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WHY RAUNCHY READS
ARE GOOD FOR YOU

NO EASY FIX
MY OZEMPIC DIARY

READER'S DIGEST

Best Health



SNACK ATTACK!

Expert picks for salty, sweet, craveable bites

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The queen bee of vaginal bacteria helps create an ideal pH below 4.5, and will make up 95 percent of the vaginal microbiome.

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FROM THE WEBSITE

“I THOUGHT MY SEX LIFE WAS OVER.”

Lessons from an unexpected diagnosis



“At the time of my genital herpes diagnosis, I didn’t know anyone else who had herpes. I felt alone in my suffering. So I did what anyone would do: I Googled. The more blog posts and Reddit threads I came across, where I learned about other people’s experiences with the virus, the less alone I felt. I became more comfortable, opening up to my friends and some family who were all sympathetic and supportive. Some felt compelled to share their own herpes diagnoses as well. I was not alone.

For most people, the hardest part about having herpes is not the physical symptoms of the virus, but the stigma attached to it. Although I felt comfortable telling my friends, it took me eight months to work up the nerve to go on a date, let alone sleep with someone.”
—Kendra Thompson

Full story, and more web-exclusive content, at besthealthmag.ca

A friendly, all-ages sport that's very conducive to chit-chat.

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Trend Report THE IRRESTIBLE WORLD OF SPICY BOOKTOK



BY REBECCA GAO • About a year and a half into the pandemic, 39-year-old stay-at-home mom of two Karen Whaley picked up a buzzy romance novel and zipped through all 300-plus pages in one evening. It was an unusual experience for her.

Whaley had been stuck in an all-too-familiar cycle: “I was doomscrolling all the time,” she says. “I had also totally lost my ability to focus on anything—I wasn’t reading books or watching TV. I couldn’t even bring myself to start.” But after hearing

about *The Hating Game* by Sally Thorne on a podcast and being intrigued by its workplace-drama plot, Whaley downloaded the e-book—and then couldn’t set it aside. The sudden voraciousness for reading surprised her—she’d never been into romance books. In fact, she had thought she was “too good” for the genre. But while reading *The Hating Game*, Whaley realized it was fascinating to delve into the lives of women who were very different from her. After finishing the book, Whaley tore through

20 more romances in three months. “It opened me up to reading other genres. I was somehow getting my focus back.”

Turns out, many people found themselves revelling in steamy romance books during the pandemic. Romance fiction sales in Canada saw a 44 percent increase from June 2020 to June 2021, thanks in part to TikTok. In the first few months of 2023, the popular hashtag #BookTok, where readers share their recommendations and reviews, had passed 115 billion views. Most videos on

#BookTok feature a reader who raves about a novel, often getting emotional. The intimate and honest tone of the videos encourages viewers to buy the book, leading to a massive boost in sales.

It’s word-of-mouth marketing cranked to a hundred: One viral video can garner millions of views—and sales. Rania Hussein, senior vice president of print at Indigo, Canada’s largest bookstore, says the chain has seen “an extraordinary surge in demand for books thanks to BookTok.” Picks from “Spicy BookTok,” the online community that’s gathered around sexually explicit romance novels, “have gained significant traction over the past two years” in particular, notes Hussein. From 2020 to 2022, the total unit sales of books at Indigo categorized under Spicy BookTok rose 3,104 percent. And despite their trendy-looking covers, these books don’t differ significantly from the bodice rippers of yesteryear (you know, the ones with Fabio on the cover). They’re still romance novels with fairly predictable plots involving two people (usually a man and a woman) falling in love and having outrageous sex. Plus, tropes that are common to BookTok favourites—like haters-to-lovers or second-chance romances—are the same ones that have been well-loved in Harlequin romances and romantic comedies for as long as the genres have existed.

Jenny Pool, owner of Happily Ever Books—Canada’s only romance-focused online bookstore—has heard from many readers who say they’ve turned to romance over the last couple of years because the books provide an escape. It’s the emotional interplay between a couple that draws people in, rather than any intricate plot, says Pool. “It’s not about the destination, what happens at the end of the book. It’s the journey that two or more characters go on—that’s what we’re interested in, that’s what the best part of a romance is. It’s getting to explore different dynamics.”

But the sexy content is a draw, too. Hanna Wheeler, a 41-year-old writer and translator in Toronto, says that other people’s desire is what draws her to these books. “It’s an inspiration, having these really open conversations about sexuality and turn-ons,” she says. The sexual content provides her with tools on how to initiate conversations about sex and relationships in her own life—especially those books with a lightheartedness in how characters approach their love life.

In addition to the escapism, readers can also be turned on by romance novels, says Jan Cioe, a registered psychologist and an associate professor of psychology at the University of British Columbia. For some, the books “can provide an idea of something new and different,” he explains. He

echoes Wheeler’s notion that risqué reads can be a sort of inspiration. “Typically, most women—but certainly not all—need some kind of nurturing towards [sex],” Cioe says, “and that can happen in the context of reading these novels, because they create sexual arousal that can then be manifested in a physical encounter.”

However, Cioe points out, trouble can arise when readers take their favourite novel’s content as reality. Some BookTok bestsellers, like Colleen Hoover’s *It Ends with Us*, depict rough and violent sexual encounters and toxic (usually male) love interests, which some critics say can romanticize unhealthy relationships. Rough sex is not inherently negative, but it shouldn’t be idealized or depicted as the best or only kind of sex, and expressing consent is key (something many of the books gloss over). “Unfortunately, in our culture, there’s pressure for women to... placate their partner,” says Cioe. Many romance novels are written by women with female pleasure in mind, but they are designed to be entertainment—not education. Conflating the sometimes extreme sexual content in a book with what you—or your partners—might want in real life can lead to unhealthy relationship dynamics. To prevent that, it’s important to know your own comfort zones. “Optimal sexual encounters are grounded in clear lines of communication,” says Cioe.

Pool notes that these reads give people the opportunity to explore situations safely—whether it’s a sweeping love story or a short-lived affair. “And, you know that it’s all going to work out okay in the end. It gives a little bit of relief, and you can really enjoy the journey the characters go on,” she says. “You know that there’ll be a happily ever after.”

Hot in Here FIND YOUR HAPPILY EVER AFTER WITH THESE POPULAR-ON- #BOOKTOK TITLES

BY REBECCA GAO



[1] **The Kiss Quotient** by Helen Hoang

This debut novel follows Stella, a math whiz who has done a lot less dating than the average thirtysomething. She hires a male escort to practice everything from kissing to more-than-missionary position. \$22.

[2] **Neon Gods** by Katee Robert
Inspired by Greek mythology, *Neon Gods* is a racy modern-day

adaptation of the story of Persephone and Hades. \$22.

[3] **Get a Life, Chloe Brown** by Talia Hibbert

This rompy novel from British author Talia Hibbert is about a woman who’s tired of being “boring”—so she recruits her neighbour to help her experience things like getting drunk and casual sex. \$21.

[4] **Book Lovers** by Emily Henry

This novel by a favourite BookTok author revolves around a cutthroat New York literary agent and a brooding book editor who have a contemptuous relationship. \$23.

[5] **Love and Other Words** by Christina Lauren
This sultry read follows a rigid medical resident who thinks her life path is set—until

she runs into her first (and only) love. \$23.

[6] **It Happened One Summer** by Tessa Bailey

This spicy read follows a fashionable It girl who’s suddenly sent away to spend the summer running her late father’s dive bar in rainy Washington State. She soon meets bearded sea captain Brendan, her polar opposite, with whom she has a fiery connection. \$20.

[7] **The Wall of Winnipeg and Me** by Mariana Zapata

After the assistant-slash-housekeeper to a famous football player quits her job, she’s shocked when he begs her to come back... and do something unthinkable. \$25.

[8] **The Hating Game** by Sally Thorne
Lucy and Joshua, two executive assistants to a pair of co-CEOs, are up for

the same promotion, and the tension is reaching a boiling point. \$20.

[9] **Twisted Games** by Ana Huang

This is the second book in the Twisted series, which follows the forbidden (and steamy) relationship of a stoic bodyguard and a stubborn princess. \$26.

Available at chapters.indigo.ca, happilyeverafterbooks.ca and local bookstores.

In Conversation

SOCIAL SCIENTIST JENNIE HAW ON HOW TO GET MORE CANADIANS TO DONATE BLOOD AND WHY A DIVERSE DONOR SUPPLY MATTERS.

BY DANIELLE GROEN • Canadians talk a big game about the value of donating blood—in a recent Ipsos survey, 60 percent of us said it was important to do—but when it comes to actually rolling up a sleeve, we tend to make ourselves shockingly scarce. Only four (four!) percent of Canadians donate blood, which, in June 2022, left our national supply at its lowest in a decade. That’s especially worrying when the inventory has such a short shelf life: six weeks for red blood cells, and just five to seven days for platelets, the tiny cell fragments that help with clotting.

Giving blood can be challenging for all sorts of reasons, from the needle itself to the hour-long time commitment to the fact that Canadian Blood Services (CBS) restricts who can donate. Fears over the possibility of HIV transmission through transfusions meant that, until 2016, people who were born or had lived in certain African countries were prevented from donating blood, while men who have sex with men had to contend with shifting restrictions, from an outright ban that lasted until 2013 to various abstinence requirements (five years, one year, three months). As HIV-detection tests improved, and the tests became cheaper and more readily available, CBS finally scrapped asking questions about sexual orientation last September. Now, all potential donors are asked to wait three months after having

anal sex with a new partner (or multiple partners) before they donate.

“Evidence has evolved, test technology has advanced and, at the same time, awareness of the importance of an inclusive blood system has increased,” says Jennie Haw, a social scientist at CBS whose research includes the social and political contexts of donation. Here, she explains why the start of the pandemic was such a banner time for giving blood, why it matters to have donors from diverse ethnic and genealogic communities and why our supply problem won’t be fixed by handing donors a VR headset.

Let’s start with a big one: Why do we need people to donate blood?

So that we have blood and blood products for patients who need it. That can be because of accidents or in trauma care; it can be for many kinds of surgery. There are also conditions for which regular blood transfusion or red-cell exchange is necessary for treatment. Canada has said we’re going to have a voluntary, unpaid system. And so to meet the needs of patients, we need people to donate blood.

What actually brings people through the door to donate?

When you ask donors why they donate blood, the majority say it’s because they

want to help someone else. There is a psychological phenomenon called a warm-glow effect, where people feel good because they’ve done something good. Another motivation has to do with social recognition: It’s something that’s valued in one’s community; it’s considered to have social capital. And then there’s reciprocity—someone might know someone who needed blood, so they want to contribute.

At the very start of the pandemic, there was a surge in blood donations in Canada. Do crises tend to galvanize people? Absolutely. Across most national emergencies, you’ll see an upswing in people wanting to help. In the States, after 9/11, there was a massive outpouring of people donating blood, and I know when there are bushfires in Australia, people turn out as well. A colleague and I did a small study in the early days of the pandemic to understand the experiences of people coming out to donate. We found that, for a lot of donors, this was an important opportunity for them to be able to actually interact safely with people who weren’t in their household. Maintaining community was important to them, and this was a way to do that.

Why *don’t* people donate? What makes it a challenge—or unappealing—for them?

It’s a really interesting puzzle, and an area where I think we need more research. It’s definitely easier to ask someone “why do you do this?” than it is to understand a phenomenon where something isn’t being done. One way to study why people don’t donate is to look at barriers to donation. It could be a lack of knowledge of the process of blood donation—so not quite understanding how to register, what happens when blood is drawn, what happens to the blood afterward. There can be barriers at a personal level, like a fear of needles. And then there can be systemic barriers, like a lack of trust with the blood operator and a lack of trust with the health-care system.

There have also been outright bans on certain donors—for example, men who have sex with men, or, up until 2016, anyone born in specific African countries. What impact did those restrictions have on donor engagement?

I haven’t studied that restriction specifically, but sometimes when eligibility criteria change, people don’t necessarily know and it can take time for people affected to be aware of that change.

But when CBS changes a policy about donation, shouldn’t it be responsible for outreach to the people affected?

This is kind of outside the scope of the

work I do. But I think any institution or organization asking for people to come and participate voluntarily would want to make sure that the general public knows when there are changes to eligibility criteria.

Why is it important to have donors from different backgrounds?

For a condition like sickle cell disease, one of the treatments is regular blood transfusion or red-cell exchange. And for people who have more rare blood types or are frequently transfused, the closer the blood type matches with the donor, the better the health outcomes. Because blood antigens are inherited, you're more likely to find a close blood-type match with someone who shares an ethnic ancestry. This doesn't mean that you can only donate to someone of the same ethnic ancestry—but the more ethnically diverse the donor

base, the better positioned CBS is to find close matches for the diverse population that they serve.

How can we make donor screening as inclusive as possible?

It takes a team of people to move donor screening toward inclusivity in a safe way. It requires clinicians and epidemiologists to look at the various risk factors and how to ensure the safety of the blood supply, plus social scientists to examine the questions asked to be sure they are understandable and accessible. For example, in September, a change was made to ask about sexual behaviour regardless of gender or sexual orientation, and to be more inclusive of gay, bisexual and other men who have sex with men. But it's a big challenge. And there isn't necessarily a one-size-fits-all answer.

Las Vegas recently introduced a VR experience for donors. Maybe CBS wants to look into that to incentivize people?

I didn't know about Las Vegas incorporating VR, but if it was going to happen somewhere, it'd be Vegas. It's important to keep in mind that the U.S. has a very different system than we have here in Canada. There has been some research looking into whether providing donors with added information—like their cholesterol levels or blood pressure—makes a difference in donor retention, and I think the jury was out on that. I can see how exciting, attractive measures might help a very pressing blood shortage in the moment. But understanding people's motivations and the social norms underpinning a voluntary blood-donation system—it's just a vast area of research. I don't think it's going to be solved through VR.

“THE MORE ETHNICALLY DIVERSE THE DONOR BASE, THE BETTER POSITIONED CANADIAN BLOOD SERVICES IS TO FIND CLOSE MATCHES FOR THE DIVERSE POPULATION THAT THEY SERVE.”



