stigma.

STOP Obesity Alliance emphasizes that these conversations can't wait since, as it points out on its website, nearly 75 percent of the American population is overweight.

To determine if someone is overweight or obese, health care providers use a calculated ratio of the percentage of body fat to total mass, the body mass index (BMI).

Although not an absolute gauge of obesity because it doesn't take muscle mass into account, a BMI at or above 30 indicates that someone is too heavy and/or likely obese. One can calculate one's own BMI by entering height and weight into an online BMI calculator.

Lowering one's total weight by as little as 5 to 10 percent has been shown to reduce susceptibility to comorbidities such as diabetes and cardiovascular disease. Accordingly, reducing one's exposure to any of the four most common COVID-19 comorbidities—diabetes, cardiovascular disease, chronic lung disease, and kidney disease—is a proven way to reduce the risk of severe infection.

## Live and Lose Weight

Losing weight doesn't have to require any extreme diets or exercise programs. If someone is overweight, several simple lifestyle steps can be taken to reduce body weight and the health complications associated with excess weight.

## Avoid Added Sugars

Limit (or eliminate) dietary sugar, especially from processed foods and soft drinks. Researchers note that the increase in dietary sugar parallels the rise in obesity, with the average American now consuming more than 300 percent of the recommended daily intake of refined sugar.

## Get 7 to 8 Hours of Sleep Nightly

Several studies have found a connection between a lack of sleep, poor health, and obesity. Less than six hours of sleep nightly, which experts call "short sleep," has been on the rise among American adults since 2013 and adversely affects mental and physical health.

## Limit Screen Time

Several studies have linked screen time, whether television watching or computer or phone use, to increased weight and obesity. The reason for this relationship includes increased eating while watching and an overall decrease in physical activity. Screens can also disrupt melatonin levels and sleep.

## Increase Physical Activity

Experts agree that even moderate exercise, such as walking just 30 to 40 minutes daily, has been proven to aid in weight loss of 10 to 15 pounds in less than two months.

Taking any of these steps alone, or a combination of several of them is a straightforward way to reduce overall body weight.

*Jeff Gardner 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 a trail. You can reach him at jeffgar@mail.regent.edu*

Getting 6 hours or more of sleep will help keep you healthy and make it easier to maintain your weight.



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## WOMEN'S HEALTH

# Contending With Perimenopause

Continued from Page 1

The commentary offers this advice to physicians: "Diagnostic uncertainty ... offers an opportunity to treat perimenopause and menopause symptoms with safe and effective hormone replacement therapy."

Even before COVID, functional and integrative experts had advice of their own: Don't rush into HRT without being informed about the risks, educated about natural remedies, and most importantly, knowing about the root causes of your symptoms.

Caught in the middle of confusing symptoms and contradictory messaging, women are increasingly frustrated by this chapter of life hallmarked by secrecy, shame, and "grin and bear it" messaging.

## Defining Perimenopause

There are women who transition symptom-free to menopause from menstruation, the time in life when your ovaries regularly (usually monthly) release eggs. Typically menstruation lasts from about 13 to the late 40s, so long as there are available eggs.

A French physician coined the term menopause in 1821. There were many harmful and bizarre treatments leading up to the development of synthetic estrogen in 1938, during which time menopause was still described as a "disease" rather than a normal physiological transformation.

"Peri" means around, and what makes perimenopause different from menopause is its unpredictability. Hormone levels don't gradually taper off as once suspected. Studies in the 1980s discovered they rise and fall with symptoms in tow.

Starting at age 35, both estrogen and progesterone levels begin their erratic decline. Cycles might become more irregular including lighter, heavier, farther apart, or closer together, yet it doesn't impact a woman's ability to conceive. About 90 percent of women seek physician help for symptom relief in perimenopause, according to a 2016 article in the "Journal of Women's Health."

The most complained-about symptoms in perimenopause are typically hot flashes, sleep disturbances, and vaginal dryness. Adult women who struggle with painful cycles, PMS, mood

**Thoughts will manifest themselves in the body if they aren't dealt with and bring negative or positive effects or energy with them.**

swings, irritability, and heavy periods are often the ones who also have difficulties in perimenopause, said Andrea Jones, functional nurse and holistic hormone coach.

Her clients tend to seek help resetting their hormones in their 20s and 30s at the first sign of trouble—both to get relief in the present moment and to set themselves up to enter menopause more at ease.

"There is this fear that if this is how bad I feel now, then how bad am I going to feel when I go through menopause," Jones said. "There's a huge need for having these conversations. Mood swings aren't normal."

Besides a lack of information about perimenopause, Jones said a lot of resources are biased, making it hard to make informed, medical decisions. PMS has been normalized. Remedies outside hormones are rarely discussed in most physician offices. The history of hormone replacement therapy is controversial with contradictory studies about whether it's a cause of or protective for diseases such as cancer, osteoporosis, and heart disease.

Even bioidentical hormone therapy, which utilizes plant hormones that more closely resemble human hormones, isn't considered the best long-term solution by Jones or Dr. Sean McCaffrey, physician and founder of McCaffrey Health Center.

Both say this approach should be reserved as a first line of defense only in dire situations to help women with quality of life in the short term. A long-term remedy ought to consider a woman's holistic health.

"If you can balance the body, bring it back to normal, and give it what it needs to repair, symptoms go away. And you don't need the hormone therapy to do it," McCaffrey said.

## The Interworking of Hormones

What does it mean to bring the body to balance? First consider that estrogen and progesterone are two of more than 50 human hormones, and they work especially close with those that regulate stress, sleep, metabolism, and more. An imbalance in other hormones and systems will undoubtedly impact perimenopausal symptoms.

What many women don't realize is that the ovaries aren't the only place in their bodies that produce estrogen and progesterone. As a woman reaches menopause, the adrenal glands, which are located on the kidneys, begin to take over production. Adrenal glands are most known for

making adrenaline and cortisol, hormones associated with our stress response and circadian rhythm. If the adrenal glands are already overworked, it can cause a cascade of uncomfortable symptoms when this shift takes place.

Low adrenal function might be responsible for symptoms that can include poor stress management, blood sugar fluctuations, mood changes, brain fog, and trouble sleeping. Healthy adrenal glands are important leading up to and in menopause.

The ovaries and adrenals work like a physiological triangle with the thyroid gland, a small butterfly-shaped gland in the front of the neck that makes hormones associated with energy. It's sometimes called the ovarian-adrenal-thyroid, or OAT, axis. If one side of the triangle is weak, the consequence is instability. Weak adrenal glands can cause thyroid malfunction and menstrual cycle irregularity. Women who are estrogen dominant can experience hypothyroidism and adrenal fatigue.

Hypothyroidism is an underactive thyroid that can slow down many of the body's functions including heart rate, breathing, metabolism, digestion, and moods.

Doctors often will reach for an HRT prescription first thing based on symptoms alone, rather than taking other hormones and systems into consideration, Jones said.

"In my opinion, they're kind of working backward, when this is the last thing they should address," she said.

"It's all very problematic. You should not be doing (HRT) unless you're addressing why (patients) aren't producing hormones right in the first place."

Jones uses the dried urine test for comprehensive hormones (DUTCH test), which examines estrogen, progesterone, cortisol, testosterone, and melatonin. Some doctors use it to help monitor precise hormone replacement therapy.

But it's not the only thing Jones examines. She will also investigate other organ imbalances that can impact a woman's perimenopausal experience.

## Correcting Imbalances

Identifying the root cause of perimenopausal symptoms requires an examination of how a woman's body is operating, along with cues about her lifestyle.

Excess estrogen can come from prolonged stress, being overweight, a poor diet, or from xenoestrogens, which are chemicals found in the environment that mimic estrogen in the body. Too much es-

trogen can lead to fibroids, cysts, weight gain, and poor liver metabolism as the metabolic pathways are taxed trying to get the estrogen out.

Gut issues, such as a change in microbiota, motility problems, or stress can all affect estrogen and progesterone production.

"Hormones are a way the body tries to balance itself. You have an entire adrenal system, an endocrine system, a glandular system in the body that is trying to try to harmonize and adapt to stress," McCaffrey said.

He points to social media and media consumption as big stressors, especially in the past few years. Mental health and suicide rates are at all-time highs. Thoughts will manifest themselves in the body if they aren't dealt with, he said, and bring negative or positive effects or energy with them. "It's constant stress and chaos," McCaffrey said. "There's never a moment to settle down. I believe that does it."

Constant stress is also a trigger, causing symptoms such as sweating and hot flashes, brain fog, body aches, and headaches that can be confused with perimenopause. McCaffrey said stress will knock the body out of balance and express symptoms in weak points, which can affect digestion, elimination, reproduction, or respiration.

The message for women is to make sure they are taking care of their own needs, as they often put the family's needs ahead of themselves, Jones said. Like the pre-flight announcement explains, you need to put your own oxygen mask on first.

"The longevity of our health matters, and it matters what we're doing now. We all have different triggers and different capabilities and different resiliency," she said, adding that solutions for lowering stress are also very individualized based on personality.

Jones said it's very easy for women to be confused by information and discouraged by options offered by physicians, which can cause them to put off taking care of their needs. If they aren't practicing self-care, she suggests they seek to understand why.

"Don't wait for it to be validated by a physician to take charge of it. Don't wait for help," she said. "There's so much you can do. It's just finding the right person to help us."

Amy Denney is an award-winning journalist, certified Holy Yoga instructor and light therapy specialist. She works with clients looking for natural, side-effect free solutions to pain and stress.

## Help for Hormones

There are strategies that all women can use to balance their bodies naturally. These can help women avoid a lot of symptoms before and during perimenopause or act as a first line of defense when symptoms begin to emerge.

Andrea Jones, functional nurse and holistic hormone coach advises women to:



**Stay hydrated** to support the liver and kidneys in ridding the body of excess hormones.



**Have lavender and vanilla essential oils** on hand, which can be effective in quickly lowering stress.



**Eat plenty of fiber**, including around one or two handfuls of vegetables at every meal.



**Optimize sleep**, especially getting to bed as early as possible to lower cortisol levels.

Additionally, Margie King, a holistic menopause health coach, offers these tips:

- Clean up your diet to eliminate processed foods, sugar, genetically modified foods, trans fats, and chemical additives that spike estrogen levels.

- Increase vitamin D levels, including spending time in the sun, to reduce the risk of breast cancer, heart disease, and bone fractures.

- Consider herbal remedies to balance hormones, such as black cohosh, red clover, dong quai, and chasteberry.