Eat More PESTO



BY LAURA JEHA • Pesto is perfect for something I call fridge foraging: using up those random bits in your fridge that need a dish to call home—stat. Ingredients like leftover fresh herbs, a stray bell pepper or the end of a bag of nuts or seeds come to mind. It's also a nutritious, versatile sauce that will zhuzh up anything you add it to. For traditionalists, pesto is a sacred symphony of basil, parmesan, pine nuts, garlic, olive oil and salt, but try to see this as a jumping off point for a multitude of flavours and combinations. Master the pesto basics, then let your imagination run wild.

Think beyond the garnish
Herbs provide the defining flavour in a pesto and, bonus, they're super healthy. Herbs are actually an extension of the leafy green family, and like other leafy greens, herbs are high in vitamins A, C and K. Many herbs, like basil, oregano, dill and cilantro, also contain polyphenols—plant compounds with antioxidant and anti-inflammatory properties. Polyphenols can be protective against cardiovascular disease and type 2 diabetes: They may lower blood sugar and help to prevent blood platelets from clumping together,

which can create a clot, narrow arteries and cause deep vein thrombosis, stroke and pulmonary embolism.

Sneak in other greens (or beans!)
No herbs? No problem. Using greens like kale, arugula and spinach is a great alternative. Not only will you be upping the nutrient content, it also provides an opportunity to use leftover greens (arugula stragglers, I'm looking at you). Don't discount the tender greens attached to other vegetables, like beets, turnips and carrots: These are edible and are good

candidates for pesto too. You can also add nutrients by blending in other vegetables and legumes, like roasted bell peppers, cooked zucchini, peas or edamame for added fibre and protein.

Keep it fresh
To make a flavourful pesto that will keep well, there are a few key things you should keep in mind. First, make sure you toast your nuts or seeds. Toasting until golden and fragrant heightens their flavour so nuts taste even more buttery and complex. My preferred method is to dry toast in a pan on the stovetop, where I can give them an occasional shake to nudge browning along. Nuts can turn the corner from golden brown to burnt quickly, and it's harder to keep track when they're in the oven. Once your nuts are nice and toasty, blitz them together with herbs, grated cheese, seasonings and oil to craft your pesto.

To keep your pesto bright green, use fresh, perky herbs—bruised herbs will lead to murkier pesto. Be sure to pat the herbs dry before use.

To prevent browning in the fridge, cover the pesto with a thin layer of olive oil or press plastic wrap against the surface to make a barrier against oxidation. That being said, just because your pesto is more Oscar-the-Grouch green than a vibrant emerald doesn't mean it won't be tasty!

Use it on pretty much anything
Go off-script and think beyond basil to unlock infinite possibilities. Try using toasted pumpkin seeds, cilantro and lime juice, then spread it on tortillas to make breakfast burritos or drizzle it over tacos. Make use of the end of a jar of roasted red peppers or sun dried tomatoes: Blend them up with olive oil, toasted walnuts, anchovies and chili flakes for a flavour bomb of a pasta sauce.

Try spreading pesto onto bread for sandwiches or as the base of a pizza. Dot pesto onto the whites of your eggs just after they hit the pan for pesto-laced fried eggs. You can also add easy flavour to proteins like chicken breast or salmon filets by covering them with a layer of pesto just before roasting. Add a little olive oil or lemon juice to thin out your pesto and you have a salad dressing. Or, stir a bit of pesto into yogurt, sour cream or mayonnaise for quick dip for crudité or to serve with smashed potatoes.

Any way you spread, dollop or drizzle it, pesto helps to make nutritious foods like greens, vegetables and lean meats more exciting. Let the fridge foraging begin!

Laura Jeha is a registered dietitian, nutrition counsellor and recipe developer. Find out more at ahealthyappetite.ca.

TIP
Serve this springtime pesto with grilled bread topped with burrata, ripe tomatoes and a drizzle of olive oil.



Cook This PEA AND BASIL PESTO

- 1/3 cup pine nuts, toasted
- 1 cup frozen peas, thawed
- 2 cloves of garlic, smashed
- 1/4 cup olive oil
- 3 tbsp lemon juice
- 1 1/2 cups fresh basil leaves, packed
- 1 tsp salt

Step 1
Add pine nuts to a small skillet set over medium heat. Toast, tossing frequently, until lightly golden and fragrant, 3 to 5 minutes.

Step 2
Combine pine nuts, peas and garlic in the bowl of a food processor or blender and pulse until peas and nuts

are mostly broken down. Add olive oil, lemon juice, basil and salt and continue to pulse, scraping down the sides of the food processor or blender as needed, until well-combined and smooth. Avoid over-blending: This can cause the basil to bruise and turn brown.

Step 3
Use immediately or store in the refrigerator in an airtight container, covered with a thin layer of olive oil, for up to three days.

*Makes: 1 cup
Prep time: 5 minutes
Cook time: 10 minutes*

Get Into It PICKLEBALL



Writer Grace Toby (middle), pictured here with her pickleball friends. The group meets up at Fairgrounds Public Racket Club in midtown Toronto for pick-up games of pickleball, featuring tons of chit chat and rallies.

BY GRACE TOBY • Leonardo DiCaprio is obsessed with it. LeBron James bought a team. Grand Slam tennis champ Serena Williams said she could make it her second career. And, recently, my friends and I also picked up this buzzy racquet sport.

Pickleball is the fastest-growing sport in North America, boasting nearly 5 million players on this continent with millions more worldwide. From 2020 to 2022, the

number of participants in Canada tripled, with about one million “picklers” playing monthly. Although older adults were the early adopters, today the largest increase is among millennials, with female participants outnumbering men in most age groups.

The sport is an amalgam of badminton, table tennis and tennis. Swap a tennis racquet for a smaller, solid-faced paddle

and the fuzzy ball for a plastic Wiffle ball, set the net eight inches lower, shrink the court down to about a quarter of its size and you’ve got the makings of a pickleball game. The condensed playing field makes it less taxing on the body and allows for more rallies—and chit-chat. For first-timers, these differences make the sport more welcoming and easier to pick up.

Pickleball might seem like it arrived to

enthusiastic fanfare overnight. However, its inception can be traced back to the summer of 1965, when three American dads concocted the game while trying to entertain their bored kids. More recently, it surged in popularity during the pandemic, when many people were looking for new outdoor activities to help them stay fit safely. Pickleball has now made the leap from backyard pastime to primetime, with televised matches, a professional league and celebrity tournaments.

Drummond Munro, a lifelong racquet-sports enthusiast, was introduced to pickleball in South Carolina six years ago. This past summer, he co-founded Fairgrounds Public Racket Club, a public pickleball court in Toronto, and has plans to roll out more locations across Canada. Munro’s goal is to introduce the sport more widely and democratize the culture around sports clubs. “We’re building a new type of social club that removes that elitist, exclusive nature often associated with traditional clubs,” says Munro. While many sports clubs have invitation-only admittance and high initiation fees, plus yearly dues and minimum spends, Fairgrounds is accessible to all ages (anyone can book a court time online) and inexpensive (\$10 per visit, with free admission on Tuesdays).

Montreal-based Catherine Parenteau, 27, is the number-two-ranked international pro pickleball player. She picked up the sport seven years ago after being sidelined from competing in tennis once her full scholarship at Michigan State University ended. Since she began touring as a pro pickleball player, she’s witnessed the sport explode worldwide. “It’s much easier than other [racquet] sports to get a rally going because the ball doesn’t bounce as much. This allows you to control your shots more and keep the ball going,” says Parenteau. She also likes that the sport is inclusive and crosses all generations and abilities. “I can hit balls with my grandmother and have great rallies. You can play with someone of any age and level.”

The initial draw for my own group of friends was the social aspect that allowed us to participate in an event together. That we could learn a new sport while engaging in an athletic activity outdoors was simply a bonus. Pickleball strikes the perfect balance of fun and fitness. Plus, it’s beginner-friendly, which makes it easy for newcomers to join our pick-up matches. Our rotating roster of friends and family balloons every week—it even brought out our Gen Z offspring. By 2030, pickleball is projected to have 40 million people playing worldwide, and our kids and parents will likely be included among those fans.

UP YOUR GAME

Tips from pro player Catherine Parenteau

[1]
Always try to return the ball deep (meaning close to the opponent’s baseline) so you have time to set up your next shot.

[2]
Ensure you’re hitting the ball in front of your body for maximum control of your shot.

[3]
Don’t be afraid of the “kitchen”—a zone that extends seven feet from the net on both sides. While you can’t enter the kitchen if the ball hasn’t already bounced, you can still reach in to hit it as long as you keep your feet behind the kitchen line.



Body Check THE HEALTH BENEFITS OF PICKLEBALL

Heart health

Pickleball combines short bursts of intensity with periods of recovery, which is a great way to condition the heart and strengthen your cardiovascular system, says registered physiotherapist Meg MacPherson.

Muscle control and strength

“Our bodies are designed to move—and to move in various directions,” says MacPherson. “These sudden multidirectional movements improve muscle control. Over the course of a match, you’ll engage nearly every muscle from the upper body to your legs and core.”

Cardio boost

You can expect to get your heart pumping during an hour-long match. According to researchers at the University of Manitoba, people playing singles or doubles can clock heart rates that indicate moderate to vigorous activity. Apple

Watch recently added pickleball to its roster of trackable workouts; on average, you can burn 400 to 700 calories per hour.

Agility

With its quick, sudden movements and lower downtime, pickleball encourages agility and a higher control of your actions, says MacPherson. That allows you to react swiftly to your environment.

Social connection

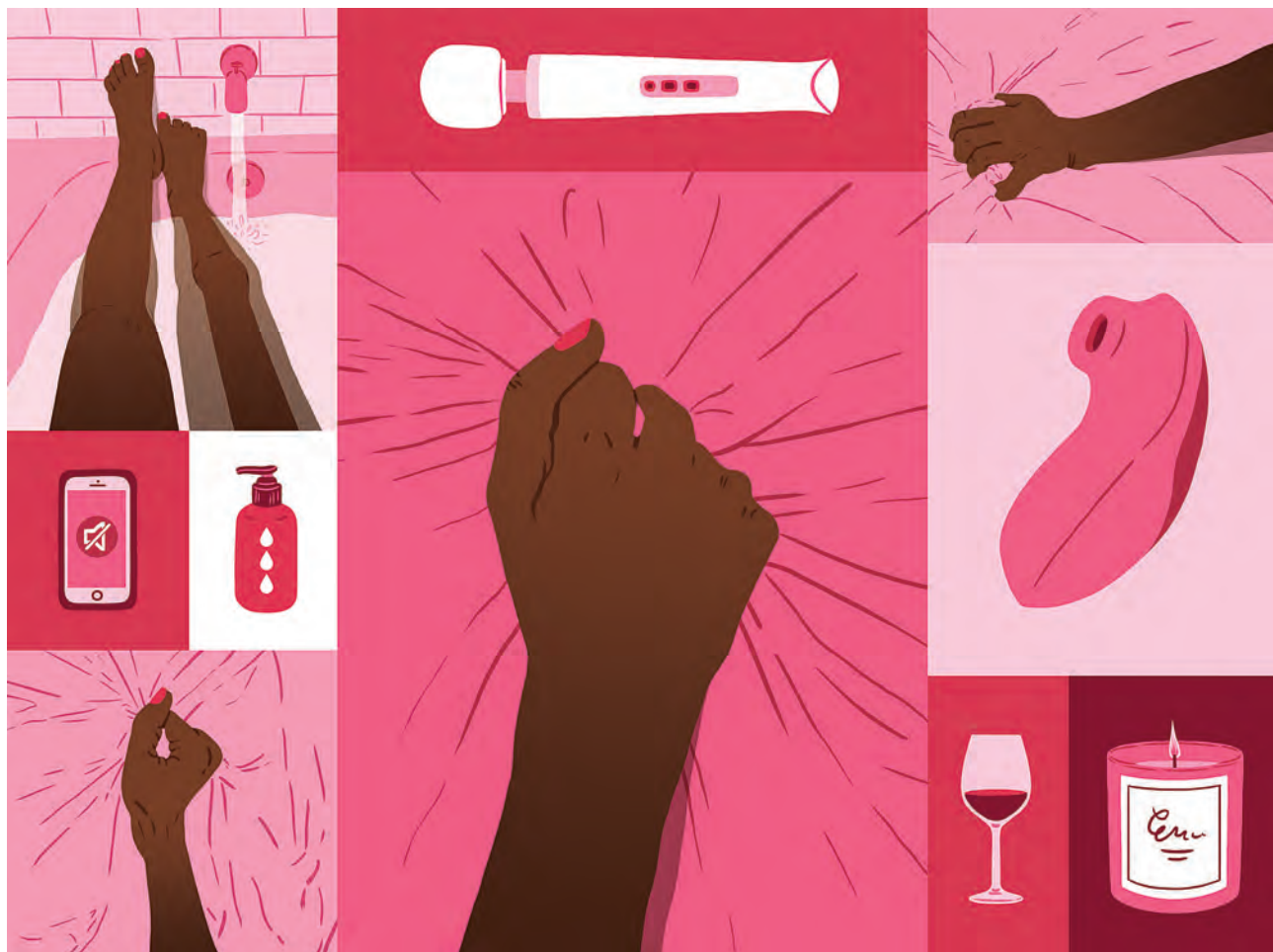
MacPherson notes that participating in a sport that allows you to engage with others, whether on a team or as opponents, can release endorphins (those feel-good brain chemicals that also work as a natural painkiller).

Coordination

Racquet sports famously improve hand-eye coordination, a skill essential for initiating and reacting to action.

Quick Question

CAN A VIBRATOR DESENSITIZE ME?



BY SADAF AHSAN ● “A billion husbands are about to be replaced,” wrote Chuck Palahniuk in his novel *Beautiful You*, a book that imagined what could happen if women spent days and nights alone with...their vibrator. It’s ridiculous on many levels, but let’s unpack one particular myth that’s been lurking around since the ’80s, when sex toys went mainstream: Frequent use of a vibrator can make sex with a partner less

pleasurable and your vagina less sensitive (or can cause, as it has been repulsively called online, “dead vagina syndrome”).

If you've found a device that vibes exactly how you like, perhaps you've wondered if you could be using it "too much." According to plenty of Reddit threads, many people also wonder if their bodies have been conditioned to orgasm only with their little device.

“A VIBRATOR CAN HELP YOU RELAX AND FEEL MORE CREATIVE IN THE BEDROOM, WHICH CAN LEAD TO HIGHER LEVELS OF DESIRE AND AROUSAL.”

Before answering that, it's helpful to understand exactly how a vibrator does what it does. When you're aroused, blood rushes to the genitals, and the clitoris and vaginal walls (or the penis) swell with blood. This means the tissues become engorged, and more nerve endings (the pleasure signifiers) are exposed, which can lead to greater sensitivity and an excellent orgasm.

"Your clitoris is the sole organ in your body whose function is totally for pleasure," says Gabrielle Landry, a Montreal-based doctor who specializes in sexual wellness. "It has about 8,000 nerve endings, which is twice as many as the penis—that's a lot of nerves, all reacting to different stimuli."

Is it possible for all these little nerves to be desensitized by a vibrator? No. Landry says neither a vibrator nor sex with a partner can desensitize you. In fact, desensitization is a rare and serious condition that involves permanent nerve-ending damage.

Although you may feel numbness for a few minutes after stimulation, a vibrator can't cause that kind of injury, says Toronto-based sexologist Jess O'Reilly. There's data to back this up: According to a 2009 *Journal of Sexual Medicine* report that examined vibrator use among 2,056 women in the U.S., about 72 percent said they'd never experienced desensitization, and about 17 percent said they'd noticed just a mild and brief desensitization.

So, what if, as you've come to use your vibrator more often, you're finding it more difficult to orgasm without it? That's not your body developing an addiction to it or a distaste for your partner. That just means you're figuring out what gets you off better.

"It may be that you simply prefer the sensations of a vibrator and find vibrations more conducive to orgasm," says O'Reilly. "I often compare vibrators to contact lenses and glasses; you may feel as though you see clearly without them, but once you start using them to enjoy 20/20 vision, you may find that seeing without them simply isn't as clear."

Landry often hears this concern about vibrator reliance for orgasm from her patients but agrees with O'Reilly. "It's about understanding the way you need to be touched and how your body reacts to certain stimuli," she says. "Sometimes women feel they have more time and comfort in using toys on their own, and that gives them the space to know exactly how to please themselves."

A 2017 study published in *Urogynecology* found that using a vibrator has—surprise!—positive sexual benefits. It can help you relax and feel more creative in the bedroom, which can lead to higher levels of desire and arousal, improving

sexual function and satisfaction, and reducing sexual distress (in other words, negative emotional responses such as anxiety or frustration).

So where did the myth that vibrators can “ruin” sex with a partner come from? As with many fears and phobias surrounding women and sex, there may be misogyny at play. “I wonder if this [idea] is rooted in expectations of what sex ought to

be-penetrative, orgasm-focused, always a perfect 10," says O'Reilly. "Some of these expectations are tied to a heteronormative gender binary that suggests our bodies must respond universally to specific acts."

But, obviously, there's no one specific way to have sex. You know what feels good for you, and if that's a vibrator, go at it as often as you like—and consider using one when you have sex with a partner, too.

Quicker Question

CAN BATH BOMBS GIVE ME A UTI?

TUB TIPS FOR A HAPPY VAG

[1]
Rinse out your tub with the shower head before drawing a bath to help get rid of any dirt or lingering cleaning products.

[2]
Take shorter, less-hot baths to avoid upsetting your microbiome or causing damage to your vulva.

[3]
Look for natural ingredients (sodium bicarbonate and citric acid, for example) in your bath products and avoid harsh chemicals or ingredients you're unfamiliar with.

[4]
If a bath product causes vaginal irritation, stop using it—and keep track of the ingredients you're sensitive to.

Generally speaking, if you're using bath products made without harsh chemicals (and your baths aren't too hot or too frequent), they should be safe. Jen Gunter, a Canadian OB/GYN who wrote *The Vagina Bible*, says you won't get a UTI or yeast infection from your favourite bath bubbles, but they could "absolutely cause vulvar irritation, and that may be mistaken for a yeast infection." This irritation may show up in the form of redness, itching or general discomfort, she says.

"Bath products made with natural colourants and ingredients should not be irritating to most people," says Jennifer Blake, a clinical professor of obstetrics and biology at McMaster University in Hamilton, Ont. Some people with sensitive skin may notice irritation after using a specific product or ingredient—if this is the case, you should simply discontinue use.

However, spending hours in the tub can cause irritation no matter which products

you're using, Blake notes. A too-long, too-hot bath can upset the microbiome in your vagina and lead to dryness, she says, which in turn may cause thinning of the delicate vulvar tissue. This removes some of the natural protection your body has against infections.

Bath products with ingredients like sodium bicarbonate and citric acid (commonly found in bath bombs) can still impact your vagina's pH level if you soak for longer than recommended, says Blake. This disruption in pH can make you more susceptible to an infection. A vagina with a lower or higher pH isn't as capable of fighting off that bacteria to prevent a UTI from occurring. Stick to 15 to 20 minutes in the tub—most experts agree this won't mess with your pH.

Gunter adds that while some bath products promote themselves as “healthy” for the vulva or vagina, there is no scientific evidence to back that up. A bath bomb is never going to make your vagina “healthier.”—*Erin Pepler*



So This Is Weird A DAISY DOPPELGÄNGER CAN HELP YOU HEAL

BY RENÉE REARDIN ● For many years, my legs were covered in marks and bruises. The lightest graze against an object would turn them black and blue. But recently I tried a cream that promises to quickly remedy scars and bruises, and now my legs are almost completely mark-free. What's the magical ingredient? It's just a plant, actually, called *arnica montana*.

Arnica isn't simply another buzzy skin-care ingredient that's popped up on TikTok (we're looking at you, snail mucin). This herb, a perennial that features canary-yellow flowers, has been used for medicinal purposes since at least the 1500s. Why?

Well, according to Christiane Laberge, a family doctor in Montreal, there's nothing else—natural or otherwise—quite like it.

Laberge says the superpower of this plant is that it can help accelerate the healing process and is proven to be harmless, as long as it's used correctly. Arnica isn't intended to replace conventional and doctor-prescribed medicines, but is instead used alongside them to help alleviate discomfort. Still, not that many people in Canada and the U.S. know about it.

In France, 40 percent of doctors prescribe it regularly to treat bruising and swelling, says Laberge. But in Canada,

doctors can only suggest it. Although Health Canada reviews all homeopathic products (like arnica) that are available in the country to make sure they're safe, doctors are only able to prescribe therapies recognized by evidence-based protocols or results supported by scientific societies, says Laberge. "However," she adds, "in cases where conventional medicine has nothing to offer in terms of a cure, doctors can suggest certain homeopathic substances."

Arnica can be used in two ways: as a topical treatment or as a diluted oral remedy. As a topical, it comes in the form of a cream or ointment that can be applied to

the skin to treat bruises as well as sprains, sore muscles, wounds, inflammation from insect bites and swelling from broken bones. All you need to do is apply it up to three times a day to the tender area and repeat for a few days until the mark or discomfort fades.

As a diluted oral remedy, it comes in capsules to swallow or tiny sweet-tasting pellets to dissolve under the tongue. Like the cream, these supplements can help treat sore muscles, bruises and swelling and can be taken as frequently as needed, lessening the dose as the pain is soothed. (Arnica in plant form is risky to consume, which is why homeopathic supplements are extremely diluted and therefore considered safe.)

Although arnica can't be prescribed by doctors in Canada, some highly recommend it, including plastic surgeons. "When it's taken orally, it helps reduce inflammation, bruising and swelling, which all lead to pain," says Jamil Ahmad, a plastic surgeon in Mississauga. What that means is that fewer—or no—additional pain medications may be required to soothe discomfort. Ahmad says he and the other doctors in his clinic recommend arnica in part to reduce patients' need for narcotics like OxyContin or Percocet, particularly because they've been overprescribed, overused and shown to be highly addictive. In some cases, patients can alleviate their post-operative pain with a combination of acetaminophen (a.k.a. Tylenol) and arnica.

Surgery patients who use arnica supplements typically take them before their procedure and immediately after, until the discomfort subsides. "That helps to reduce the onset of swelling, or the development of swelling, and also helps address it once it's there," says Ahmad. Topical arnica can be used immediately after surgery to help reduce bruises and swelling in areas without any open wounds. For example, it's sometimes recommended before and after rhinoplasty to help heal bruising and swelling around the eyes and nose. And it really works—a 2019 study by the *Annals of Plastic Surgery* saw a decrease in postoperative swelling for patients who used arnica after surgery on the nose.

Arnica should be used according to the directions on the label, or following the advice of your practitioner. The capsules come in different forms, such as 6c, 15c and 30c (the "c" standing for Hahnemannian centesimal scale unit of dilutions)—the higher the number, the stronger the supplement, making it better suited for more severe discomfort. While arnica cream or ointment may cause skin irritation, it's extremely rare.

Ahmad says that he routinely prescribes

oral arnica to patients undergoing surgery, and sometimes prescribes topical arnica. In his 13 years of practicing at his clinic, which sees about 1,000 patients annually, Ahmad says he's never dealt with any adverse reaction from either form of arnica.

Arnica topicals and supplements are available at most Canadian health food stores and pharmacies. My own go-tos are from French company Boiron—it makes all its products in a factory located just outside

of Lyon, using freshly harvested arnica. Today, I don't go anywhere without arnica cream or pellets—just in case a table leg or bedpost jumps in my path, again!

Laberge is a convert, too. "I always have it in my purse." Whenever she has a small accident, Larberge takes a few arnica pellets immediately to help reduce pain, inflammation and other trauma from the injury. "Is it 100 percent effective at reducing pain? I would say no, but it helps," she says.

This Is Also Weird TAPPING INTO PRP



There's a pretty simple formula for keeping your joints and bones healthy as you age: practice strength training and weight-bearing exercises, and eat a balanced diet that includes protein, calcium and vitamins D and K. And if you do suffer an injury, there are novel new ways to help you heal faster. One of the buzziest is using platelet-rich plasma (PRP) to heal injured tendons, ligaments, muscles, bones and joints, says Allan Mishra, an orthopedic surgeon at Stanford Medical Center in Menlo Park, Calif. "It is becoming much more mainstream to consider using components of your

own blood or bone marrow to treat a host of conditions. The power to heal comes from within."

PRP therapy involves taking some blood (about as much as would be drawn for a cholesterol screen), spinning it to isolate the plasma and all of the growth factors and proteins it contains, and then re-injecting it to the injured area. This can also be done with surgery to accelerate healing and decrease complications. "First and foremost, it is safe as we are using your own blood." Still, more research is needed to identify ideal formulations for specific injuries, and this work will also encourage insurers to cover the cost of the therapy, which can be high. This evolving field of medicine is called regenerative medicine, and PRP is likely just the tip of the iceberg, Mishra says. "Researchers are actively trying to isolate the most important growth factors in the blood that can trigger and sustain the healing process." —Denise Mann, adapted from *thehealthy.com*

PHOTOGRAPH (ARNICA MONTANA) JEREMY CHRISTENSEN/GETTY IMAGES; (PRP) KOSTANTYN PAVLUCHENKO/GETTY IMAGES

We Tried It A NEW(ISH) WAY TO COVER BALD SPOTS

BY LEAH RUMACK ● The photo is horrifying. Taken from behind, the offending piece of evidence shows a spreading white circle at the crown of my head that glows as if it's desperately signaling to its alien pals in a dimension far, far away. The evidence is clear: I'm not just going grey—I'm also going bald. And I'm not alone.

Hair loss in women can be sparked by a laundry list of factors including genetics, thyroid issues, stress, vitamin and mineral deficiency, the hormonal blitzkrieg of menopause and the general effects of aging on all our tissues, including the lusciousness of our locks. According to the Canadian Dermatology Association, about 40 percent of women will experience some form of hair loss by the time they hit 50. Since I pride myself on always being right on time, I started noticing naked spots as soon as I hit my late forties. I've never been a glorious Rapunzel, but this is just rude.

Wearing a jaunty beret every day seems cute but impractical, so I started researching options. Treatments like platelet-rich plasma injections straight into my scalp to kick start hair growth or teeny, tiny hair transplants are expensive and painful; a topical like Rogaine is way too slow; and daily use of colour sprays have destroyed my pillowcases and couch. But then I discover a relatively simple way to fill in the sparse areas on my lid: a tattoo.

Scalp Micropigmentation, or SMP, is a cosmetic procedure that uses micropigmentation—a permanent makeup technique that's already popular for filling in sparse eyebrows and tattooing on freckles—on the scalp. Artists use a pen-like tattoo machine to draw thousands of tiny dots that mimic hair follicles. If you're bald, the results will look like you've just shaved your head, and if you still have hair but want to fill in some areas like I do, it camouflages the empty spots and makes the surrounding hair look thicker. It can also help hide scars and can be used on all skin tones, though if your scalp is prone to inflammatory skin conditions like psoriasis or eczema, you'll have to clear that up before you can get SMP.

“IT'S KEY TO GO TO SOMEONE WHO HAS EXPERIENCE AND WHOSE FACILITIES HAVE PASSED MUNICIPAL HEALTH CODE INSPECTIONS (NOT SOME LADY WHO DOES SMP AS A SIDE HUSTLE IN HER BASEMENT).”

PHOTOGRAPH COURTESY OF LEAH RUMACK



SMP is newish and permanent makeup isn't regulated in Canada, making it simple for anyone to take a weekend course and say they're certified, so it's very much buyer beware when it comes to choosing a technician. SMP uses special inks and is super precise—if you go too deep with the needle the ink can spread into ugly blobs, but if you don't go deep enough the colour will fade quickly—so it's key to go to someone who has experience and whose facilities have passed municipal health code inspections (i.e. not some lady who does SMP as a side hustle in her basement!). A good place to look for a skilled practitioner is a medically supervised hair transplant clinic that also offers SMP. But I decide to go old school with a recommendation from Pretty in the City owner Veronica Tran, a permanent makeup artist who I'd gone to for my eyebrows, and end up at Scalp Amplified Studios in Oakville.

“I've seen people tattooing people's heads after watching videos on YouTube,” shudders owner Renata Pruszewski. “There are a lot of botch jobs coming out.”

Pruszewski has been doing permanent makeup for 13 years, was one of the first SMP practitioners in Canada and has racked up several international SMP awards, so I feel safe in her hands. Which is good, because I'm going to be spending a lot of time with her scribbling on my head. People who want to cover near or total baldness need anywhere between two and four sessions at two to four hours each—it takes a lot of time to draw on all those wee dots—but because I still have a fair amount of hair, Pruszewski says I'll only need two visits. While the cost varies depending on how complicated the job is, prices start at around \$700 per session.