- Boost gamma-linolenic acid, an essential fatty acid associated with moderating symptoms that's found in evening primrose oil and black currant.

- Meditate daily with deep belly breathing that's been shown to reduce hot flashes and lower stress.

- Exercise to help balance stress, increase energy, improve your mood, and reset your circadian rhythm.

- Avoid personal care and cleaning products with hormone-disrupting chemicals such as parabens, phthalates, and bisphenol-A (BPA).

# The Neurological Cost of Handwriting's Disappearance

Research suggests the shift from paper and pen to keyboard has an impact on brain and motor skill development

MARTHA ROSENBERG

There's new information about the increasing dominance of screens in Americans' reading habits. While 72 percent of adults say they read a book in the last year, almost a third are now reading e-books—not hard-copy books—according to Pew Research.

While screen reading likely isn't a problem for adults, the same can't necessarily be said of children, according to new scientific studies. As screen media replaces paper-based reading and writing in many schools, there are concerns about losing the positive effects these experiences have on early brain development.

"A growing body of evidence suggests that screen media use could play a key role in cognition (ie, brain processes involved in knowledge, intellect, and action) and academic performance (ie, academic achievement and abilities) in children and adolescents," a meta-analysis in the journal JAMA Pediatrics states. For instance, recent empirical research has reported that screen media use may reduce functional connectivity between cognitive areas."

A study in the Journal of Research in Reading found that "readers may be more efficient and aware of their performance when reading from paper compared to screens," a process sometimes called metacognition.

Effects of screen reading and related lack of paper writing have especially been

studied in children with attention-deficit/hyperactivity disorder (ADHD).

Research in the journal Frontiers in Neurology looking at children with ADHD and autism spectrum disorder (ASD) found that these conditions were linked to poor performance in skills that include fine-motor skills, handwriting, etc.

"Attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) are associated with motor impairments, with some children holding a comorbid diagnosis of developmental coordination disorder (DCD)," the researchers noted.

Recent research in the journal eBioMedicine echoes the apparent brain differences between screen and non-screen learning. The authors found that children at higher risk of ADHD or with more severe ADHD symptoms "tend to have longer STU [screen time utilization]."

As with the research in the journal Frontiers in Neurology, the eBioMedicine authors attempt to trace brain effects and write that "tracks" in the brain's white matter are "linked to visual-related func-



**While screen reading likely isn't a problem for adults, the same can't necessarily be said of children, according to new scientific studies.**

Handwriting stimulates the brain as we exercise precise control over our fingers even as it deepens our thinking on whatever it is we are writing about.

tions," which excessive screen time may compromise. A study in the Journal of Attention Disorders similarly found that "screen exposure was a risk for inattention and hyperactivity/impulsivity behaviors," in a studied population of urban Chinese children.

Still, Jeanne Stolzer, a professor of child and adolescent development at the University of Nebraska-Kearney, cautioned that ADHD may well be overdiagnosed because of the lucrative medications it enables drug makers to market to boys, such as the amphetamine-linked methylphenidate.

In a paper entitled "Where Have All The Boys Gone? How The Systematic Labeling of Young Males Is Affecting School Performance, Attendance, and Graduation Rates in America," Stolzer cautions that "the girl way of learning, behaving, and responding has become the 'gold standard' in the classroom and boys that do not follow this 'gold standard' are often times perceived by teachers to be either learning and/or psychiatrically disordered."

The term "learning disability" didn't even exist in America until 1990 when the Individuals with Disabilities Education Act (IDEA) was passed by Congress, Stolzer adds.

That said, there are also studies linking ADHD to certain prenatal toxic exposures, including drugs and smoking, as well as premature delivery, low birth weight, and more. A study funded by the National Institutes of Health also linked ADHD to prenatal exposure to acetaminophen, a common painkiller many expectant mothers may take.

## Handwriting Might Be a Disappearing Art

Most adults realize they spend little to no time writing by hand anymore, because of texting and typing on electronic devices. Even documents that used to require a signature often allow an initial or mark,

especially when they are online. Yet, until fairly recently, reading and writing on paper were the cornerstones of early education.

Still, as early as 1996, Betty Sheffield cautioned in the journal Annals of Dyslexia that there was a "lack of concern about the importance of handwriting in school curricula," in both the United States and Great Britain. Educators "appear to be unaware of the benefits of effective early teaching [of handwriting]."

Often the choice of what to teach, how to teach, and when to teach is left up to the discretion of individual teachers, who typically have been given inadequate preparation for teaching handwriting," Sheffield wrote. "The decision of whether to begin with manuscript or cursive seems based on custom and opinion instead of any solid empirical evidence."

In 2020, research in the journal Frontiers in Psychology used high-density electroencephalograms to compare brain activity that occurred during handwriting, typewriting, and drawing. It identified benefits associated with handwriting that could affect how well students remember information.

When handwriting, "brain areas in the parietal and central regions showed event-related synchronized activity in the theta range," the authors write. "Existing literature suggests that such oscillatory neuronal activity in these particular brain areas is important for memory and for the encoding of new information and, therefore, provides the brain with optimal conditions for learning."

"We suggest that children, from an early age, must be exposed to handwriting and drawing activities in school to establish the neuronal oscillation patterns that are beneficial for learning," the researchers wrote.

"We conclude that because of the benefits of sensory-motor integration due to the larger involvement of the senses as well as fine and precisely controlled hand

movements when writing by hand and when drawing ... is vital to maintain both activities in a learning environment to facilitate and optimize learning."

The benefits of learning handwriting, sometimes called cursive writing, have also been cited in the journal Psychological Science, which states, "handwriting compared with nonmotor practice produces faster learning and greater generalization to untrained tasks than previously reported."

## Experts Weigh In

Catherine Drew Gilpin Faust, a former president of Harvard University, was astonished when she realized that Generation Z, the group of children and young adults now in school and college, hadn't learned to read cursive, she recently recounted in an essay in The Atlantic.

According to Faust, cursive was omitted from the new national Common Core standards for K-12 education in 2010 and she discovered in a class that two-thirds of her class couldn't even read cursive, never mind write it.

"What did they do about signatures?" she asked rhetorically. "They had invented

**'Readers may be more efficient and aware of their performance when reading from paper compared to screens,' a process sometimes called metacognition.**

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Children should be exposed to handwriting and drawing activities from an early age to establish neural patterns that are beneficial for learning.

them by combining vestiges of whatever cursive instruction they may have had with creative squiggles and flourishes."

Could the students read handwritten comments from professors on their papers and exams? Many said they couldn't, causing Faust to wonder if professors don't even know their written remarks are sometimes ignored.

When cursive was first removed from Common Core standards, it provoked an outcry, Faust recounts. Opponents said handwriting provided important connections between the hand and brain, self-discipline, and an expression of identity. In some states, opponents were successful in reintroducing some cursive instruction but Faust believes that handwriting is eventually on the way out.

"Writing is, after all, a technology, and most technologies are sooner or later surpassed and replaced," she says.

## Reasons for Optimism

Some researchers are seeking ways to retain the positive brain effects of pre-screen learning while not turning their backs on the technologies themselves. Researchers published a study in the journal Nature about writing on touchscreens with a novel hand posture they call the FingerPen which allows the benefits of handwriting but on a digital screen.

"A conducted user study shows that the FingerPen is appreciated by users and leads to accurate writing traits," the researchers stated.

Research in the journal Frontiers of Psychology also supports the idea of a hybrid model in which writing is still utilized without throwing out the screen "with the bathwater," so to speak. "For young adults, we found that when writing by hand using a digital pen on a touchscreen, brain areas in the parietal and central regions showed event-related synchronized activity in the theta range," a positive sign, the authors write.



WISE HABITS

# Creating Sacred Focus

Your greatest impact in this world is almost always a result of your focused attention

LEO BABAUTA

Our focus during the day is almost always muddled.

We switch between everything, and at any given five-minute period, many of us would often be hard-pressed to say what we're focusing on. That's not how our minds work most of the time.

It's no wonder we struggle to face things that are scary, uncertain, difficult, and meaningful. If you want to write a book, for example, how would you face that if you're constantly muddling your focus?

Our focus is precious and sacred. And yet, we often use it as if it were worthless. How would you use your sacred focus if it actually mattered to you?

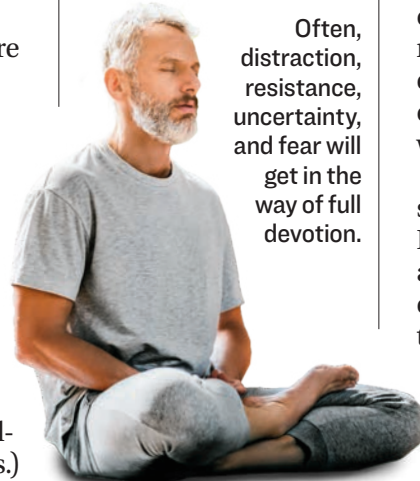
Let me share a few ideas that I believe are life-changing if taken to heart.

### 1. Choose Things That Matter

What things in your life could use some sacred focus? Choose just a small handful of things that actually matter to you. For me at the moment, it's my Zen practice, exercise, writing, and nourishing meals.

If I offer my sacred focus to that handful of things, my life changes. (By the way, I haven't listed loved ones, coaching clients, and team members on here because I'm already reliably giving them my sacred focus.)

**Our focus is precious and sacred. And yet, we often use it as if it were worthless.**



Often, distraction, resistance, uncertainty, and fear will get in the way of full devotion.



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### 2. Create a Sacred Focus Session

You could think of this as a meditation—it's a specified period of time where you give your sacred focus only to this one thing that matters. In theory, you could meditate all day, but if that's your intention, you'll often muddle the meditation with everything else. Having a specific session where you focus completely is the way to practice deeply with this sacred focus.

I recommend setting a time of day for your sacred focus session; for example, today I'm going to do my writing session at 7:30 a.m. And then when the time comes, I clear everything away. You can try it also. Set a timer for how long you would like to focus. Tell others that you need this time to be uninterrupted. When you're done, close with a bow of gratitude to your practice and yourself.

### 3. Offer Your Full Devotion

Once you're in the sacred focus session, the word I like to use is "devotion." If I actually care about something, I want to offer my full devotion, loving it with my full heart. Why write if I am only halfway devoted to it? Why only give half of my heart to something?

Often, distraction, resistance, uncertainty, and fear will get in the way of full devotion. That's OK. That's why we practice it. Notice what's stopping the full devotion. What can you offer this fear? The thing that's getting in the way is also worthy of your full heart, otherwise, you'll always let yourself out of the uncomfortable place.