I'm game, but I'm worried about what will happen when my husband finally manages to pry the hair-dye bottle out of my cold, dead hands and I eventually let my hair go grey—an inevitability that even the vainest among us (hi! me!) must eventually face. Will I have a weird dark tattoo helmet under my snow-white locks? Pruszewski assures me that hair follicles are related to your skin tone, not the colour of your hair, so the SMP dots will still look natural even if I give up dyeing my hair. And, like all tattoos, SMP fades with time, especially if you're not applying sunscreen—which most women don't do to their scalp, even though there are specialty SPF sprays. While the results can technically last up to seven years, Pruszewski says many clients come in for touch-ups at the two-year mark.

I'm ready, and I feel bold. I was an emo Gen Xer, after all, which means I already have two actual tattoos. How bad can this be?

The answer is: It's not bad at all. While

it's definitely not pleasant, I find it pretty tolerable, like she's drawing on my scalp with a very sharp pen for three hours. I'm able to chit chat and look at my phone, which, in my books, is about as good as it gets for a semi-permanent procedure involving a needle. There's no bleeding, but my scalp is red and sore for a week, and so, so itchy. I'm not allowed to sweat excessively or wash my hair for three days (best. shower. ever), and while you're technically

fully healed after two weeks, Pruszewski says I shouldn't dye my roots for a month.

But the results are instantaneous. When done well, SMP is both extremely subtle and quite noticeable in that it looks better, but you can't tell what, exactly, has been done. And if the flood of intrigued messages I got from women after I posted some before-and-after pics on Instagram is any indication, it's a procedure that's about to get a lot more popular.

Wait, Before We Try It WHAT ELSE CAUSES HAIR TO FALL OUT?

Hair shedding is natural, and you may lose anywhere from 50 to 100 strands of hair per day. But if you notice larger clumps missing, there might be a bigger problem going on.

You're not eating enough protein

When you suffer a deficiency of protein, your body may shut down hair growth and you can see hair loss, according to the American Academy of Dermatology. Women should be getting at least 46 grams of protein per day, and your protein intake should come from a variety of food sources, not just meat.

You're low on iron

For vegetarians, or people trying to limit their meat intake, becoming iron deficient is a concern, and a diet lacking in iron may lead to hair loss. Women between the ages of 19 and 50 should get 18 mg of iron per day, and women 51 and older should get 8 mg per day.

You're coping with a high-stress situation

Feeling temporarily anxious is unlikely to cause chunks of your hair to fall out. But intensely stressful situations—think: life-threatening medical diagnosis, the death of a loved one—can trigger hair falling out even weeks after the initial event. The good news is that for most hair will grow back normally once stress is reduced, although it may take up to a year.

You started a new medication

To find out if your daily pill causes hair shedding, read the drug label warnings (yes, the same ones you tend to gloss over or even just throw out). But don't stop any medication without consulting your doctor first. If you have scabbing or pus with your hair loss, see your doctor. It may be a sign of a more serious condition.

—Jamie Schmid, adapted from thehealthy.com



A Primer On MAGNESIUM FOR SLEEP

BY KRISTINE GASBARRE ● As a kid, I was always a little envious of my best friend, who fell asleep seconds after our heads hit the pillow at sleepovers. Like a lot of people, I'm typically tired in the evenings, but bedtime usually goes one of two ways: Either I drift off swiftly (which does seem to come a little easier as I age) or, on more frustrating nights, my mind might take an hour to quiet down.

But this past fall, I experienced a sleepless spell that dragged on for weeks. In the past 10 years, melatonin usually came to the rescue for the maybe one night a week when it took hours to fall asleep. (That was

usually Sundays, which research shows is common.) But after melatonin failed to help my insomnia—and so did the CBD gummies I tried—I was not exactly at my best. It was time to turn to wellness professionals for advice.

When should you try magnesium for sleep? Los Angeles-based nutritionist Katie Bressack says that melatonin can be effective to bring on sleep when your difficulty sleeping is temporary and circumstantial, like when you're jet-lagged or have indulged in an extra-long sleep the night before. But, if a lack of sleep continues for an extended

period, "magnesium works better for sleep consistently," Bressack explains. She adds that's particularly true when you've gone through hormonal changes—and it turns out, after my GP ran some diagnostic tests around this time, that I'd experienced some significant fluctuations in my hormone levels.

Similarly, if you're considering taking magnesium for sleep (or changing your nutrition or sleep regimen), always talk with a licensed health care professional. Registered dietitian Sally Twellman says that, in particular, people taking diuretics, antibiotics or heart medicine could see an

interference with medication absorption. Also, people with chronic conditions like diabetes, heart disease or kidney disease should also avoid taking a magnesium supplement without medical supervision.

What are the benefits of magnesium? In addition to its work regulating and optimizing the release of the body's hormones that play into sleep, like serotonin and melatonin, magnesium is a mineral that relaxes your muscles, calms your mind and balances blood sugar, which all also contribute to a gentle wind-down and restful night.

A Health Canada survey on food and nutrient intakes suggested that almost one-third of Canadians were at risk for a magnesium deficiency. Maybe this is part of why an estimated one-quarter of us report trouble sleeping, according to a 2020 Canadian Community Health Survey.

How long does it take for magnesium to help you sleep? Even though magnesium might not work overnight, I did notice that the effects didn't take long to set in. While Bressack says an hour before bed is a good time to take magnesium, I simply took it in the morning with my multivitamin and coffee to let it work in my system at a time of day that I typically carve out for my vitamins. (Drinking water too close to bedtime can also keep me up at night!)

The first night or two, I was a little untrusting that magnesium would actually help me sleep. However, after a couple weeks, I definitely noticed that I was getting much better rest and feeling more like myself. Three weeks in, I felt great; after a month, I was getting what I have since been calling the best sleep of my life. (I've noticed excellent sleep for about three months now.) Bressack says she's witnessed many of her clients experience a restful effect of magnesium after "just a few days—not too long."

Which form of magnesium is best for sleep? Some health care professionals have suggested that magnesium glycinate is the ideal form of the supplement. That's because glycerinate is an amino acid that helps your body best absorb the magnesium. Bressack says that if you're looking to get a boost of magnesium from your diet, eat more dark, leafy greens and avocados. The National Institutes of Health has listed black beans, chia seeds, potatoes (skin-on) and almonds as a few of the highest magnesium foods.

After consulting with Bressack and my doctor, I took an extra-strength magnesium supplement. The 400-milligram dose is a little higher than the recommended daily allowance (RDA) for adults of 310 to

320 milligrams for women and 400 to 420 milligrams for men. Under the supervision of two healthcare professionals, I found this supplement at this dosage has worked.

Magnesium benefits beyond sleep Another observation I've made in the past few months is that, thanks to the brain-calming effects of magnesium, I'm less worked up about everyday stressors. Even

though my workload hasn't changed, it's less frequent that I get that clenched, I-have-so-much-to-accomplish-RIGHT-NOW feeling in my chest and gut. Taking magnesium is also a reassuring to start my day, combined with my usual water-multivitamin-coffee routine. And overall, I'm in a better mood—something that probably can be attributed, at least in significant part, to a healthy night's sleep.

And This Is How... GARDENING MAY REDUCE CANCER RISK

For decades it's been known that gardening can improve physical health, with a growing body of scientific evidence proving its mental health benefits. But now, thanks to the findings of a January 2023 study published in the peer-reviewed *Lancet Planetary Health*, this popular hobby may yield another enticing advantage. Jill Litt, the study's lead author and a professor of environmental studies at the University of Colorado at Boulder, says, "These findings provide concrete evidence that community gardening could play an important role in preventing cancer, chronic diseases and mental health disorders."

Litt's team of researchers specializing in nutrition, public health and environmental studies evaluated the diets, physical activity habits and body measurements of 291 adults in the Denver area whose average age was 41.5 years old. One group of the participants regularly took part in a community garden, while the control group had

been placed on a waiting list to participate in one.

One key outcome at the end of the two-year study was that the gardening group showed a tendency to consume an average of 1.4 grams more fibre each day than the non-gardening group. That might not sound like much, but this was a seven percent difference of fibre intake between the two groups (doctors recommend about 25 to 38 grams of fibre per day—but currently, the average adult consumes less than 16 grams).

"An increase of one gram of fibre can have large, positive effects on health," says epidemiologist James Hebert, director of the University of South Carolina's cancer prevention and control program.

Also, a produce-rich diet may lessen the likelihood that an individual will eat an excess of processed foods, which have repeatedly been linked with illnesses like dementia and colon cancer. —Kiersten Hickman, adapted from thehealthy.com

PHOTOGRAPH JULIA GARANGETTY IMAGES

Inside the lab where researchers study how to age in place

BY ARIEL BREWSTER • University Avenue in Toronto is lined with several major hospitals, but nestled inside one of them—University Health Network’s Toronto Rehabilitation Institute—is a fully functioning apartment, plopped right there on the twelfth floor amid a sea of standard office cubicles.

The one-bedroom apartment has no ceilings, and is lined with cameras, “domestic robots” and motion-sensing detectors designed to keep residents safe as they age, recover from stroke or seek to live independently with a disability or dementia (for example). The “home within a lab” is also designed to replicate the same accessibility challenges that seniors and their caregivers would encounter in a typical home, so researchers can test out creative solutions to common barriers.

Yes, it’s all a bit Big Brother-y, but the catwalk, the robot and the video cameras are there in the name of science. This is where Atena Roshan Fekr and her team of grad students at the KITE Research Institute HomeLab test out new products, design artificial intelligence data programs and build prototypes aimed at helping the 92 percent of Canadians aged 45-plus who would prefer to age in place, as opposed to living in a long-term care facility, according to a 2022 Ipsos poll.

Roshan Fekr specializes in the intersection of technology and aging. The KITE HomeLab is one of four institutions across Canada that make up a project called PATH: the Program to Accelerate Technologies for Home Care. Roshan Fekr and her colleagues develop and test these remote monitoring systems so that they can, one day, be successfully commercialized.

The data gathered will also be super valuable to doctors, and busy or far-away relatives and caregivers trying to get a sense of how their loved one is doing on their own. “The clinician or the family members will be notified if there’s a problem, or if they are progressing,” says Roshan Fekr. Here are some of the apartment’s features that can help keep seniors safe.



CAMERAS
From the catwalk, and using the video camera footage, researchers can observe volunteer actors who imitate the typical behaviours, movements and reactions of those with physical disabilities or sensory and cognitive impairments as they interact with a standard residential space.

HELPFUL ROBOTS
This “domestic robot” gives both audio and video prompts to “people with dementia during their common everyday tasks, like washing their hands, brushing their teeth, or making a cup of tea,” says scientist Alex Mihailidis. It uses artificial intelligence to adapt to the needs to the individual user.

GRAB BARS
Standard accessibility grab bars help seniors navigate safely from the bedroom to the bathroom, especially at night, when visibility and mental alertness may be limited.

SMART FLOORS
For a future project, the floors will be equipped with pressure sensors that can monitor a senior’s movement patterns and log changes to their gait (which could be a sign of deteriorating health).

SMART YOGA MAT
Tele-rehab allows seniors to recover at home (from a hip replacement or a stroke, for example) without needing to drive or commute to a hospital or physio office as an outpatient. The camera over the TV monitors body alignment (see next page) and the pressure heat as a patient does exercises on the fitness mat also creates data points.



HARD STATS
According to KITE, it's estimated that as many as 27 percent of Ontario families have been continuous caregivers for the past two years, and nearly half of caregivers say they have high levels of physical and mental stress.

SMART GARMENTS
This wearable, washable shirt from Hexoskin can measure vital signs such as heart rate, breathing rate and the resident's ECG (or electrocardiogram, which can monitor heart conditions), as well as general activity like total daily steps and calories burned.



BATHROOM DATA
Roshan Fekr and her colleagues will soon be testing a device that tracks toilet use and measures a resident's level of hydration and output.



SMART SHEETS
The mat on the bed measures health data such as heart rate and respiration rate, says Roshan Fekr. It can also monitor sleeping position and can alert a caregiver that it's time to help turn the patient to prevent pressure sores (aka bed sores).

SMART OUTLET PLUGS
Remote users (such as a family member) can turn off an appliance that's been accidentally left on (using Wi-Fi and a phone app). They can also monitor activity levels around the apartment by detecting what's plugged in where and for how long.



KITCHEN MONITORS
The drawers, cupboards, microwave, oven and refrigerator are equipped with door contact sensors that track when a resident opens and closes them. This gathers data that can be helpful to families worried their loved one isn't eating or drinking enough—or concerned about safety in the kitchen.

In *Real Self-Care*, psychiatrist Pooja Lakshmin skewers wellness products and practices marketed to women as remedies, and offers a roadmap for more authentic and sustainable ways to care for ourselves. In this excerpt, she explains how it’s all a matter of framework.

About a decade ago, disillusioned with her medical school training and mainstream medicine, and traumatized by the death of a patient, Pooja Lakshmin did the unthinkable: She blew up her marriage, dropped out of her highly competitive residency program and moved into a wellness commune that practiced orgasmic meditation. It was major. Though she extricated herself from the cult two years later, the experience, and the hard-won lesson that no external, shiny wellness practice could fix her problems, were invaluable as she returned to medical training. Today, Lakshmin specializes in women’s mental health, and in her active practice she helps women and people from marginalized communities who struggle with burnout, despair, depression and anxiety. Part of her work is to help her patients identify faux self-care practices, ones that “keep us looking outward—comparing ourselves with others or striving for a certain type of perfection—which means it’s incapable of truly nourishing us in the long run.” Instead, she advocates for real self-care, which is “an internal process that involves making difficult decisions that will pay off tenfold in the long run as a life built around the relationships and activities that matter most to you.” Here, she offers guidance on how to distinguish between the two.

AS A PSYCHIATRIST, I’M UNDERSTAND-ably interested in the connection between the explosion of faux self-care and the status of mental health treatment. While not everyone who engages with faux self-care needs professional mental health services,



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the symptoms of a major depressive disorder or a clinical anxiety disorder have quite a bit of overlap with those of burnout and chronic stress. But mental health treatment (like seeing a psychotherapist or a psychiatrist) is financially costly and typically not covered by insurance, and so remains inaccessible to many. It also takes time. The work of psychotherapy is not instantaneous—it can take months to see some progress (or to even get off a waiting list to be seen!). Similarly, trying to find the right medication can also take time. On the other hand, the seemingly easy and shiny solutions of faux self-care are, well, so much more simple and sexy. Why fight with your insurance company when you can buy a vitamin pack that your favourite influencer recommends, and it will be delivered to your door the next day?

So we can’t talk about faux self-care without talking about mental health treatment. We also can’t talk about any of this without acknowledging there is a huge gap in access to affordable mental health services. There are several parts to the interplay between mental health and wellness solutions—first, a lack of education and awareness for many women about what constitutes a clinical mental health condition. Then, there’s the stigma that still exists around seeing a therapist or a psychiatrist. Finally, once you’ve crossed all of those not-insignificant hurdles, there is the lack of insurance coverage, and the fact that finding access to a good therapist and psychiatrist is still only possible for the most privileged in our society. It’s in this context, where actual treatment

for mental health conditions is inaccessible for the vast majority of folks, that our culture serves us faux self-care as a quick fix and as a poor substitute for professional help. I don’t mean to shame anyone here—in fact, when you are clinically depressed or anxious, finding a therapist and calling up your insurance company is even more difficult. It’s no wonder that we are vulnerable to the slick marketing of faux self-care. The time has come for self-care to evolve again, to take on a new definition. And that definition requires looking deeper, turning inward and developing a reliable internal method for yourself—not one that has been prescribed for you by a wellness company or an influencer, but instead a solution that comes from you.

I know that some of you might enjoy and look forward to wellness practices—like yoga, meditation or energy work. I’m not here to shame any of you who like to turn to wellness activities. In fact, in the years since I left the cult, I’ve been known to indulge in a Reiki session or two, even while writing this book! This might sound confusing to you, because the premise of the solution I’m proposing is seemingly counter to commodified wellness and so-called woowoo practices. Hear me out—one person’s yoga class can be profoundly nourishing, while another person’s yoga class can simply be an avoidance strategy or an escape. Like we just discussed, there are an infinite number of methods you can use to take care of yourself—my goal here is to offer you the guiding principles that you can implement to uncover your own unique methods. Real self-care is not a noun, it’s a verb. So it’s possible for the work of real self-care (boundary setting, self-compassion and getting clear on values) to point you in the direction of a wellness activity. For example, if you have a hard conversation with your partner about needing space in your week for your yoga class and go on to treat yourself kindly during that yoga class and reflect explicitly about how a yoga practice is in alignment with your values, this is real self-care! The internal work that gets you to the yoga class is the bit that carries forth sustainably and reliably—perhaps in some seasons of your life the method will be yoga, and in other seasons the method will be different. The internal process—real self-care—is timeless.

NOW THAT YOU’RE GETTING A BETTER sense of the difference between real self-care and faux self-care, consider the following questions: What types of faux self-care have you tried? When do you find yourself most likely to turn to faux self-care? What

FAUX SELF-CARE VERSUS REAL SELF-CARE

When you first start out, it can be a little tricky to differentiate between faux self-care and real self-care. Lakshmin’s chart can help you spot the difference.

FAUX SELF-CARE	REAL SELF-CARE
Prescribed from outside	Originates within you
A noun, typically describing an activity or a product	A verb, describing an invisible, internal decision-making process
Common examples: a yoga class, a meditation app or a fancy face cream	The internal process that goes on for you before you make the choice to attend the yoga class, listen to the meditation app or put on the fancy face cream
Maintains status quo in your relationship or family, and does nothing to change larger systems	Allows you to get your needs met in your relationships, and can effect change in your family, workplace and larger systems
Often leaves you feeling further away from yourself	Brings you closer to yourself and what’s most important to you
Typically comes with feelings of guilt (either for never getting to it, or because you are neglecting other responsibilities while you are engaging in it)	Requires learning to cope with feelings of guilt as part of the process
Allows you to avoid or brush aside emotional costs or risks	Comes with a short-term emotional cost, in order to reap longer-term emotional gains

“IT’S IN THIS CONTEXT, WHERE ACTUAL TREATMENT FOR MENTAL HEALTH CONDITIONS IS INACCESSIBLE FOR THE VAST MAJORITY OF FOLKS, THAT OUR CULTURE SERVES US FAUX SELF-CARE AS A QUICK FIX.”

aspect of faux self-care has you feeling the most disappointed? Have there been certain activities or wellness practices that have helped you? Are there certain feelings or thoughts about yourself that these activities elicit? In order to integrate these helpful wellness activities into your life, have you noticed changes in how you talk to yourself or how you navigate your relationships? If so, what changes have you noticed? Come back to these questions to distinguish for yourself which activities fall into the faux self-care category and which are aligned with real self-care. Over time, asking yourself these questions will feel second nature.

Life Lesson

A SMALL-TOWN MAYOR TURNED FAMILY DOCTOR ON SECOND CAREERS



BY KARINA PILLAY, AS TOLD TO CHRISTINA FRANGOUL • My parents escaped South Africa during apartheid and came to Canada, so I grew up in Slave Lake, a rural community of about 6,000 people in northern Alberta. In a place that size, you learn to get along with everybody. After I finished high school, I went to the University of Alberta in Edmonton, then applied for medical school and was rejected many times. So I returned to Slave Lake. I worked in forestry and adult education. After university, I got married to my junior high school sweetheart, Bill. His family had a business in oil and gas. We took over the business and grew it to 15 employees, but it's a tough industry to work in. There are many things to worry about—the cold, worker safety, addictions. We enjoyed the challenge but, at a certain point, we recognized it was no longer fulfilling for us. We decided to shut it down.

I'd been working for the town part-time as a coordinator. It was quite toxic—lots of bullying and unethical behaviour. It hit me that this was not the type of environment I wanted to work in. I decided to run for mayor. I wanted to reset the culture and build strength in our community. I was 33. Some people didn't take me seriously because of my age. Other candidates said it was "nice to see young people getting involved." But I put together a large team and we door-knocked relentlessly. I was strategic about getting the vote out. In the end, I had more votes than all the men combined.

I was elected mayor first in 2004 and won two more elections after that. In 2011, midway through my third term, a major wildfire broke out on the outskirts of town. I met with my team in the town office, a building we'd built one year prior. Someone ran in and shouted, "The roof's on fire!" Fierce 100 kilometre-per-hour winds were carrying balls of fire through the sky and into the town. Something inside me kicked in at that moment. I didn't think about my own life or my safety, I only thought about what we needed to do for our community. As we were running out of the building, fire was falling from the sky. But my focus never changed. We had a sense of duty to our community. We worked through the night for days on end with very little sleep. You learn very quickly to check your ego at the door and look for the common goal.

At the time, the Slave Lake fire was the second largest weather disaster in Canadian history: One third of the town's buildings burnt to the ground. The fire changed the lives of everyone who lived through it. It was hard and horrible, but we benefited from a remarkable wave of support from Alberta, across Canada and the globe. From the start, we were laser-focused

on rebuilding. By March 2013, we'd rebuilt the town hall. We created a manuscript for other municipalities about our lessons learned from the disaster, which has, sadly, been used for guidance many times since then. In Western Canada, we experienced multiple significant disasters that eclipsed the Slave Lake fire—the 2013 flooding in southern Alberta, the 2016 fires in Fort McMurray and a series of wildfires and heatwaves across British Columbia.

Through all of this, medicine was still on my mind. During my last summer as mayor, as the new town hall was going up, I started studying for the medical school entrance exam again. It was an enormous challenge. I was using textbooks from 20 years ago. But the skills that I had developed as mayor—leadership, community building, resource management—helped me to get into medical school. I started at the University of Calgary in the summer of 2013.

My rule is that I don't doubt myself until I give something a go. You don't know until you try it. Life is about learning and trying, again and again. Be a lifetime learner.

Medical school was tough. I was 42 when I started. When I walked into my first class, I carried a pen and paper, and everyone else brought their laptop. (I bought a Mac later that week.) You don't get breaks for being a mature student. You work the same hours as everyone.

I was drawn to family medicine, so I joined a practice in Calgary. I like challenges, and it's a challenge. Family doctors help manage someone's health, but we also help with social issues because we're looking at the preventative side.

I'd just completed my second year of practice when the pandemic struck. It has not been an easy ride. It's a joy and a privilege to be part of someone's journey, but I would say that this is probably the toughest career I've been in. It can consume you, with its need for constant empathy and compassion. I worry so much about my patients—just like I worried about my community as mayor. But as a physician, you have to learn how to set boundaries from work. You could be there more than 10 hours a day, every day.

I'm planning to keep doing this for a while. That said, I do have my next career challenge in mind. I've applied to become a member of the Canadian Senate. Since

2016, Canadians can apply to the Independent Advisory Board for Senate Appointments. This body is designed to ensure that senators are non-partisan and reflect Canada's diversity. I don't know if I'll be considered. But for me, one of the roles of a senator is to represent vulnerable populations. As a woman of colour, I would not take that responsibility lightly. It would even mean leaving medicine, because I couldn't do both jobs. As a family doctor,

you need to be there for your patients.

I feel like I've lived multiple lives with all my experiences. I got here by being a life-long learner and keeping my mind open to experiencing new things.

When I graduated from medical school, I was asked to speak at our graduation. My message remains true: You may have graduated, but you are a learner still. Be kind to others who are learning—you will be learning from them, too.

Crash Course THE FAMILY DOCTOR DEFICIT

Right now, six million Canadian adults do not have a family doctor—a number that's risen from 4.6 million in 2019.

According to "Canada Needs More Doctors—and Fast," a November 2022 Royal Bank of Canada report (with data compiled by RBC economists), Canada will be short about 44,000 physicians and general practitioners within five years.

We'd need to train or hire at least 30,000 doctors in order to align with the per capita number of doctors in similar countries such as France or Germany.

When it comes to the doctor deficit, a whopping 72 percent of the shortage is family doctors, and the problem is most acute in more rural communities. According to the RBC report, only "eight percent of physicians are serving nearly one-fifth of Canada's population."

Part of the problem is that

there are only 17 Canadian medical schools, with a total of less than 3,000 spots for med school students each year, and fewer and fewer new graduates are electing to go into family medicine. At the same time, many family doctors closed their practices due to the stresses of the pandemic and there's also been a spike in baby-boomer doctors hitting retirement age.

In its action plan released in January 2023, the Ontario College of Family Physicians says Canada needs to recruit more family doctors into the profession. Their recommendations include fast-tracking the credentialing of foreign doctors so they can practice in Canada, and hiring more support staff for doctors, so they can spend more time with patients and fewer hours on paperwork and administrative tasks.

—Ariel Brewster

Toss those takeout menus: Chef and YouTuber Palin Chongchitnant’s second cookbook, *Sabai*, is full of cooking tips and easy-to-follow recipes for weeknight Thai dinners.

PAD GAPRAO MOO KAI DAO
Old-School
Pad Gaprao

SERVES 4 Pad gaprao, sometimes written (incorrectly) as pad kra pao, is a true staple of the Thai diet. It’s sold by street vendors and at fancy restaurants, and made at home all over the country. I call this the “old school” version because it’s the old style that differs from the newer variants that are more popular today. It’s much simpler, seasoned with only fish sauce and has no vegetables, so the flavour of the basil really shines. Modern variations include soy sauce, oyster sauce and veggies like onions and long beans. There’s no wrong way to do it, and I want to share this piece of history before it disappears—and also because it’s much simpler to make than modern versions, but equally delicious!

- 2-3 Thai chilies, or as many as you can handle
1/3 cup (40 g) chopped mild red peppers
7 cloves (35 g) garlic
Oil for frying eggs (optional)
4 eggs (optional, see note)

- 2-3 tablespoons (30 to 45 ml) neutral oil
1 pound (450 g) lean ground pork
2 tablespoons (30 ml) fish sauce
2 teaspoons (10 ml) granulated sugar
1½ cups (22 g) holy basil or Italian basil leaves (see note)
Jasmine rice, for serving

1. Using a mortar and pestle, pound the Thai chilies until fine, then add the mild red peppers and garlic and pound into a rough paste.
2. If you’re making fried eggs, make them now. In a small nonstick frying pan, heat about 1/3 inch (8 mm) of oil over medium-high heat. Test the temperature of the oil by adding a little piece of vegetable scrap, like the garlic or pepper, and it should bubble excitedly right away. Once the oil is hot, add 1 egg. The white should bubble up right away. Using a spoon to occasionally baste the top of the egg with oil to help it cook faster, cook for about 1 minute for a runny yolk, or 2 minutes for a set yolk. You want the white crispy and browned, so if it’s not browning, turn up the heat. Remove the egg from the pan and drain on

- paper towel; repeat with the remaining eggs.
3. Place a wok on medium heat, then add the oil and garlic-chili paste. Stir for about 2 minutes, until the smallest bits of garlic start to turn golden.
4. Turn the heat up to high, add the ground pork, then quickly toss to mix with the garlic-chili paste. Add the fish sauce and sugar, and keep tossing and breaking up the pork until it is fully cooked.
5. Turn off the heat, then add the holy basil and cook just until wilted. Taste and adjust the seasoning with fish sauce and sugar as needed.
6. Plate and serve with jasmine rice. If serving as a one-dish meal, place the rice on a plate, spoon the pork over it and top everything with the fried egg.
- Notes:** Pad gaprao is typically paired with a fried egg when served as a one-dish meal. If serving as part of a multi-dish Thai meal, you can omit the egg.
- You might be tempted to use Thai basil instead, but Italian basil is actually the better substitute.

GAENG GAREE NEUA
Quick Yellow
Curry with Beef

SERVES 4 For years I thought of beef curry as a dish that required simmering chunks of stew beef for hours until tender. But for a weeknight, I wondered if there was a way to do it quickly and without a pressure cooker. Then I remembered my days working at a quick-service Thai restaurant, where we churned out pots of fork-tender beef curry in 45 minutes. The secret was using thinly sliced beef and choosing a flavourful but not-too-tough cut so it would not take a long time to tenderize. The restaurant used flank, which was great but a little lean for my liking. I found chuck top blade to be the perfect choice in terms of flavour and fat content, and it only takes about 20 minutes of simmering to become fork-tender.