Giving our entire attention to whatever we are doing is the guarantee we will do our very best and gain the most satisfaction from our efforts.

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

COVID-19

## Can Neuroplasticity Ease Long COVID Symptoms?

COVID is linked to a host of neurological symptoms that may require new neural connections to recover from

KRISTEN FISCHER

Neuroplasticity—that superpower our brains have to rewire themselves and function in new ways—has helped people treat everything from anxiety to chronic pain. Now, it's gaining traction among patients with long COVID who live with the signature symptom of brain fog.

Neuroplasticity is our ability to replace old negative neural pathways with new positive ones. By rewiring our brains structurally and functionally, the theory is that they'll return to a healthy state and, thus, so can our bodies.

Some research shows that COVID-19 changes our brains, leading to long-term brain fog and impaired memory, among other symptoms. This suggests that using neuroplasticity to the maximum extent possible should be an important part of treatment plans.

### How Illness Impairs the Brain

Now, there's evidence that our immune responses may be a result of learned functional changes in the brain and within the

central nervous system. Some research indicates that lingering symptoms can persist beyond the time of infection (be it from a viral infection such as COVID-19 or other infections).

Research conducted last year found that COVID-19 can lead to functional changes in the way the brain processes information and triggers the immune response.

In other words, your brain learns that the symptoms from a pathogen are life-threatening (as they may, in fact, be so during acute infection). The brain learns to link symptoms with a pathogen. Even when the pathogen is physically gone from the body, experiencing the symptom can trigger an immune cascade.

### Neuroplasticity: A Long COVID Treatment?

Scientists are continuing to study the effect of COVID-19 on the brain and trying to come up with solutions. Many claim that neuroplasticity training is an effective one.

A study underway at The University of Alabama at Birmingham aims to see if

constraint-induced (CI) therapy (a neuroplasticity technique already used in people with strokes, traumatic brain injury, and multiple sclerosis) can ease long COVID symptoms.

Exercise and occupational therapy have also been successful to help long-haulers whose breathlessness and fatigue symptoms just won't seem to stop. It could help cognitively, too. An article published in *Frontiers in Neurology* last year exploring brain fog solutions pointed to a healthy diet (with a focus on anti-inflammatory foods), regular exercise, and adequate sleep as viable treatments.

### Brain Training

What's a neuroplasticity session like? It can involve exercises such as "shaping," which involves repeatedly trying to do something a person struggles with repeatedly. That's been shown to increase the brain's gray matter and improve the white matter. Learning to play an instrument, memory tasks, brain games, and building your vocabulary are all ways to improve brain health—and also could have some protective benefits against cognitive decline such as dementia.

Some people have used smell training to try to regain their sense of smell if it was

impaired after having COVID-19.

There are apps or webinars that may help, or long-haulers can seek help from COVID-19 recovery centers.

Jordan Grafman, chief of the cognitive neuroscience lab at the Think and Speak Lab in Chicago, told *The Epoch Times* that our brains, on their own, demonstrate some kind of change in structure or function because of daily experiences.

Neuropsychologists or neurologists can help people practice neuroplasticity, but people can do a lot on their own.

"The natural state of our brain is its plasticity and adaptiveness," Grafman said. "Honestly, you don't need an app. You need an inquisitive mind."

*Kristen Fischer is a writer living in New Jersey.*



Neuroplasticity is the brain's ability to form new neural networks between brain cells, allowing the person to regain lost function or gain new abilities.

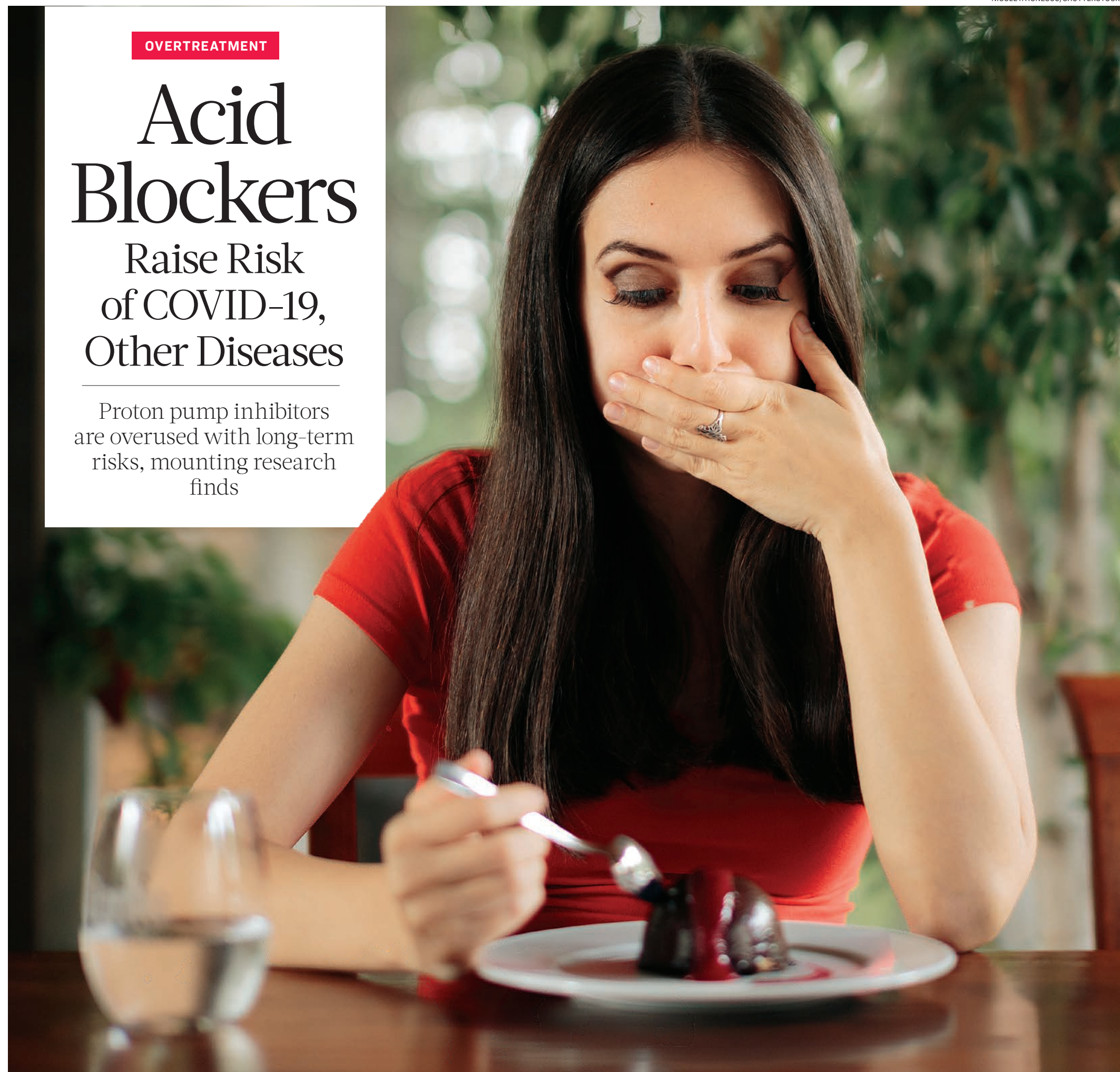
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OVERTREATMENT

# Acid Blockers Raise Risk of COVID-19, Other Diseases

Proton pump inhibitors are overused with long-term risks, mounting research finds



MARTHA ROSENBERG

Acid-reducing drugs, also called proton pump inhibitors (PPI), are one of the most successful drug classes ever launched, projected to earn as much as \$3.26 billion in profits in the year 2026.

"Twenty-five years after their introduction into clinical practice, PPIs remain the mainstay of the treatment of acid-related

diseases," research published in the journal *BMC Medical* says. "Overall, PPIs are irreplaceable drugs in the management of acid-related diseases."

Comprising both prescription and over-the-counter preparations, PPIs are intended to treat acid diseases such as gastroesophageal reflux disease or GERD (which stems from stomach acid repeatedly back flowing into the esophagus) as

well as other conditions such as heartburn, stomach discomfort, and the risk of gastrointestinal bleeding in ulcer patients or those using blood thinners, such as aspirin. More than 15 million Americans have been prescribed PPIs prescriptions and many others buy the drugs over the counter.

*Continued on Page 11*

Millions of Americans are taking acid blockers, or proton pump inhibitors, by prescription or over-the-counter. Many mistakenly take these drugs for digestive issues that are better resolved with other treatments, while many others take these drugs on a long-term basis now linked to potentially severe side effects.

AUTOIMMUNE DISEASE

## Lupus: Complex, Confusing, and Difficult to Treat

While preventive care can help stem the progression of lupus, medical care is still vital

DATIS KHARRAZIAN

In more than 20 years of working with autoimmune patients, one of the most diverse autoimmune diseases I have encountered is lupus.

Because it can affect so many different parts of the body, it can be difficult to diagnose and manage. It can also have more serious effects on health, such as when the

blood vessels are involved, something I illustrate in my patient case below.

Lupus is more formally known as systemic lupus erythematosus (SLE). Although researchers have identified multiple types of lupus, the truth is that lupus manifests in different ways for different people.

Because lupus is an autoimmune attack against DNA, the disease can manifest in the joints, the brain, the skin, the organs, or other tissues. That's what makes it so difficult to diagnose.

For instance, someone with undiagnosed lupus and joint pain may see a rheumatologist, but tests for rheumatoid arthritis come back negative.

Or they may have elevated kidney markers, but the labs aren't bad enough for further testing, and they are put on the "wait-and-see" approach.

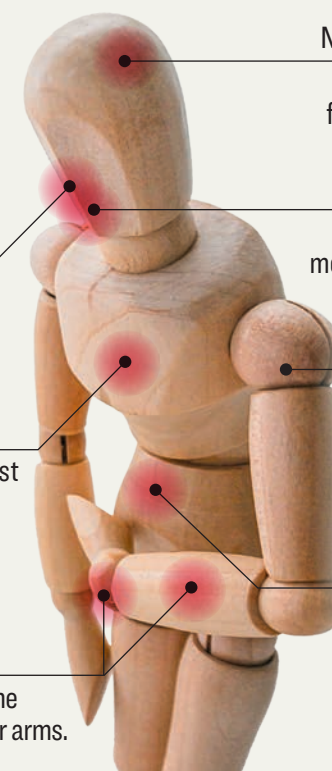
*Continued on Page 12*

### Lupus Symptoms

**FACE RASH**  
Butterfly rash and red patches.

**LUNG PAIN**  
Inflammation in lung lining, chest pain when breathing deeply.

**MUSCLES and JOINTS**  
Pain and stiffness, especially in the neck, thighs, shoulders, and upper arms.



**MEMORY PROBLEMS**  
Some people experience forgetfulness or confusion.

**MOUTH ULCERS**  
Sores on the gums, roof of mouth, and inside of cheeks.

**FATIGUE**  
Prolonged or extreme fatigue, even after sleep.

**KIDNEY PROBLEMS**  
Causes weight gain, swollen ankles, and decreased kidney function.

SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION

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THE EPOCH TIMES

### FOOD AS MEDICINE

## Liver: The Forgotten Superfood

This incredibly nutritious meat offers those who eat it an impressive vitamin count in just a few bites

SALLY FALLON MORELL

Up to World War II, most Americans ate liver regularly; doctors told moms to prepare liver for their families once a week, particularly to prevent anemia.

Last week, we discussed how Dr. Weston A. Price toured many cultures around the world with a focus on so-called “primitive” people who lived largely by hunting and gathering. These people hadn't yet adopted diets that included significantly processed ingredients, such as refined sugars and grains.

Every single healthy population that Price studied ate liver—whether fish liver, shark liver, bird liver, or animal liver. That was a part of the animal that never went to waste. In fact, many groups considered liver to be a sacred food, especially important for men and women before conception, for women during pregnancy and lactation, and for children during the period of growth.

Modern science validates this practice because we now know that liver is the quintessential nutrient-dense food, rich in vitamins and minerals that help our bodies achieve their maximum genetic potential.

Red meat, while containing far more nutrients than apples or carrots, (and 5 and 8 times as many calories per 100 grams, respectively) only rivals liver in its zinc content. When it comes to phosphorus, iron, copper, thiamin, riboflavin, niacin, pantothenic acid, vitamin B6, folic acid, biotin, and vitamin B12, liver is a true powerhouse. And consider vitamin A! There's no true vitamin A in plant foods and only a trace of it in red meat.

In fact, liver is the true budget food. You can get as much B6 and B12 from one serving of liver per week as from eating red meat at every meal, a diet that could raise certain health risks for some people.



Probably the most important thing you can do to put your diet on the right track is to start eating liver—somehow, some way. To many, this will seem a daunting task, but there are several ways to achieve this goal, even for those with delicate taste buds.

What about the argument that we should avoid liver because toxins are stored there? Not true! Liver isn't a storage organ. Nevertheless, any part of an animal will contain residual toxins from food and water. Do your best to find liver from grassfed animals and pastured poultry, but rest assured, any liver will support your own body's ability to deal with toxins. If your only choice is the supermarket, calves liver is your best choice. In America, all cattle start out on the open range, so calves' liver will be mostly grass-fed.

### Meal Ideas to Eat More Liver

If you're not sure where to start when it comes to eating more liver, these ideas could get you started.

#### Liverwurst Sandwiches

This simple option provides a quick dose of liver with ease and includes other nutritious organ meats. It's a great entry point for many people unaccustomed to liver. It hardly requires a recipe, simply add liverwurst and thinly sliced onion to bread. Some people like them with cream cheese.

#### Liver Capsules

If you don't feel like making your own liver “pills,” there are plenty of options on the market, including dried or desiccated liver powder in capsules. There are several brands of grass-fed liver capsules available.

*Sally Fallon Morell is the founding president of The Weston A. Price Foundation and founder of A Campaign for Real Milk. She is the author of the bestselling cookbook Nourishing Traditions and of many other books on diet and health.*

### CHICKEN LIVER PATE

This is delicious on sourdough bread or crackers with a dollop of minimally sweetened jam on top. My daughter gives her boys paté and jam sandwiches for their school lunches.

This recipe for easy paté is a delicious way to get liver into your diet.

#### INGREDIENTS

- 1 pound pastured chicken livers
  - 2 tablespoons bacon fat, lard, tallow, butter, or olive oil
  - 1/2 cup cooking brandy
  - 1 cup good quality chicken broth (preferably homemade)
  - 1 clove garlic, peeled and mashed
  - 1/2 teaspoon dried mustard
  - 1/2 teaspoon dried dill
  - 1/2 teaspoon dried rosemary, crushed
  - 1 teaspoon peppercorns
  - several tablespoons softened butter
  - unrefined salt to taste
- COOKING INSTRUCTIONS**  
Dry the livers well and remove any membranes connecting the lobes of liver.

Brown on both sides in hot fat. Add dry and chicken broth to the pan, along with garlic, mustard, dill, rosemary, and peppercorns.

Boil down until liquid is reduced by about half.

Process the livers and cooking liquid in a food processor, along with butter and salt to taste. The paté should be fairly liquid—it will harden when refrigerated.

Divide between 3 or 4 ramekins. Cover and store in the refrigerator or freezer.

Serve on sourdough bread or butter with a dollop of minimally sweetened marmalade or another type of jam.

ALL PHOTOS BY SHUTTERSTOCK



Chicken liver paté is a convenient, nutritious superfood you can make at home.

### FRIED LIVER AND ONIONS

For those who actually like the taste of liver, there's fried liver with bacon and onions.

Soak calves liver in milk or lemon juice for a few hours before cooking, to remove any bitter taste.

Dry well and dredge in unbleached white flour mixed with seasonings (salt, pepper, cayenne).

Fry several pieces of bacon and set aside; then fry the liver in the hot bacon fat.

Set aside in a warm oven while you sauté the onions in the remaining fat. Serve the liver with the bacon and onions on top—delicious!

### LIVER 'PILLS'

This is a quick and easy way to eat liver without even chewing it. It's handy for people that really don't like the taste.

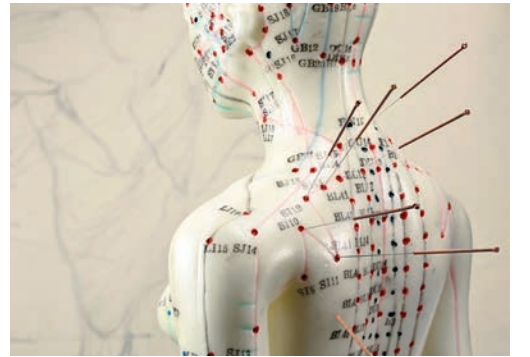
Cook up some liver, and cut it into small pea-sized pieces

Freeze the pieces on a baking sheet so they don't clump together.

Scrape the pieces off a sheet and keep in a bag in the freezer.

Just swallow a few every day for a painless way of taking liver.

ALL PHOTOS BY SHUTTERSTOCK



Acupuncture is often used to treat gastroesophageal reflux disease.

Certainly, acid-related conditions, such as when excess acid appears in the wrong place, occur and are uncomfortable. Such occurrences are “a menace, inflaming and irritating the esophagus, typically causing heartburn and sometimes contributing to the development of ulcers in the stomach and the duodenum, the first part of the small intestine,” Harvard Health explains.

And yet, the potential long-term side effects revealed by researchers and health agencies raise the question of whether the medications are overprescribed.

“Taking a PPI makes sense if you have a chronic problem with stomach acid or the prospect of one developing,” Harvard Health says. “But the occasional case of mild heartburn does not need to be treated with a PPI. For that kind of spot duty, the old standbys of antacid medicine like Tums, Rolaids, and Maalox will most likely work just as well.”

Cedars-Sinai, a nonprofit academic health care organization, points out that taking an acid blocker doesn't address other GERD causes such as “being overweight, overeating, having caffeine and alcohol, and eating chocolate and spicy foods.”

And there is another potential adverse effect with PPIs according to U.S. Pharmacist: hypergastrinemia.

“This condition causes rebound hyperacidity: after discontinuing PPI therapy, patients may experience worsening GERD symptoms,” the publication says. “To avoid this, PPIs should be slowly tapered. In addition, hypergastrinemia can cause parietal cells to hypertrophy and enterochromaffin-like cells (ECL) [gastric secreting cells] to undergo hyperplasia.”

#### PPIs Linked to Contracting COVID-19

Because our stomach acid protects us from a lot of viruses and bacteria, some people, especially those in the medical field, weren't too surprised when PPIs were linked to a greater risk of contracting COVID-19 when the pandemic began.

In 2020, the journal American Journal of Gastroenterology published a study from researchers affiliated with Cedars-Sinai Medical Center and Michigan Medicine that discussed the link.

“In a nationwide study of individuals with a history of GI symptoms, we found that the use of PPIs is associated with increased odds for reporting a positive COVID-19 test. The highest risk is seen among individuals taking PPIs twice daily—a common off-label practice in both primary and secondary care—because they are nearly 4-times more likely to report COVID-19 positivity when compared with those not on PPIs.”

Dr. Brennan Spiegel, one of the researchers and the study's guarantor (a research author responsible for the integrity of the work as a whole) told Time: “Viruses like SARS-CoV-2 are capable of hijacking the gastrointestinal tract quickly. ... It can invade, replicate and multiply efficiently. There is even a theory that maybe it uses the intestines as a kind of home base where it entrenches itself and then spreads throughout the body.”

The following year, the journal Gut reported related research. In a cohort of more than 100,000 PPI users, non-users, and previous users, the PPIs weren't linked with a higher risk of catching COVID-19 but PPI users experienced “a 79 percent greater risk of severe clinical outcomes of COVID-19,” the journal stated. While the potential risks of PPIs were identified long before COVID-19, the pandemic clearly added to questions.

## Acid Blockers

### Raise Risk of COVID-19, Other Diseases



The risk of pneumonia increased

27-39

PERCENT in those using PPIs short-term, according to three meta-analyses.

SOURCE: RESEARCH PUBLISHED IN THE JOURNAL EXPERT REVIEW OF CLINICAL PHARMACOLOGY



To naturally keep your stomach acid from getting stirred up, you may need to avoid certain foods like fried and fast food.

People suffering with mild heartburn should avoid the acid blockers and simply use an antacid.