- 1½ pounds (675 g) chuck top blade steak (see note)
1 teaspoon (5 ml) table salt
5-6 tablespoons (75 to 90 ml) yellow curry paste, store-bought or homemade, divided
2 cups (500 ml) coconut milk, divided
1½ tablespoons (18 g) finely chopped palm sugar, zpacked
1-2 tablespoons (15 to 30 ml) fish sauce
1 tablespoon (15 ml) tamarind paste, store-bought or homemade (see note)
10 5 ounces (300 g) waxy potatoes, such as new or red-skinned potatoes, cut into 1½-inch chunks
½ medium (120 g) yellow onion, julienned
¾ cup (100 g) halved cherry tomatoes
Jasmine rice, for serving

1. Slice the steak into 1/8-inch (3 mm) pieces, removing any silver skin on the exterior (the little strip of connective tissue running

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Pad Gaprao
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Quick Yellow Curry with Beef

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through the middle of the steak is fine to leave).

2. Place the beef in a medium pot and add just enough water to submerge it. Add the salt and 1 tablespoon (15 ml) curry paste and stir to mix; bring to a simmer over high heat. Turn the heat down to low and simmer for 20 to 25 minutes, until fork-tender. The timing will vary if you use a different cut of meat. Skim off any scum that floats to the top.

3. While the beef cooks, make the curry sauce. In a medium pot, bring $\frac{3}{4}$ cup (185 ml) coconut milk to a boil over medium-high heat, then add the remaining curry paste and stir to mix well. Turn the heat down to medium and stir frequently until the mixture is very thick and the coconut oil separates from the paste, about 5 minutes (the oil may not separate depending on the coconut milk you're using; this is okay).

4. Add the remaining coconut milk, sugar, 1 tablespoon (15 ml) fish sauce and the tamarind paste to the curry. Stir to mix, then bring to a boil over medium-high heat.

5. Add the potatoes and onions and simmer for 5 minutes, then remove from the heat while you wait for the beef to be done; the potatoes should not be fully cooked at this point.

6. Once the beef is tender, use a slotted spoon to transfer only the beef into the curry. Then add only as much of the beef cooking liquid as needed to keep everything barely submerged. Taste the sauce and adjust the seasoning with more fish sauce, tamarind or sugar as needed.

7. Turn the heat to medium and simmer the curry for another 5 to 10 minutes, until the potatoes are fully cooked.

8. Stir in the tomatoes, turn off the heat and allow the tomatoes to soften in the residual heat for 1 to 2 minutes. Serve with jasmine rice.

Do-ahead: The whole curry can be made up to 3 days in advance and reheated. If reheating, be sure to not overcook the potatoes—or add them when serving.

Note: If you don't have tamarind paste, no need to buy or make it just for this recipe. We just need a little bit of acid to brighten up the sauce, so a few dashes of Worcestershire sauce or a squeeze of lime at the end will also do.

PRIK GAENG GAREE

Yellow Curry Paste

MAKES 2/3 CUP The yellow in yellow curry comes from the fresh turmeric and the small amount of ground turmeric in the curry powder. You can use any kind of curry powder that you like here;

the generic one commonly available at a non-Asian grocery store is fine. My rule of thumb when it comes to choosing curry powder is that if it smells good to you, it'll work. I do, however, prefer using fresh turmeric instead of ground, as I find the flavour smoother, and it is too easy to overdo it with the powder. Turmeric adds a unique flavour unlike any other spice, but too much, whether fresh or ground, will give an unpleasant medicinal taste. So treat it as one of those you-can-always-add-more-later-if-needed ingredients!

- 0.7 ounce (20 g) mild dried red chilies, cut in $\frac{1}{2}$ -inch (1.2 cm) chunks (see sidebar)
- 1 tablespoon (15 ml) coriander seeds, toasted
- $1\frac{1}{2}$ teaspoons (7 ml) cumin seeds, toasted
- $\frac{1}{2}$ teaspoon (2 ml) white peppercorns
- 1 teaspoon (5 ml) table salt
- 1 stalk lemongrass, bottom half only, finely sliced
- 2 tablespoons (15 g) chopped ginger
- 2 tablespoons (15 g) chopped galangal
- 1 tablespoon (8 g) chopped turmeric, or $\frac{1}{2}$ teaspoon (2 ml) ground turmeric
- 6 cloves (30 g) garlic, chopped
- $\frac{1}{2}$ cup (70 g) chopped shallots
- 1 tablespoon (15 ml) curry powder
- 2 teaspoons (10 ml) fermented shrimp paste (optional)

1. Using a coffee grinder, grind the dried chilies, coriander seeds, cumin seeds, peppercorns and salt into a fine powder.

2. If using a heavy-duty mortar and pestle, add the lemongrass, ginger, galangal and fresh turmeric and pound into a fine paste. Add the garlic and shallots and pound into a fine paste. Add the ground chili mixture and pound until well

How to Choose Dried Chilies

Most Thai curry pastes use dried red chilies as the base, the source of flavour and colour. The good news is that most dried chilies will give you similar flavours. The big variable here is heat.

You want the bulk of your chilies to be milder side so that you can add more colour and flavour without the paste being

overwhelmingly spicy. You can tell how spicy chilies are based on their size: the larger, the milder. In Thailand, spur chilies, or prik chee fa, are typically used, but guajillo and puya peppers also work beautifully. I have also have had great results with gochugaru, Korean dried pepper flakes.

If you can only find smaller, spicier chilies, remove all the seeds and the white pith to reduce the heat. Or, add as many as you want for some real heat, so long as your mouth can handle it. Dried Thai chilies, chiles de árbol, or the generic dried chilies at Chinese markets are among those that will work.

Wash Those Dried Chilies!

It might seem strange to wash a dried product, but it is important because they can be dusty.

Inspect the chilies and discard any that are moldy. Mold on dried chilies will look like grayish-green dust.

To wash them, fill a large bowl with cold water, then quickly swish the chillies around for

just a few seconds; do not let them linger in the water or they'll absorb it.

Drain well and spread them out on a towel-lined baking sheet, and use a kitchen towel to dry the tops as much as you can. Let them dry at least overnight, preferably with a fan to help them dry faster. Once they are dried completely, pack them up for storage. If you've got lots of sunshine where you live, you can dry them out in the sun for the day (as long as there are no birds around that might come for a snack!). It's important that they are completely dried before packaging, so feel them for any soft, moist spots.

combined. Add the curry powder, ground turmeric and shrimp paste; pound to mix.

3. If using an immersion blender, place the lemongrass, ginger, galangal and turmeric in a narrow container, such as a glass measuring cup. Then top it off with the garlic, shallots and shrimp paste (it is easier to blend with the moister ingredients on top). Use the immersion blender to blend everything until fine. You will need to lift and reposition the blender several times, stopping to scrape the bottom and bringing it to the top halfway through. Once the mixture is fine, add the ground chili mixture, curry powder and ground turmeric and blend to mix.

4. Use right away, store in the fridge for up to 3 days, or divide into two portions and freeze for up to a few months.

NAM MAKAAAM PIAK
Homemade
Tamarind Paste

MAKES 2 CUPS I grew up making tamarind paste at home fresh whenever we needed some. When I came to Canada, I was over-the-moon excited at the convenient premade jars you can buy. But I was quickly disappointed, as that paste can be quite diluted and barely sour, and I needed to use so much of it to get good flavour. So I'm going back to basics here. Homemade tamarind paste is packed with acidity and flavour, not to mention that it's easy and costs you much less than store-bought. You can keep the paste in mason jars—it will keep for many months in the fridge—or freeze it into ice cubes and it'll last indefinitely.

- 1/2 pound (225 g) seedless tamarind pulp (see note)
- 2 cups (500 ml) hot water

1. Use your hands to pull apart the tamarind block into small chunks and place them in a large, heatproof mixing bowl.
2. Pour the hot water over the tamarind and let it sit until it's cool enough for you to handle, at least 20 minutes. You can let it sit for as long as you need at this point—the longer it sits, the easier the next step will be.
3. Use your hand, preferably gloved if you don't want tamarind stuck in your nails, to squeeze and scrunch the pulp to loosen it from the fibers. You should end up with something that has the consistency of a smoothie.
4. Once you can feel that most of the pulp has been released from the fibers, strain the tamarind mixture into a pot through a sieve, but avoid a fine-mesh sieve, as the paste will be thick (Asian noodle strainers work great for this). Push as much of the liquid through as possible, and scrape the bottom of the sieve occasionally.
5. Gradually pour about 1/2 cup (125 ml) room temperature water over the remaining fibers in the sieve while using your hand to mix it all around. This will rinse off any last little bit of tamarind still stuck in the fibers.
6. You can use the tamarind paste right away for cooking, but for storage, cook it over medium-high heat until it boils, stirring constantly, because it is quite thick and can bubble and jump at you if you don't stir. Allow it to bubble for 4 to 5 minutes to ensure that it is thoroughly heated through before turning off the heat.

7. Transfer the hot tamarind paste to clean 1-cup (250 ml) mason jars. I like using the smaller ones so each jar will not be open for as long. Close the lids while the paste is still hot and let cool at room temperature before moving to the fridge for storage. You can also freeze the paste in ice cube trays and then store the cubes in freezer bags.

Note: Buy tamarind pulp that comes in a rectangular block, and it should be a product of Thailand. Do not use tamarind pulp from whole pods, as those are sweet tamarind meant for eating, not cooking.

KAO PAD KONG LEUA
Leftover Anything
Fried Rice

SERVES 2 Fried rice is for Thai people what pizza is for North Americans: a standard base that you can then top with just about anything, making it the ideal dish for using up leftover bits of meat and veg. But unlike pizza, fried rice is easy and fast to make! A basic fried rice recipe such as this one is a good tool to have in your back pocket, and it will work with any protein, even strongly flavoured ones. We don't usually add veggies to our basic fried rice, but to serve it Thai style, you've got to have fresh cucumber slices, a lime wedge and some prik nam pla on the side!

- 2 tablespoons (30 ml) neutral oil
- 6 cloves (30 g) garlic, chopped
- 2 large eggs
- 2 1/2 cups (375 g) cooked jasmine rice (see sidebar)
- 1 tablespoon (15 ml) soy sauce, preferably Thai (use a bit less if your leftovers are salty)
- 2 teaspoons (10 ml) fish sauce

- 1 teaspoon (5 ml) granulated sugar
- 1/4 teaspoon (1 ml) ground white pepper
- 4.6 ounces (130 g) leftover protein, shredded or chopped
- 1 green onion and/or 4 to 6 sprigs cilantro, chopped

FOR SERVING
English cucumber slices
Lime wedges
Prik nam pla (fish sauce and chilies condiment)

1. Place a wok on medium heat and add the oil and garlic. Once the garlic bubbles, stir for 1 to 2 minutes, until the smallest pieces start to turn golden.
2. Add the eggs, scramble slightly, then let them set about halfway before stirring to break up the pieces.
3. Turn the heat up to high, then add the rice, soy sauce, fish sauce, sugar, and

A Few Tips
for the Perfect
Fried Rice

Old, cold rice for fried rice is great, but you don't need it. If cooking fresh rice, wash the rice until the water runs clear, then use a little bit less water to cook it than you normally would (I do a one-to-one ratio for jasmine rice). If you have time, spread the rice onto a plate to let it dry before cooking. I also recommend weighing the cooked rice for accuracy, but if measuring by cup, press the rice in just enough so there aren't any big gaps, but do not pack it tightly. Finally, if you don't have a large wok, I recommend cooking in two batches to maximize rice toasting, though you can cook all the protein at once.

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Anything
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pepper; toss to distribute the sauce evenly.

4. Add the protein and toss to mix, then let the rice sit without stirring for 10 to 15 seconds so that it can toast and develop some browning and flavour. Toss to mix and repeat this toasting step a few more times. Turn off the heat, then taste and adjust the seasoning.

5. Toss in the green onions and/or cilantro to taste, then plate and garnish with more fresh herbs, if desired. Serve with cucumber slices, lime wedges and some prik nam pla, if you wish.

The Number One Rule for Working with Tapioca

“My tapioca pearls turned into mush in the water!” This has been the cry of far too many people, and I know exactly what has happened. They add the tapioca to room temperature water and bring it to a boil. I need to stress the number one rule when working with tapioca pearls: Do not add them to anything other than fully boiling liquid.

This makes sense once you understand what tapioca pearls actually are: simply tapioca starch that has been clumped together into tiny balls, similar to the way old cornstarch can get clumpy in the bag. So, if you put them in not-hot-enough water, they will just dissolve. But when they go into boiling water, the outside instantly gels up, creating a shell that holds the inside together while it cooks through.

PUDDING SAKOO
MAMUANG SOHD

Mango Coconut Tapioca Pudding

SERVED 4 TO 6 I wanted to create a mango-coconut dessert that’s faster to make than mango and sticky rice. One day, after seeing the tapioca-mango dessert cups that are always sold at my local Chinese supermarket, I got this idea. Tiny tapioca pearls are folded into a silky coconut cream and topped with fresh, juicy mango. It’s the same flavour combination as mango and sticky rice, yet a vastly different eating experience. Tapioca pearls lose their soft chewy texture after many hours in the fridge, so this isn’t something you want to make too far ahead, but they’re so quick that you can prep the coconut cream in advance and cook the pearls while people are digesting dinner!

- 1 cup (250 ml) coconut milk
- 1 pandan leaf, tied into a knot (optional; see note)
- 5-7 tablespoons (62 to 75 g) finely chopped palm or granulated sugar (see note)
- ¼ teaspoon (1 ml) table salt
- 2 tablespoons (15 g) rice flour
- 2 tablespoons (30 ml) water
- ½ cup (85 g) small tapioca pearls (see note)
- ½ cup (10 g) julienned young coconut meat, fresh or canned
- 2-3 sweet ripe mangoes, cut in ½-inch (1.2 cm) cubes

1. Bring at least 6 cups (1.5 L) water to a full boil over high heat to cook the tapioca pearls. Make the coconut cream by placing the coconut milk and pandan leaf in a small pot and bringing the milk to a boil over medium heat. Add the sugar and salt; stir until dissolved.

2. Dissolve the rice flour in the water, then pour it into

the coconut milk while you stir with a rubber spatula. Keep stirring constantly until the coconut milk returns to a boil and the mixture has thickened. Remove the coconut cream from the heat, discard the pandan leaf and let cool.

3. Sprinkle the tapioca pearls into the boiling water and stir until the water returns to a boil. Then stop stirring and let them boil for 12 to 13 minutes. Meanwhile, prepare a small bowl of cold water to check doneness.