Continued from Page 1

But despite their popularity, questions remain about the drug class. According to 2018 research published in the Journal of Neurogastroenterology and Motility, “PPIs tend to be given for conditions in which the necessity of the drug has not been clarified” opening the door to such adverse effects, albeit rare, as:

- Allergic reactions
- Collagenous colitis
- Kidney harm
- Liver harm/infection of abdominal fluid
- Dementia
- Pneumonia
- Gastrointestinal infection
- Gastric tumors
- Gastric inflammation/ulcers
- Gastric polyps
- Colon cancers
- Intestinal bacterial overgrowth
- Hypomagnesemia
- Decreased absorption of nutrients

The dementia risk of PPIs attracted attention in 2016 when an observational study by German researchers was published in JAMA Neurology. It linked regular PPI use with a 44 percent increased dementia risk compared to people not using the drugs.

The study was based on the medical records of 73,679 people ages 75 and older.

Research published in the journal Expert Review of Clinical Pharmacology elaborates on and adds to the possible PPI risks:



Some people find a drop of peppermint oil in water helps ease an overactive digestive system.

“The risk of pneumonia [from PPI use] was increased 27-39 percent in short-term use of PPIs in three meta-analyses,” the researchers wrote. “C. difficile infections [a serious intestinal parasite] were also associated with the use of PPIs,” as were thrombocytopenia (low blood platelet count), rhabdomyolysis (muscle damage and degradation), and nephritis (inflammation of the kidneys).

Research published in Current Gastroenterology Reports echoes the danger of vitamin and mineral deficiencies cited in the Journal of Neurogastroenterology and Motility.

The U.S. Food and Drug Administration (FDA) is aware of the risks, which grow with long-term usage. According to U.S. Pharmacist, “Since 2010, the FDA has issued various

safety warnings regarding the potential effects of long-term use of PPIs,” not just the adverse events listed by the Journal of Neurogastroenterology and Motility, but also PPI-linked risks of fractures, clostridium difficile-associated diarrhea, and lupus-related events.

“Although proton pump inhibitors (PPIs) remain the primary treatment of GERD, they do not cure the disorder and can leave patients with persistent symptoms despite treatment,” Physician's Weekly adds. Nor are patients immune from other conditions, the publication says, noting that “patients are still at risk of developing such complications as peptic strictures, Barrett's metaplasia, and esophageal cancer.”

Because the drug class is intended to be used for the shortest time possible, the journal Gastroenterology warns that “patients with uncomplicated GERD who respond to short-term PPIs should subsequently attempt to stop or reduce them. Patients who cannot reduce PPIs should consider ambulatory esophageal pH/impedance monitoring [measuring the amount of acidic and non-acidic reflux in the esophagus during a 24-hour period] before committing to life-long PPIs to help distinguish GERD from a functional syndrome.”

#### A Drug Class With Strengths and Weakness

### Alternatives to PPIs

Are there any herbs that can help reduce stomach acid? Yes, according to research published in 2019 in the journal Current Gastroenterology Reports.

“With emphasis on reflux and non-cardiac chest pain, research is ongoing into the clinical utility and diverse physiologic mechanisms underlying a variety of complementary and alternative modalities,” wrote researchers associated with Thomas Jefferson University and the University of Pennsylvania.

The complementary and alternative modalities include “dietary manipulation, apple cider vinegar, melatonin, acupuncture, and various herbal products (rikkunshito, STW 5, slippery elm, licorice, and peppermint oil, among others).” While the researchers acknowledge a “substantial gap” between “anecdotal and empirical” knowledge of non-pharmacologic remedies for acid diseases, it also calls opportunities for future research “compelling.”

Finally, Johns Hopkins Medicine reminds people to steer clear of

certain foods associated with an acid reaction such as:

- Fried food
- Fast food
- Pizza
- Potato chips and other processed snacks
- Chili powder and pepper (white, black, cayenne)
- Fatty meats such as bacon and sausage
- Cheese
- Tomato-based sauces
- Citrus fruits
- Chocolate
- Peppermint
- Carbonated beverages



## AUTOIMMUNE DISEASE

# Lupus: Complex, Confusing, and Difficult to Treat

Continued from Page 1

Another may have mysterious neurological symptoms, and another chronic skin rashes or eczema-type symptoms. But rarely is lupus investigated.

While the standard health care model looks for organ failure or a butterfly rash on the face to screen for lupus, these symptoms may never appear for many patients. The hallmark butterfly rash can appear on someone's leg or arm. That's why it can take decades for many lupus patients to receive a diagnosis.

The initial screening for lupus is an anti-nuclear antibody (ANA) test. It's important to understand that sometimes antibody tests can come back negative as immune function fluctuates, and a second test may be needed. A more complete lupus panel that screens for antibodies against many different DNA fragments confirms a lupus diagnosis in the standard health care model.

When lupus affects the nervous system and brain, it can cause brain fog, depression, memory problems, behavioral changes, confusion, migraines, and strokes.

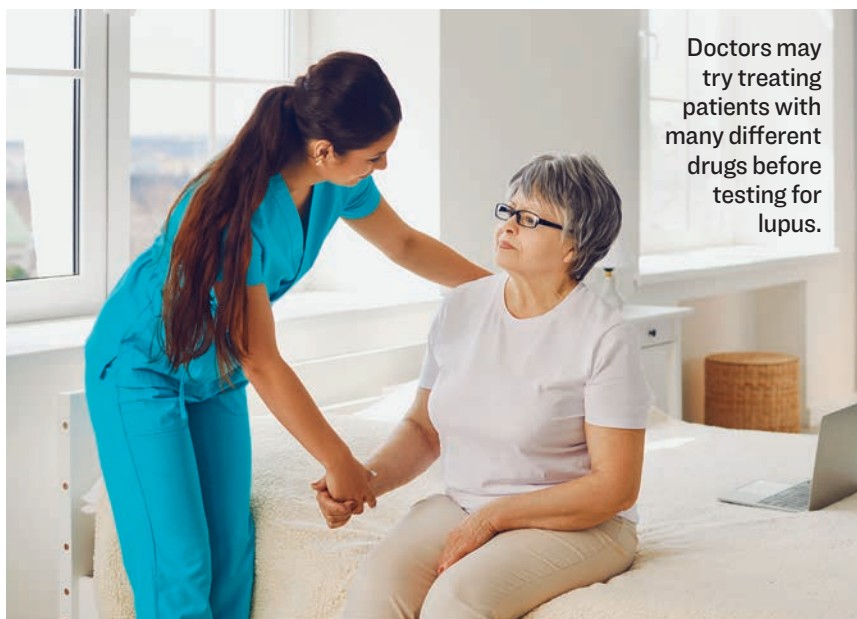
When the cardiovascular system is affected, such as in my patient's case below, signs can include hardening of the arteries, coronary artery disease, and heart attack.

The skin is another target with rashes, sores, and ulcers. When supporting those suffering from an autoimmune disease such as lupus, it doesn't matter which tissue is being attacked—the primary strategy is to find the triggers for inflammation and autoimmune flare-ups and remove or mitigate those.

Most autoimmune patients must also follow an anti-inflammatory diet and lifestyle to stabilize immune function and promote the dampening of inflammation.

Autoimmune disease is now more common than ever, although statistics show that women are disproportionately affected, being twice as likely to be diagnosed.

Other common autoimmune diseases include Hashimoto's thyroiditis, multiple sclerosis, rheumatoid arthritis, psoriasis, vitiligo, celiac disease, Graves' disease, Type 1 diabetes, lupus, and some inflammatory bowel diseases. To learn more about autoimmunity, please read my other articles in The Epoch Times.



Doctors may try treating patients with many different drugs before testing for lupus.

## Marta's Story: Lupus and the Cardiovascular System

I see patients with complex and chronic autoimmune and neurological disorders. Because Marta's lupus affected her cardiovascular system, she was one of the more critical.

If you look at Marta, she looks very healthy. No one would look at her and think she suffers from a severe case of lupus.

However, her swelling is so bad that socks are too binding for her ankles and hurt her toes. She can't handle the feeling of blankets on her body. She wakes up stiff, aching, and with brain fog. Her vision is blurred, and she has chronic migraines and chest pains.

Marta had a heart attack three days after her 40th birthday. It's believed lupus caused her heart attack because when the surgeon tried to place a stent in her artery, the artery

tore, and the surgery was unsuccessful. She was diagnosed with lupus shortly after.

Autoimmune disease doesn't manifest overnight. It often progresses over years, destroying tissue until the symptoms become severe enough for a medical diagnosis. You don't get a heart attack and a dissecting artery in surgery overnight. Instead, it results from long-term inflammation and damage to the artery.

Marta's symptoms began in 2000 with numbness and tingling on the left side of her face, for which she was prescribed gabapentin, an anticonvulsant medication used to treat nerve pain, for which swelling of the hands and feet is also a common side effect, further complicating a future diagnosis.

Her doctor didn't investigate the possibility of neurological autoimmunity.

Her heart attack occurred a year later, leaving her with chest pains, shortness of breath, weight gain, swelling throughout her body, and feeling pressure from the extreme systemic inflammation.

Marta's symptoms continued to snowball. She developed back pain, joint pain, and early spinal degeneration, and she bruised easily. These symptoms could indicate joint autoimmunity, and easy bruising is commonly a symptom of anti-phospholipid autoimmunity, which can occur as a primary condition or in the setting of lupus.

By the time she came to see me, everything was hurting. She had migraines despite taking migraine medication. She was also in cardiac rehabilitation three times a week.

She also had developed some concerning kidney symptoms and markers suggesting kidney infection or kidney disease related to lupus.

In Marta, we see inflammation and autoimmunity spreading throughout her body, resulting in an ever-increasing array of doctors and medications. This isn't uncommon in lupus patients.

Her condition puts her at high risk for both a stroke and another heart attack and illustrates how severe autoimmunity can be once the vascular system is involved.

Although her exam intake showed signs of neuroinflammation, such as brain fog, fatigue, and poor memory, focus, and concentration, thankfully, a brain scan showed no white matter lesions that indicate advanced brain degeneration. Lupus increases the risk of brain inflammation and degeneration and can lead to scarring and injury of pathways in the brain and spinal cord. In Marta's case, this is especially a concern given her vascular issues, which may deprive the brain of healthy circulation.

Marta also tested positive for an autoimmune mixed connective tissue disease (MCTD). The antibody for this disease, anti-U1 ribonucleoprotein (RNP), is often present in people with both MCTD and lupus.

Lupus and a connective tissue disease make it more likely to see things such as retinal detachment, an injury to the connective tissue, and vasculature of her eye. In fact, Marta was working with an ophthalmologist for blurred vision, double vision, and retinal detachment.

MCTD also affects vascular tissue and joints, likely playing a role in the signs and symptoms in those areas.

Before her heart attack, Marta took no medications and didn't even like to take Tylenol. But because she developed so many symptoms, she now works with multiple

## Common Symptoms of Lupus

Lupus is difficult to diagnose because of the wide variety of seemingly unrelated symptoms.



Rash development on the skin, notably around the nose and cheeks.



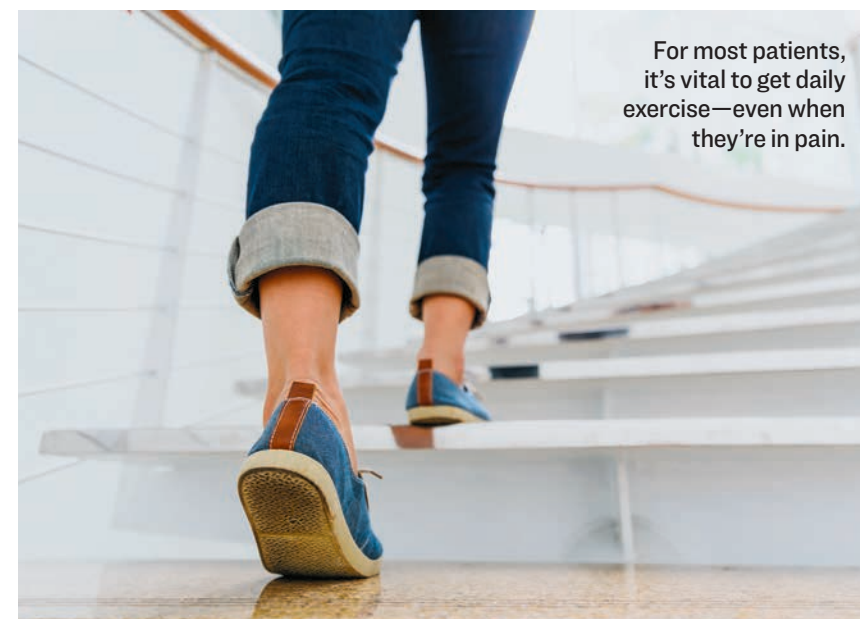
Pain, stiffness, and swelling in the joints.



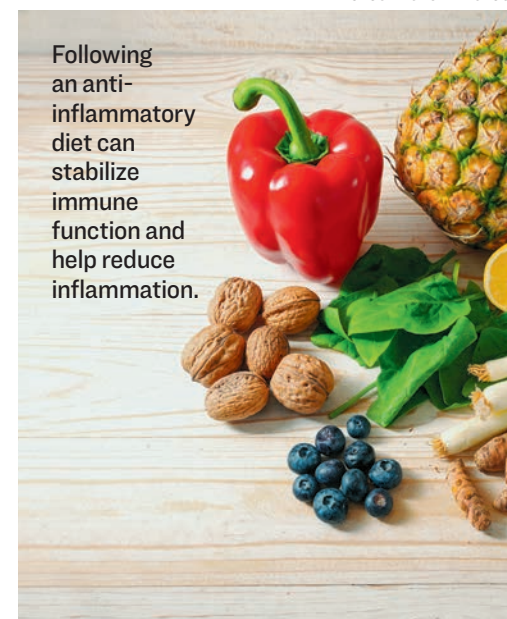
Headaches, confusion, and memory loss.



Dry and irritated eyes.



For most patients, it's vital to get daily exercise—even when they're in pain.



Following an anti-inflammatory diet can stabilize immune function and help reduce inflammation.

## The personalized lifestyle medicine model of managing autoimmunity isn't part of the standard medical or insurance model.



The initial screening for lupus is an anti-nuclear antibody (ANA) test.

## Because lupus is an autoimmune attack against DNA, the disease can manifest in the joints, the brain, the skin, the organs, or other tissues.

doctors and is on multiple medications.

Her daily list of medications includes a beta blocker, statins, a blood thinner, anti-inflammatories, prednisone, nitroglycerine, a migraine medication, and gabapentin, to name a few. Because she develops infections easily, she also has been given antibiotics on several occasions. She understandably worries about side effects and the long-term effects.

This is a common scenario with more severe autoimmune cases. With lupus, medications are necessary during an inflammatory crisis to prevent permanent tissue damage.

In Marta's case, her treatment could help prevent another heart attack or blindness. Marta was lucky to receive good care from her team of doctors: a cardiologist, rheumatologist, ophthalmologist, nephrologist, neurologist, and general physician. Her medical team monitors injury to specific organs and tissues and prescribes anti-inflammatory and immune suppressive medications as needed.

However, this model doesn't identify lifestyle, environmental, or dietary factors that may play an underlying role in triggering her immune response.

When a patient with autoimmunity fails to manage the underlying autoimmune mechanisms, the condition worsens as the immune system continues its deranged attack on the body. The average patient goes from one doctor to another, trying to figure out why things are getting worse instead of better and receiving one prescription after another.

The personalized lifestyle medicine model of managing autoimmunity isn't part of the standard medical or insurance model. This model involves identifying immune triggers—foods, chemicals, infections, and lifestyle stressors—and guiding the patient in making dietary and lifestyle changes to dampen inflammation and put autoimmunity into remission.

Lowering inflammation improves cellular health so that the body is better able to regulate autoimmunity. Daily physical activity, even in pain, is vital for most patients. For instance, studies show that patients with advanced and painful rheumatoid arthritis experience reduced pain and autoimmune expression with daily exercise. These anti-inflammatory dietary and lifestyle changes activate immune cells that combat autoimmunity and shift the body into a recovery state.

### Marta's Personalized Lupus Protocol

An autoimmune diet typically involves following the elimination-provocation diet for four to six weeks. This diet eliminates most foods other than meats and non-starchy vegetables and can help a patient identify which foods are inflammatory triggers.

For Marta, this was phase one of her protocol. Once inflammation comes down, I would instruct her to introduce daily, low-impact exercise, such as using a stationary bike or walking.

Once those habits were established, and inflammation continued to come down, I'd implement customized nutritional, cardiovascular, and insulin management support based on her lab tests.

I would also test for immune reactions to specific foods, environmental chemicals, and pathogens to determine if these were triggering her autoimmunity.

# When Cosmetic Surgery Is a Mental Health Issue

As interest in plastic surgery rises, so does the need to better screen patients for body dysmorphia

GEMMA SHARP & NICHOLA RUMSEY

The American Society of Plastic Surgeons reports a surge in interest in cosmetic plastic surgery since the COVID-19 pandemic led many people to video calls and made them hyper-aware of their own appearance.

In 2015, the Cosmetic Physicians College of Australasia found Australians were spending more than \$1 billion a year on noninvasive cosmetic procedures such as Botox and fillers. This is more than 40 percent higher, per capita, than in the United States.

In the United States, where procedure statistics are reported, there was a 42 percent increase in the number of filler procedures and a 40 percent increase in Botox procedures in 2021 compared to 2020.

Rates of mental health issues in this group may be higher than in the general population, but, seemingly, not enough is being done to ensure the psychological safety of people requesting cosmetic procedures.

### Body Dysmorphic Disorder

Body image concerns are generally the

main motivator for seeking cosmetic procedures of all kinds. These concerns are usually focused on the body part where cosmetic intervention is sought, such as the nose for a rhinoplasty.

Severe body image concerns are a key feature of several mental health conditions. The most prevalent in people seeking cosmetic procedures is body dysmorphic disorder. In the general community, around 1 to 3 percent of people will experience body dysmorphic disorder, but in populations seeking cosmetic surgery, this rises to 16 to 23 percent.

Body dysmorphic disorder involves a preoccupation or obsession with one or more perceived flaws in physical appearance that are not visible or seem minor to other people. In response to the distress regarding the flaw, the person with body dysmorphic disorder will perform repetitive behaviors (such as excessively checking body parts in the mirror) and mental acts (such as comparing their appearance with other people).

These concerns can have a significant negative effect on the person's daily life, with some people too distressed to leave

their home or even eat dinner with family members out of fear of being seen by others.

With the distress associated with body dysmorphic disorder seemingly stemming from physical appearance issues, it makes sense that someone with body dysmorphic disorder is far more likely to turn up at a cosmetic clinic for treatment than a mental health clinic.

## Body image concerns are generally the main motivator for seeking cosmetic procedures of all kinds.

The problem is, cosmetic intervention usually makes the person with body dysmorphic disorder feel the same or worse after the procedure. They may become even more preoccupied with the perceived flaw and seek further cosmetic procedures.

Patients with body dysmorphic disorder are also more likely to take legal action against their treating cosmetic practitioner after believing they have not received the result they wanted.

For these reasons, body dysmorphic disorder is generally considered by health professionals to be a "red flag" or contraindication (a reason not to undergo a medical procedure) for cosmetic procedures.

However, this is not entirely clear-cut. Some studies have shown that people with body dysmorphic disorder can improve their symptoms after cosmetic intervention, but the obsession may just move to another body part and the body dysmorphic disorder diagnosis remains.

### What About Other Mental Health Conditions?

Body dysmorphic disorder is by far the most well-studied disorder in this area, but is not the only mental health condition that may be associated with poorer outcomes from cosmetic procedures.

According to a recent systematic review, the rates of depression (5 to 26 percent),

anxiety (11 to 22 percent) and personality disorders (up to 53 percent) in people seeking cosmetic surgery may be higher than in the general population (which are estimated to be 10 percent, 16 percent, and 12 percent, respectively).

However, these rates should be interpreted with some caution because they depend greatly on how the mental health diagnosis was made. Clinician-led interviews result in higher rates while mental health questionnaires result in lower rates. Some interview approaches can suggest higher rates of mental health issues as they may be quite unstructured and thus have questionable validity compared with highly structured questionnaires.

Besides body dysmorphic disorder, the research investigating other mental health conditions is limited. This may just be due to the fact that body image focus is at the core of body dysmorphic disorder, which makes it a logical focus for cosmetic surgery research compared with other types of psychiatric disorders.

### So What Should Happen?

Ideally, all cosmetic surgeons and practitioners should receive sufficient training to enable them to conduct a brief routine assessment of all prospective patients. Those with signs indicating that they are unlikely

Body dysmorphic disorder is a preoccupation or obsession with a perceived flaw in appearance.



## INCREASE IN AESTHETIC SURGERY

There was a

42 percent

increase in the number of filler procedures and a 40 percent increase in Botox procedures in 2021 compared to 2020.

to derive psychological benefit from the procedure should undergo a further assessment by a mental health professional before undergoing the procedure.