4. Check the doneness of the pearls by putting a small amount into the cold water. The pearls are done when any white centers remaining in the pearls look no larger than a tiny dot.

5. Drain the pearls through a metal fine-mesh sieve and run cold water through them until completely cool. Shake off excess water and transfer to a mixing bowl. If you’re not ready to serve, you can leave them at room temperature, covered, for up to 4 hours. For the best texture, it’s better to not refrigerate them.

6. To assemble, stir the coconut cream (it can be warm, room temperature, or cold) and the young coconut meat into the pearls, mixing well. You can taste the pudding with a piece of mango and add more sugar and/or salt as needed, depending on the sweetness and tartness of the mangoes.

7. Spoon into a small serving bowl and top with a generous helping of mango pieces. Serve within 30 minutes of mixing. The tapioca pearls will continue to absorb moisture from the cream as they sit, so the longer they sit, the less soft and creamy the texture will be. If you have

any leftovers, you can store them in the fridge, but the texture will not be as good the next day.

Do-ahead: You can make the coconut cream in advance and either keep it at room temperature for up to 8 hours or refrigerate it for up to 3 days.

Tapioca pearls can be cooked up to 4 hours in advance and left at room temperature.

Notes: If not using pandan leaf, use palm sugar instead of granulated sugar for added flavour.

If the mango is very sweet, use less sugar, and vice versa. Also, if you’re serving right after assembly, use less sugar, as the sugar will not have had time to absorb into the pearls and the dish will taste sweeter than if it had.

Make sure you use the tiny tapioca pearls that are no larger than 1/16 inch (2 mm) in diameter; they’re available in white or a mix of pink, green and white.



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Goods

All The Facts About Snacks

by RENÉE REARDIN

photographs by SUECH and BECK

Chip Away



The grocery store snack aisle has plenty of options claiming healthful benefits. (Organic! Made with olive oil! Zero percent bad stuff!) Is it just slick wellness marketing? What snack should we reach for? Véronique Guitard, a registered

dietitian in New Brunswick, answers all our questions on choosing one packaged goodie over another.

Chips made with avocado oil and olive oil are healthier than ones made with vegetable oil, right?

Chips are chips! While olive and avocado oil are healthy fats, the type of oil used in making chips won't make a huge nutritional difference in your overall health. Ultimately, pick chips you truly enjoy and eat them mindfully, on occasion.

Are flavoured chips worse for you than plain? Chips flavoured with herbs, spices and flavourings are not any more harmful or unhealthy, and are often more tasty and enjoyable.

[STAFF FAVE]

We love that these chips are made from Ontario-grown potatoes, cut thick for extra crunch, and that the packaging is plastic-free and industrial compostable certified.

*Humble Potato Chips
The Original, \$5, Great Canadian Superstore.*



Puff Piece



Popcorn is often low in calories—does that make it healthier than chips?

If the goal is to eat a lower calorie snack, then yes. Compared to most

chips, popcorn is also a fibre-containing whole grain. Fibre provides many health benefits, such as increasing your feeling of fullness.

And popcorn made with coconut oil is extra healthy, right? Not quite. Popcorn cooked in coconut oil, ghee, etc. actually isn't healthier than other alternatives, and

will likely have more saturated fat per serving. Instead, why not pop your own popcorn and add a small amount of butter or oil of your choosing, whichever flavour you like best.

Okay, but veggie puffs are obviously healthier. Veggie puffs may sound healthier, but in the end, they're just aerated chips!

[STAFF FAVE]

This salty treat comes in a ginormous bag, which is important—we gobble it by the fistful. *Farm Boy Himalayan Pink Salt Popcorn, \$5.50, Farm Boy.*

Veg Out



Are veggie, seaweed and coconut chips a better choice than potato chips?

Chips made with other ingredients (such as chickpeas) may offer interesting nutrient profiles like a higher fibre or protein content.

Ah, knew it.

But wait—chips are chips, remember? So they may still be high in saturated fats and sodium.

[STAFF FAVE]

These taro and sweet potato chips get our vote because they're high in fibre (12% of your daily value), and super tasty. *Terra Chips Original, \$8, Whole Foods.*

Wise Crack



Are wheat-free crackers a healthier choice?

The only ingredients you should avoid are the ones you are allergic to or need to avoid for medical

reasons. When choosing crackers for a snack, look for ones that are low in saturated fats and sodium (around 5% or less DV for saturated fats and

sodium) and have a high amount of fibre (more than 15% DV).

Is it worth choosing crackers made with whole grains?

Sure. It may mean

you're getting more beneficial fibre, which can help balance blood sugars, lower blood cholesterol and help with bowel regularity. Look for

"100% whole grain" and whole grains at the beginning of the ingredients list. Crackers made with "100% whole wheat" are also a whole grain choice.



[STAFF FAVE]

This be-all, end-all fancy cracker perfectly combines crunchy grains and nuts with chewy dried fruit. Great on its own, magic as the base for a shingle of sharp cheese.
Raincoast Crisps Fig & Olive, \$8, Whole Food.

Do the Twist



Are pretzels healthier than chips?

Pretzels are typically lower in calories than chips, but they aren't a nutritious snack on their own.

So, skip them?

Not if you like them! Just pair them with a source of protein, like a Greek yogurt dip or a piece of cheese, for a more balanced snack. Add a piece of fruit or some veggies for some extra fibre to boot.



[STAFF FAVE]

The unholy combo of creamy peanut butter and salty pretzel is about as addictive as a snack can get.
Farm Boy Peanut Butter Filled Pretzel Bites, \$8, Farm Boy.



In a Nutshell



Should we be eating raw—not salted or roasted—nuts?

Nope! Just keep the serving size to about ¼ cup per day to reap the health benefits of nuts (they're a source of healthy fats, fibre and protein) without overdoing it on calories. And limit salted nuts if you have high blood pressure or a health condition where sodium should be limited.

Are yogurt-covered nuts healthier than chocolate-covered ones?

Unless you're making your own yogurt, probably not. Ultimately, both mean the nuts are covered with a sugary coating. If you enjoy yogurt or chocolate-covered nuts, great! Just eat them in moderation.

Are bites and bars with "good-for-you" ingredients really healthy?

They can be, but they can also contain quite a lot of added sugars and saturated fats. Look for ones containing a low % DV for sugars and saturated fats—5% or less is a little, while 15% or more is a lot.

[STAFF FAVE]

Glazed with maple syrup and sprinkled with sea salt, these nuts make an irresistible sweet-and-salty snack that happens to be high in fibre, too. *Prana Kabana Maple Sea Salt Nuts, \$9.30, Loblaws.*



[STAFF FAVE]

A small handful of chewy, tangy wine gums are our sugar hit of choice. *GoBio! Organic Wine Gums, \$4, Whole Foods.*

Sweet Escape



Gummies made with "real fruit" are healthy, aren't they? Although "real fruit" gummies contain fruit purees, the first ingredient is still sugar. They should still be considered candy—a source of added sugars—and

eaten in moderation. Eating "real fruit" gummies is not the same as eating actual fruit.

What about low-sugar alternatives, like Smart Sweets? These gummies

use ingredients such as stevia leaf extract to provide a sweet taste. They also contain high amounts of fibre. If you enjoy the taste and texture of these products, and want to reduce your overall sugar

consumption, they are a good choice.

And is dark chocolate actually healthy? Dark chocolate (70 to 80%) will have more antioxidants and trace minerals

than milk chocolate due to its higher cocoa content, and it also tends to have fewer added sugars. But, the antioxidant benefits of dark chocolate can be found in other foods—such as fruits and vegetables.

[STAFF FAVE]

These crunchy ginger cookies, made for dunking in your afternoon cup of coffee, pack a spicy kick. 365 Gingersnap Cookies, \$4, Whole Foods.

Smart Cookie



Are some cookies healthier than others?

You can certainly choose options with less added sugars and saturated fats, but I still think of these as “sometimes” foods. Just enjoy a cookie—any cookie—on occasion, after a balanced meal.

Getting help quickly when a stroke occurs can mean the difference between recovery and paralysis. Three stroke survivors share their symptoms and those critical early-warning signs.

THE HEAD AND THE HEART

BY VANESSA MILNE
PHOTOGRAPHS BY CHLOË ELLINGSON



Every year, more than 100,000 Canadians have a stroke, and around half of them are women. Strokes are so common that they’re a leading cause of disability in Canadian adults.

Most stroke sufferers will experience what’s called an ischemic stroke, where a clot blocks blood flow to a part of the brain. When the cells on the other side of that clot stop getting oxygen and nutrients, they die, which causes brain damage and lasting symptoms like memory loss or paralysis. Because each side of the brain controls the opposite side of the body, people who have a stroke in the right side of their brain will often be paralyzed on their left side (and vice versa).

Others will have a hemorrhagic stroke, which happens when a weakened blood vessel in the brain leaks or bursts, flooding the surrounding area with blood and causing the cells there to die.

Finally, a mini-stroke (the medical term is a transient ischemic attack, or TIA) is when a clot temporarily blocks blood flow to the brain before breaking up on its own. It causes symptoms for an average of 15 minutes and resolves within 24 hours, with minor damage. But it’s often a “warning shot” that you’ll have another stroke within the next few days, says Michael Hill, a neurologist at the University of Calgary and Foothills Hospital and a prominent stroke researcher. For that reason, it definitely warrants an ER trip.

The most important thing to know, says Hill, is that “the main risk factors for stroke are one: hypertension, two: hypertension and three: hypertension.”

He explains that blood clots usually develop from uncontrolled high blood pressure—also known as hypertension—combined with additional factors (such as high cholesterol or smoking). When the pressure of the blood flowing within your arteries is higher than it should be, it damages the walls of those arteries, and your body dispatches white blood cells to the site. When that damage is combined with high cholesterol floating by, sticking to the white blood cells, it results in the accumulation of

plaque on the artery wall. The plaque may cause clots, and a big clot can completely block the artery it’s in, or float to another part of your body and cause trouble there. If it blocks the blood flow to your heart, that’s a heart attack. If it impedes the blood flow to your brain, that’s a stroke.

This is why it’s so important to check your blood pressure periodically. Both women and men should aim for a reading under about 120/80 mm Hg.

The risk of stroke is also higher if you are older than 55; if you have a family history of stroke; if you are obese; or if you have diabetes, high blood cholesterol or atrial fibrillation. People living in poverty (who are more likely to be women than men), some members of racialized communities and Indigenous people, and people living in rural or remote areas are also more likely to have risk factors for stroke, and are less likely to have access to consistent or comprehensive management of those health issues.

Recently, newer research has revealed heightened stroke risks that are specific to women: Having endometriosis, taking estrogen-containing birth control, being pregnant and being on hormone replacement therapy all slightly increase the likelihood of stroke. If you experienced pre-eclampsia during a pregnancy, your risk of a stroke later in life doubles.

But while some of those risk factors might be out of our control, there is plenty that women can do to lower their risk of stroke, including quitting smoking, getting active, eating more fruit and vegetables and keeping blood pressure in check.

Some good news: Over the past decade, medications and treatments for strokes have improved dramatically, and considerably more Canadians who suffer a stroke now survive. One newer, game-changing treatment is called endovascular thrombectomy (EVT), in which doctors go into the bloodstream after the clot has blocked

the blood flow with a small flexible tube and physically pull the clot out. At Foothills, which was one of the first hospitals to test and pioneer this extraction procedure, Hill worked on a study finding that, for very large, serious strokes, EVT has radically improved patient quality of life and cut death rates in half.

“It has transformed care for that group of people,” says Patrice Lindsay, director of health systems at the Heart and Stroke Foundation of Canada.

But these new meds and interventions work best if people seek help within minutes of having a stroke. “Statistically, we can show that every 10 minutes makes a difference,” says Hill. “Coming in early can make the difference between walking out of the hospital two days later or being in long-term care, paralyzed.”

We interviewed three stroke survivors about what stroke felt like to them, as it was happening. They spoke about pushing themselves through rehab, meeting their new needs and what they wish every woman knew about stroke.

Kathy Isaac

I HAD A STROKE TWO YEARS AGO WHILE I was in the ICU, hospitalized for COVID. After about two days, I woke up with extreme nausea, and I was dizzy and vomiting for days. But my doctors didn’t realize what was happening, even after my left hand started to feel strange and heavy. Eventually, I realized I couldn’t hold my fork in that hand.

A week later, when a physiotherapist came to prepare me to go home, she was the one who noticed the signs of stroke. They did a brain scan, and a doctor came the day before I was supposed to leave and said, “I have bad news—you’ve had a stroke.” I thought he had the wrong person. I actually said to him, “No, I’m Kathy.”

In my head, I’m thinking, *I’m 45 years old. Strokes are for older people. I’m better, I’m going home.*

Even after I realized something had happened, I still felt like, if I’ve had a stroke, what does that mean? They started to talk to me about neuroplasticity, and they explained that the best window for recovery is the first six months.

So I wasn’t wasting any time. I started walking in my hospital room while I was still

attached to oxygen. Then I did outpatient therapy: physical therapy, occupational therapy and a little bit of speech therapy, too. I had a singular goal: I wanted to go in one direction, to make progress. I did everything they asked. And I did well—I hit the physical milestones by about three months out.

But it still all felt so heavy. I had a meltdown one day with my physiotherapist and just cried. Eventually, I was connected to the Heart and Stroke Foundation and the March of Dimes. I was in a young stroke survivors’ group for a long time.

Just before I went into the hospital for COVID, I had graduated from Ivey Business School in London, Ontario, with my MBA. It was hard, really hard—I did it while I was working as an executive, and as a wife and mother. I thought about quitting. But the motto at Ivey was “trust the process.” And I decided, no, I’m gonna tough it out.

That was an important life lesson. When I went to rehab, I knew to just put in the work, and trust the process. I’m a born-again Christian and I do believe, like the Bible says, that all things work together for good. To me, the MBA prepared me.

I’m a few years out from the stroke now. My mobility is really good, and work is going well, too—I think I perform very well. But I have to work every day to not regress—I walk or use my spin bike. And I’m not the

same. My balance can be a little wonky, I can’t handle noisy situations and I have more anxiety. I still have precision issues in my left hand because the message from the brain to my left hand is delayed. If I type with both hands, the right hand will be fine and the left hand will be behind.