This could include an in-depth clinical interview about motivations for the procedure, and completing a range of standard mental health questionnaires.

If a person was found to have a mental health issue in the assessment process, it doesn't necessarily mean the mental health professional would recommend against pursuing the procedure. They may suggest a course of psychological therapy to address the issue of concern and then undergo the cosmetic procedure.

At the moment, assessments are only recommended rather than mandated for cosmetic surgery (and not at all for injectables like Botox and fillers). The guidelines say evaluation should be undertaken if there are signs that the patient has "significant underlying psychological problems."

This means we are relying on the cosmetic medical practitioner being capable of detecting such issues when they may have received only basic psychological training at medical school, and when their business may possibly benefit from not attending to such diagnoses.

An August 2022 independent review by the Australian Health Practitioner Regu-

lation Agency and the Medical Board of Australia recommended that the guidelines around mental health assessment should be "strengthened" and emphasized the importance of medical practitioners receiving more training in the detection of psychiatric disorders.

The Australian Society of Plastic Surgeons also identifies body dysmorphia as a primary concern among plastic surgeons.

Ultimately, as cosmetic practitioners are treating patients who are seeking treatment for psychological rather than medical reasons, they must have the well-being of the patient front of mind, both out of professional integrity and to protect themselves from legal action. Mandatory evaluation of all patients seeking any kind of cosmetic procedure would likely improve patient satisfaction overall.

If this article has raised issues for you, or if you're concerned about someone you know, visit the Butterfly Foundation website.

Gemma Sharp is an NHMRC early career senior research fellow at Monash University in Australia, and Nichola Rumsey is an emeritus professor of psychology at the University of the West of England in the UK. This article was originally published by The Conversation.



## INTENTIONAL LIVING

# Increase Your Stamina for Life

Energy levels are an important predictor of success, and they're not as fixed as you might believe

MIKE DONGHIA

If you define success as achieving what you set out to do, then all of us desire to be successful in some shape or form. We'd all rather our efforts be productive than lead to failure.

Of course, the modern use of the word "success" has connotations of fame, wealth, and power, but these shallow pursuits are far from the only accomplishments on the menu.

We can aim for success in our marriages, our friendships, our faith, or in accomplishing work that leaves the world a better place. We can be successful in savoring life, growing in virtue, or living generously.

I believe we should be encouraging each generation to be as ambitious as possible for the kinds of success that really matter. And in order to do so, we need thoughtful conversations about what character traits actually lead to success.

## What Successful People Do Differently

If you've spent much time up close with a successful individual, one of the primary things you'll notice is that they have a lot more energy and stamina than the average person. Successful people are often oozing with energy—both physically and emotionally.

Of course, stamina isn't the only thing you need to be successful, but any worthwhile pursuit is going to require tons of it. There's work to be done and obstacles to overcome, and all of that requires a steady input of human energy.

In so many pursuits, it isn't automatic that IQ translates into success. The real world is stubbornly resistant to being shaped into something new. Success tends to follow those who stick with an idea for a long period of time and are hungry to keep learning and growing along the way.

If a race lasts long enough, it isn't the fastest person who wins, but the person with the most endurance. I'd suggest that this is the most useful model for thinking about success in our modern world. Stamina is an undervalued trait and a key to success.

## Stamina Isn't a Fixed Trait

Stamina is nothing more than your ability to sustain effort over a long period of time. High energy people are described as such because they appear to have a bottomless source of enthusiasm for the activities in their life.

For a long time, I thought energy levels were a relatively fixed trait. Some people had high energy and some people didn't. There wasn't much you could do about it.

But I discovered some holes in that theory as I reflected on my own life. Even greater than the differences in energy levels between one person and another is the energy delta I observed in myself depending on my emotional state.

On days when I was discouraged or

stressed, my energy was completely zapped. But, on days when I was excited by progress or hopeful about a new idea, I felt I had enough energy to take on the whole world.

My physical well-being seems to have a role to play as well, albeit less dramatic, and with some delay from the actual inputs. I can get away with less sleep and mindless eating for a while, but eventually, the bill comes due.

Between my emotional state and my physical readiness, it's as if there are two entirely different versions of myself living inside of me. Imagine the wildly different trajectories my life could take if one of these "selves" were to take the upper hand and begin to call the shots.

That thought has had a profound impact on my approach to productivity and sent me on a quest to permanently raise my energy levels.

## Practical Ways to Increase Your Stamina

The most fundamental shift in my thinking has been letting go of a popular, but unhealthy model—that our energy is like a tank that gets depleted with use.

I've come to see that energy spent is not necessarily lost, but, like an investment, can become a compounding source of new energy. Looking for positive feedback loops that multiply your vitality, and avoiding negative ones, has become an important part of managing my energy for life.

Here are the practices that have been most helpful to me:

### Physical Practices

I don't think I have anything mind-blowing to say here, but nearly everyone underestimates the power of taking marginally better care of their body.

**Get your heart pumping.** Build up to an hour a day of moving your body and elevating your heart rate. A 2006 synthesis of research in the Psychological Bulletin found that regular exercise is a reliable way to increase feelings of energy and decrease fatigue. For me, long walks around my hilly neighborhood have become one of the best parts of my day and are a great stress relief.

**Make sleep a priority.** That means getting to bed at a reasonable time and not frittering away the evening hours in front of a screen. There are exceptions to every rule, but you probably aren't one of them.

**Eat and drink for energy.** Putting long-term health implications aside (which are another important consideration), eating for energy means listening to your body and eating the foods that make you feel good consistently and don't lead to crashing energy levels in the middle of the day.

### Psychological Practices

This is where the real magic happens. I be-

**I believe we should be encouraging each generation to be as ambitious as possible for the kinds of success that really matter.**



Energy spent isn't lost but in fact an investment and can become a compounding source of new energy—if we invest it properly.

lieve most people aren't even close to maxing out their true energy potential, and what's holding them back is simply what they've come to believe is possible.

Is there a component of the placebo effect at play here? Absolutely. The placebo effect is a proven phenomenon that appears to be growing stronger over time. The fact that we're surprised by this shows how deeply we've underestimated the power our beliefs have to shape and activate our physical bodies.

**Change your mental scripts.** For example, if you're constantly saying "I'm tired," you're reinforcing the belief that you're someone who gets tired easily. That's why I rarely use that phrase anymore. Instead, I tell myself that I'm the kind of person who has boundless energy. And when I really am tired, I tell myself that a night of rest is just what I need for another day of action.

**Be optimistic in the face of challenges.** Research in Social Science & Medicine shows that a person's stamina is correlated with having a positive outlook during periods of adversity. Optimism multiplies our energy while pessimism is a drain.

**Act like the person you want to be.** In his book "Outliers," Malcolm Gladwell points out that the majority of the best hockey players are born between January and March. An early age advantage made these kids and everyone around them think they were the better players. It's no surprise they ended up developing the stamina to eventually become the best of the best.

**Make early progress.** Humans are hardwired to be rewarded by clear indicators of progress—a big reason why video games are so popular and why we love checking items off a list. I try to start each day by working for two hours on my most important tasks. This practice has drastically altered my energy levels for the rest of the day.

**Have an outlet for stress.** Not only is chronic stress bad for your long-term health, but it also puts a powerful damper on your energy levels. It's like carrying an emotional weight around your neck and trying to go through the day. Find a way to diffuse stress that works for you—maybe it's going for a long walk, taking a hot shower, or talking with a friend—just don't allow the stress to build without addressing 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.*

# The Enduring Joy of Making Things

The joy of creating beautiful or useful things is multiplied when we make things for others



Hands-on activity can turn off the circuit in our brain responsible for negative thinking and thereby help lift depression.

SUSAN C. OLMSTEAD

Making things by hand can boost your mood and benefit others. The act of producing useful or beautiful things—especially by hand, and especially for others—provides a sense of accomplishment and purpose.

Once a project is complete, the satisfaction of seeing what you've made in your home, on a plate, or in the hands of a loved one outlasts more fleeting pleasures.

While many of us feel this instinctively upon completing a project or product—such as a blanket, a meal, or a painting—neuroscience and social science research back up the idea that using our hands to produce things is good for our bodies and brains.

## Your Own Two Hands

Making is "the act of taking a material and physically changing its state and/or shape to create something new that has a specific use or purpose," according to James Otter, a designer of wooden surfboards and the founder of Otter Surfboards in the UK.

In his book "Do/Make: The Power of Your Own Two Hands," Otter writes, "You already have the tools you need to start making. They're right in front of you. Your hands."

He breaks down the making process into three steps: preparation, process, and power. The first involves deciding on what to make and how to go about it, and the second two involve perfecting the procedure and developing confidence in your ability.

"Through the act of making, we reawaken our hands and minds to reconnect with the beauty of the natural work around us," he writes.

"Making things "allows us to slow down," helps us to increase our confidence, and leads us to a "deeper sense of purpose."

## Health Benefits

Research has found that this sense of connection and purpose can have physical benefits. According to the UK group Knit for Peace, a study on knitting found a significant relationship between knitting frequently and

feeling "calm and happy." Among the 3,545 knitters in the study, those who knitted more frequently also reported higher cognitive functioning. The researchers asserted that as a skilled and creative occupation, knitting has "therapeutic potential."

Knit for Peace also reports that knitting confers health benefits such as lower blood pressure, reduced depression and anxiety, and distraction from chronic pain. Additionally, it reduces loneliness and isolation while increasing a sense of usefulness and inclusion in society.

Kelly Lambert, Ph.D., has seen the healing effects of hands-on work in her profession and in her own life.

Lambert is a professor of behavioral neuroscience and a co-coordinator of the neuroscience program at the University of Richmond in Virginia. In her book "Lifting Depression: A Neuroscientist's Hands-On Approach to Activating Your Brain's Healing Power," she writes that hands-on physical activities affect the circuit in the brain that is responsible for the negative thinking and emotional emptiness that accompany depression.

Through her research, Lambert identified a critical link between symptoms of depression and the areas of the brain involved in motivation, pleasure, movement, and thought.

Lambert herself found that working with her hands—in the simple act of cleaning her house—helped to lift the depression she experienced after the death of her mother. She developed the "effort-driven rewards theory" as an action-oriented approach to treating depression. Accomplishment through hard work, she found, sent the message to her brain that "[her] efforts could again lead to desirable consequences."

## A Tangible Legacy

Knit for Peace started as an income generation project for Hutu and Tutsi widows, victims of the 1994 Rwandan genocide and civil war. These women knitted school sweaters for orphans, and the UK's Charities Advisory Trust paid them by raising

**A study on knitting found a significant relationship between knitting frequently and feeling 'calm and happy.'**



Hobbies like knitting produce long-lasting treasures that can leave a tangible family legacy.

the funds through featuring the project in the Trust's Good Gifts Catalogue.

"Knitting for charity makes people feel more useful and worthwhile," reports Knit for Peace. As a product-oriented hobby with a tangible, visible, and useful result, it "creates satisfaction at completing a task and reinforces a sense of capability."

Hobbies other than knitting that also produce long-lasting treasures—woodwork, painting, and other arts and crafts, for example—also leave a tangible family legacy, so that older people may find them especially valuable.

A study published in the "International Journal of Aging and Human Development" showed that "long-term participation in creative activities has benefits for middle-aged and older people that may improve their adaptation to later life."

The study looked at 546 adults aged 40 to 88 who participated in creative hobbies. They were surveyed using a tool called the "Creative Benefits Scale," a measure of the different kinds of psychological, emotional, and social gains that people believe they experience from participating in creative activities on a long-term basis.

The study sorted the benefits of creative participation into four major themes: identity (a sense of meaning derived from one's creative hobby); spirituality (connecting to the universe through the practice of one's hobby); calming (a de-stressing effect from one's work); and recognition (the sense that other people recognize and admire one's creative products and the skill involved in creating them).

The researchers found that creative activities—in particular those that involved generativity (an altruistic concern for one's work); and recognition (the sense that other people recognize and admire one's creative products and the skill involved in creating them).

"Creativity may help explain the link between generativity and life satisfaction," they wrote.

They also noted that "participation in creative activities can help people bounce back from late life losses, and provide new sources of identity." The researchers propose the teaching and maintaining of creative skills as one way to alleviate depression and anxiety in middle-aged and older adults.

Drs. Carrie and Alton Barron say in their book "The Creativity Cure" that everyone is capable of creativity and happiness. They recommend "taking happiness into your own two hands" by working to find your creative outlet, whatever form it may take.

Discovering what you enjoy doing with your hands may take some time, but it'll be time well spent. Try cooking a simple meal, planting a garden, or making a toy from a kit if you're not sure where your hands-on talents may lie.

"Creative expression through the proper form," write the Barrons, "the form that's organic for you will make you feel well and sometimes even ecstatic."

Create with your hands to benefit yourself and others, while leaving a legacy for those you love.

*Susan C. Olmstead writes about health and medicine, food, social issues, culture, and children's literature. Her work has appeared in The Epoch Times, The Defender, Salvo Magazine, and many other publications. She lives in northern Ohio on the shore of Lake Erie.*

One of the most important ways to maintain your energy is by finding an outlet for stress

## WISE HABITS

# Committed and Unattached: A Powerful Way to Work

If we stumble in pursuit of our goals, a state of detached determination can help us keep going

LEO BABAUTA

I've been diving deep into working with full commitment lately, in my personal transformative work and working with my clients. It's fascinating work.

The biggest stumbling point for people is the dichotomy between being detached from a goal, so our whole self-image and sense of worth doesn't rise and fall with our progress toward it and still staying fully committed to it.

It may surprise you that being detached from a goal can make it more likely for you to achieve that goal. For many people though, this detachment can often mean you aren't moving as strongly toward the goal because you don't care as much. It often shows up like getting up in the morning and putting the goal aside.

Being fully committed to the goal can mean you work diligently on the goal. But if it's clear you aren't going to hit a target, for many people this brings about a huge amount of disappointment. This brings about a feeling of pointlessness that we use to let ourselves

off the hook and quit working on our goal.

As you can see, each side of the dichotomy between detachment and commitment has a set of problems. One can be too loose, the other too tight. So how do we work with this?

The middle way is something I think of as committed and unattached.

**If you fall short of a milestone, you just recommit yourself and keep going.**

**Committed:** You're fully committed to the goal. You work at it as if it were one of the most important things in the world. You give it your all (within the bounds of self-care, of course). You focus and you go after it. You care deeply.

**Unattached:** But while you're committed to making it happen, you're unattached to the outcome. You care about the outcome, but you're OK if it doesn't happen. You love life

and yourself no matter what happens.

Think of it like really taking care of a seedling, and then the sapling that grows from it, then the tree, with your full devotion—but then not needing the fruits that may or may not spring from the tree.

This is one of the key lessons from the Bhagavad Gita—an ancient Indian text—to give yourself with full devotion to your life's purpose, but then to "let go of the fruits."

Imagine running a marathon as if this were your life's work, but if you didn't make it to the finish line, you'd still lie on the ground in complete satisfaction, knowing that you gave it your best, knowing that it was still a powerful endeavor.

Imagine trying to write a book, and putting your full heart and devotion into writing the book so that you could help others—but then

letting go of the need for other people to actually read it and put it into action.

It's giving a gift without the attachment to someone accepting the gift.

What would it be like to wake up every day, giving your full commitment to the things you care most about but not letting yourself crumble every time something doesn't turn out as you'd hoped? If you fall short of a milestone, you just recommit yourself and keep going.

This requires us to allow for heartbreak when we fall short. And then to keep giving our full commitment and devotion, no matter what the outcome.

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

Treat your goals like seedlings that need tending but don't be attached to their bearing fruit.





# When the Founder of Amazon Encourages You to Stop Buying ...

The season of spending is upon us but this is a year you'll want to curb your inner consumer

JOSHUA BECKER

Recently, during an interview with CNN, Jeff Bezos recommended Americans “consider putting off buying big ticket items they’ve been eyeing.”

The founder of Amazon recommended that “American households delay big-ticket purchases such as new TVs, refrigerators, and cars, given the risk that economic conditions worsen.”

I didn't hear him mention refraining from Amazon's Prime Day deals or Black Friday offers, but I personally recommend adding those items to your “do not buy list” as well.

Personal finance experts—and even retail billionaires apparently—are encouraging us to buy less. However, at the exact same time, retailers are working overtime to compel us to consume.

This year, more than any other in recent memory, Black Friday, Christmas sales, and year-end deals are going to be everywhere offering deep discounts. In many places, the push has already begun.

This is for several reasons:

- Retail inventories are high.
- Consumers purchased lots of durable goods during the pandemic.
- Companies are looking to have cash on-hand for a looming recession.

When the wise thing to do is delay purchases, companies and marketers are going to be working harder to compel you to spend. This crescendo will reach a fever pitch over the next two months.

So, how do we keep from falling into their trap?

## 7 Steps to Avoid Unnecessary Purchases

**1. Realize the promises of consumerism are always short-lived.** Every upcoming advertisement during the holiday season will promise you the same thing: a better life.

They'll work to convince you that their latest product will make you more attractive, bring you more friends, create a more beautiful holiday season, or bring happiness that you can't find anywhere else.

Those promises are false. See through them. Fulfillment and a better life are not on sale at a department store.

**2. Consider the benefits of owning less.** Owning fewer possessions results in countless life-giving benefits: more time for those we love the most, more money for meaningful pursuits, and more energy for things that matter.

Owning fewer possessions results in less stress, more peace, and more intentionality.

Minimalism frees us to pursue our greatest passions—however we choose to define them.

To overcome the pressures of consumerism about to exert themselves upon us, recognize how owning less has improved your life (or can improve your life). When you do, you'll be less inclined to buy more.

**3. Know that money on hand will be more helpful to ride out a recession than a purchase at the mall.** According to some surveys, 70 percent of Americans live paycheck to paycheck.

As with any economic statistic, there are countless variables that contribute to it. But the fact that 62 percent of consumers earning between \$50,000 and \$100,000 live paycheck-to-paycheck and 54 percent of



The passing happiness from a new purchase becomes addictive. This is likely a major reason most Americans live paycheck-to-paycheck, even 54 percent of those making over \$100,000 a year.

consumers who make between \$100,000 and \$150,000 annually live paycheck to paycheck should help us see that this reality isn't entirely a product of low wages.

We're a culture addicted to buying things we don't need.

But as a recession looms and talks of downsizing increase, your safest bet for riding out a recession is savings. The experts recommend that dual-income families save at least 3 months worth of expenses and single earners put aside 6 months or more.

## Owning fewer possessions results in less stress, more peace, and more intentionality.

And apparently, 70 percent of you will want to get started right away.

**4. Set a budget for this holiday season (and stick to it).** It's likely you're going to give some gifts this holiday season. We will as well.

But set a holiday budget and stick to it. Traditionally, 70 percent of us overspend our holiday budget. This is the year to stick to it.

**5. Turn off marketing messages.** The more ads we see, the more likely we are to buy.

So turn them off whenever and wherever possible.

For example, begin unsubscribing from

retail email lists now. It only takes about 2-3 weeks of clicking unsubscribe on every single marketing email that you receive to change your inbox (and life) forever.

Get started today.

**6. Don't fall into a scarcity mindset.** There's a temptation to fall into a scarcity mindset around the holidays, especially when sales are prevalent.

“This is my chance to buy this thing at a super-discounted price! I can't pass that up.”

Remember, if you didn't need an item before it went on sale, you don't need it now.

**7. Look for people you can help.** Inflation and a recession will impact lots of people negatively. In fact, our local food bank here in Phoenix is serving more families in need today than at any point in their history.

Our money is only as valuable as what we choose to spend it on.

To overcome the pressures of consumerism this holiday season, look for the people you can help. Your financial gifts may be needed more today than ever before.

Every holiday season is marked by excess consumerism. This year, the pressure to buy will be greater than ever. Likewise, the need to overcome that pressure is also more important than ever.

*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](http://BecomingMinimalist.com)*



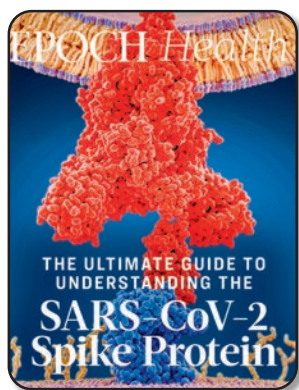
Jeff Bezos, founder of Amazon suggested Americans “delay big-ticket purchases.”

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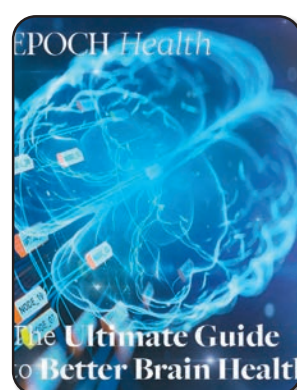
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