One of the biggest challenges I’ve had is friends and acquaintances thinking I’m all better. I’m not looking for sympathy, but I need people to understand that I’m not 100 percent. Even when I park in a disabled parking spot—which I need to do—I’ve been confronted by strangers when I get out of my car. Because I don’t use a cane or a walker, I don’t get the understanding and help that I need.

DID YOU KNOW?

The risk of stroke rises with a COVID infection—the inflammatory response makes clots more likely. One study out of the Netherlands found that 2.7 percent of people in the ICU for COVID also suffered a stroke.

YOU MUST ACT

F.A.S.T.

Many people in the middle of having a stroke can’t speak, or don’t understand what’s happening. But when others around them know the symptoms to watch for, it makes a difference. Use the acronym “FAST” to assess the main signs of stroke:

Face: If you ask the person to smile, does their face droop?

Arms: Can they raise both arms?

Speech: Is their speech slurred or jumbled?

Time: To call 911 right away.

Less common symptoms to watch out for

- Feeling dizzy
- Tingling or numbness in your face, arms or legs
- Nausea or vomiting
- Sudden, severe headache
- Sudden dizziness
- Cognitive issues, like feeling confused, being agitated or hallucinating
- Sudden vision trouble
- Feeling off-balance or uncoordinated
- Having trouble walking



Kathy Isaac, a 47-year-old cybersecurity executive and married mother of two.

Carla Hindman

I WAS ONLY 41 WHEN I HAD A STROKE. I was at my office, and at around 1 p.m. I went to the bathroom. When I went to wash my hands, I looked at myself in the mirror and I couldn't see properly. I thought, *This is really weird*. When I finished washing my hands and walked back to my desk, I put my head down and started to cry. A colleague beside me was like, "What's going on?" And I said, "Something's wrong with my eyes." But then I said, "I think I'm having an ocular migraine"—I had had one before. I didn't know that vision changes were also a sign of stroke.

My colleagues decided to call my husband, Matt, who worked across the street. We jumped in a cab together to go to our doctor's office, and by the time we got there, my face was drooping, I was slurring and I had weakness in my left side. Matt

was thinking, *Oh my God, this looks like a stroke*. Since we were in front of my family doctor's office, he decided to take me inside instead of wasting more time going all the way back downtown to the ER—he thought it would be better to get medical advice as soon as possible. But they took one look at me at the doctor's office and called 911.

When we were waiting for the ambulance, Matt told me to raise my hands. I raised only the right one, and he said, "Both of them!" I yelled back at him, "I am raising both of them!" but my left arm was dead at my side—I just didn't know it.

I don't remember anything after that until midnight. But I had left the doctor's office in an ambulance, and they had assessed me, given me clot-busting medication and put me in the ICU. My mom had flown in from Ottawa to be with me, and Matt had gone home to be with our three kids. The nurses were coming in every once in a while, showing me flashcards, asking me what the pictures were. My mom said that at midnight it was like a switch flipped, and I was back to normal.

At the hospital, they found a hole in my heart, which I had no idea was there. They said that this was what caused the stroke—those holes can allow blood clots to travel to the brain instead of the lungs, where they would normally go. A year

later, I had a procedure to repair it, and now my risk of a stroke is as low as an average person's.

I was extremely, extremely lucky: I didn't have any lasting physical deficiencies after the stroke. But I do have a few issues with short-term memory still, and sometimes I have trouble coming up with the word I want. And I was exhausted afterward—I was off work for a month and then had to do a staggered re-entry after that.

I didn't know that people my age could have strokes, but now I have met so many people who have had them in their 40s. It happens all the time. I think everyone should know what the signs of a stroke are and that vision changes are one of them. If more people knew the signs, and that young people can have strokes, they might feel empowered to call 911 in situations like mine, and a lot more people could get the help they need faster.

DID YOU KNOW?

As many as one in four people has a hole in their heart, but they may not know it. Most people never experience complications, but for some, it can contribute to an ischemic stroke.

Earle Hoyte

ONE WEEKEND I WENT ON A SHORT trip. After I got home, off the train, I said something to my granddaughter, and it felt like it wasn't coming out right. But when I asked her if she could understand what I was saying, she said yes. And I also felt very tired, so I just went to bed.

In the morning, my tongue felt very heavy, and when I went to put on my lip-stick, my hand kept falling down. My son-in-law and daughter-in-law were there and they said, "You don't sound well—we should take you to the hospital." I knew I wasn't fine; I felt different. But I didn't know it was a stroke. I thought only old people had strokes and I was only 75.

And I didn't realize what else was happening to me. At the hospital, the nurses recognized it immediately as stroke and pushed me through. The doctors did a lot of tests.

But I didn't realize the effect the stroke had on me until the doctor asked me to sign my name on a document. It was only then that I realized I couldn't. I was just scribbling.

They told me my stroke was caused by atrial fibrillation—an irregular heartbeat. I didn't know I had it before the stroke. They put me on blood thinners, and with atrial fibrillation, it's quite easy to have another stroke. So I have to be quite careful, and take my tablets every day.

After I left the hospital, I was referred to the University Centre location of Toronto Rehab. Before I went, I didn't know what to expect. I was scared. But everybody I met there was so warm to me—even the receptionist. They were very positive, and it helped very much.

I went there for three months, as an outpatient. We worked on the physical: I had to walk with a walker, and up and down stairs, and practice stepping over things.

DID YOU KNOW?

Over-the-counter decongestants, which narrow your blood vessels, can raise your risk of stroke. This is especially true for those with high blood pressure or those who have had a stroke before.

They focused on my balance a lot, too.

They also worked on my memory, because whenever I tried to speak, I had to think for a long time to remember what I wanted to say. And a speech therapist helped with my voice—I used to sing in the church choir, and I couldn't sing anymore. My driver's licence was suspended, and they worked on that with me. I even did a driving simulation at Toronto Rehab.

At one point, I didn't want to go, because I was feeling depressed. They referred me to a social worker, and to the March of Dimes program for people with disabilities. Now I go several times a week. March of Dimes has a stroke textbook, too, that I wish I had had before, because it tells you what to expect, what questions to ask, who is going to see you and what each person will do for you.

I've improved a lot—I'm back to singing in the choir, and I'm able to be a caregiver to my elderly sister. But there are things I can't do anymore, like baking or reaching items off the highest shelves. I had to completely rearrange my kitchen. Holding my arms down for so long, or holding something heavy—it's too hard.

I wish everybody knew that if your body feels strange, seek help. You don't know what it is—it could be anything. Especially if it's something you haven't experienced before. Don't say, "Let me wait and see"—seek help immediately. That's the key. **BH**



Carla Hindman, a 44-year-old communications professional and mother of three.



Earle Hoyte, a 76-year-old retired church administrator, caregiver and grandmother.



A Field Guide to Your Vaginal Microbiome

And to the many interrelated microorganisms inside that can affect your overall health. Come on in, the water is...self-cleaning and has a low pH.

By Caitlin Stall-Paquet • Illustrations by Chanelle Nibbelink

When you think about ecosystems, an environment teeming with flora and fauna might come to mind. However, we host our very own bacteria-loving ecosystems inside our bodies—notably, inside the vagina.

The microbes that naturally flourish in our nether regions are team players: They support a delicate equilibrium and help to keep our reproductive organs healthy. Though scientists have known for over a century that the vagina's microbiology is complex, they are just starting to crack the microscopic code of what keeps it balanced and what throws it out of whack. Just like with gut bacteria—which have been linked to a plethora of issues including weight gain and mood disorders—the vagina's particular microbial mix is now thought to play a role in mediating the risk of certain cancers, protecting against STIs and vaginal infections and, potentially, bringing pregnancies to term.

Like plenty of things bits-related, the vaginal microbiome gets swinging during puberty. (The microbes are

thought to proliferate as estrogen shoots up, though more research is needed to confirm this link.) That's when lactobacilli, a type of bacteria that produces lactic acid, start getting cozy in the female sex organs. The *Lactobacillus crispatus* variety (which experts call *L. crisp*, aka the Queen Bee of vag bacteria) helps create an ideal vaginal pH below 4.5. (Researchers think these lactobacilli may originate in the gut and find their way to the vagina because of its proximity to the anus—a totally normal biological phenomenon, and nothing to worry about.) An acidic environment is necessary for vaginas to keep them better protected from invading bacteria and fungi. In many women, *L. crisp* will make up 95 percent of the vaginal microbiome. Unlike in the gut, which is home to a thick layer of mucus, bacteria in the vaginal canal live directly on its internal epithelial tissue.

Hints about the vagina's microbiological complexity first showed up under microscopes in the early 1900s, when scientists were baffled by the rod-shaped lactobacilli and deposits of glycogen (a form of glucose) they were seeing in these tissues. Glycogen plays a role in the body's energy storage and is usually found in the liver, so scientists were surprised to find it in the vagina, explains Laura Sycuro, an assistant professor at the University of Calgary's Cumming School of Medicine who runs a research group that investigates the vaginal microbiome. More than a century later, researchers are still working to prove their hypothesis (and, due to chronic underfunding, it continues to be a hypothesis) that glycogen feeds the lactobacilli. What researchers like Sycuro are starting to understand is that this living environment is constantly in flux, as it's altered by things like menstrual flow, pregnancy, menopause or the exchange of bodily fluids.

Why the microbiome matters

Thanks to millennia of medical literature dominated by male voices, there's a fundamental and pernicious misunderstanding of how female bodies work. For example, drawing on Ancient Greek ideas, physician and chemist Edward Jorden claimed in a 1603 text that uteruses were prone to...wandering. Then there was the 19th-century belief that women shouldn't board trains because travelling at more than 50 miles per hour could make our uteruses shoot out of our bodies (yes, really). We may now have at least basic female anatomy figured out, but women's health continues to be underexamined, and the vaginal microbiome in particular remains—unnecessarily—an enigma. Researchers still have to fight for funding and are often faced with surprising ignorance when it comes to female biology. "Reviewers fundamentally did not believe me that bacterial vaginosis, or BV, is caused by bacteria, and I'm like, okay, so this is 30 years of clinical research," says Sycuro. (The review panel insisted that fungi are also a major player in vaginosis, but Sycuro says that's complete nonsense.)

Every year, bacterial vaginosis—an infection that's intimately linked to the vaginal microbiome—affects about 30 percent of vagina-havers worldwide and costs health-care systems billions of dollars in doctor visits and treatment. BV is more common than yeast infections—it's responsible for 40 to 50 percent of diagnosed vaginitis infections—and it's tied to both preterm births and HIV infection. (Studies show that BV increases the risk of HIV infection in women by

60 percent.) BV—which has symptoms such as thin discharge and the occasional fishy smell—is often trivialized by the scientific community, says Sycuro, because it's not fatal. But it's still a hugely disruptive hassle that causes discomfort and, unfortunately, the unwarranted shame that many women feel or associate with their genitalia.

BV isn't the only culprit causing issues under our undies, of course. Yeast infections are to blame for another 20 to 25 percent of vaginitis cases—but they aren't bacterial, they're fungal. These infections are caused by yeast overgrowth, and are accompanied by thicker discharge and the occasional itching or burning sensation.

And as for those dreaded burn-when-you-pee urinary tract infections, rather than an internal imbalance, they can be caused by a pathogen from the GI tract—like *E. coli*—getting into the urethra and bladder.

Unlike yeast infections, for which you can get over-the-counter anti-fungal creams, treatments for BV are limited—a prescription for antibiotics is the only option, and it comes with its own slew of potential issues. "Once [patients] are in that loop, every time they take antibiotics, they have a 50 percent chance of needing the antibiotics again within six to 12 months," says Sycuro. Antibiotic over-prescription can also increase a person's anti-microbial resistance and alter their gut microbiome diversity. Translation? These medications clear out the bad guys, but they don't necessarily restore perfect balance, and sometimes the bad guys return. Patients end up back at square one, taking more pills that further disrupt the vaginal microbiome.

The cancer connection

Research is underway to examine the vaginal microbiome's role in protecting against sexually transmitted infections like chlamydia, gonorrhea and HIV: Sycuro's lab is currently studying whether chlamydia bacteria can attach better to a receptor when certain other bacteria are present. This is especially important because some research findings suggest that chlamydia is associated with a higher risk of ovarian cancer.

Compared to, say, prostate cancer, says Sycuro, female-specific diseases such as ovarian, uterine and cervical cancers are understudied, and harder to detect at early stages. While prostate cancer can be detected early through blood tests, women don't have that luxury when it comes to ovarian and uterine cancer: An estimated 1,950 of the 3,000 Canadian women diagnosed with ovarian cancer in 2022 were predicted to die, according to the Canadian Cancer Society, mostly due to it being caught too late. (Pap tests only help detect cervical cancer.)

What's next on the horizon

When it comes to long-term solutions to chronic BV, Sycuro says there is a glimmer of hope. Inspired by fecal transplants used to improve digestive health, scientists are experimenting with transplanting fluid from healthy vaginas into ones with chronic BV. This procedure is still in the clinical trial phase, with research underway in places like the Kwon Lab in Cambridge, Massachusetts, and Sycuro estimates it might take another decade for the process to become widely accessible. In the meantime, we need to dodge the savvy marketing behind iffy products that try to fill that medical void and claim to support "vaginal wellness."

THE VAGINAL MICROBIOME AFFECTS THE NEXT GEN, TOO

Sycuro's work focuses on the connection between a pregnant woman's vaginal microbiome and bringing pregnancy to term. She's been doing this research for 10 years now, investigating how *L. crisp* bacteria—which help protect against infection throughout a woman's life, and increase in quantity during gestation—likely play a part in protecting the pregnancy. Another question for future research, says Sycuro, is whether the microbiome can somehow kickstart labour. Because the microbiome interacts with the immune system, that in turn could play an important role in initiating labour.



What's with all the creams, wipes and gummies?

We asked Laura Sycuro and Deborah Money—a professor of obstetrics and gynecology at the University of British Columbia and the principal investigator for the Vaginal Microbiome Group Initiative—about some "cures" that health influencers and self-proclaimed experts have offered up for supposedly achieving a perfectly balanced vaginal microbiome.

Kourtney Kardashian recently stepped into this spotlight with a cat-themed marketing campaign designed to convince us that we need to treat our vaginas like a candy store. (Her—cringe—Lemme Purr gummies, which are ingested orally, are supposed to support the health of the vagina and make it taste sweeter.)

"Miracle cures for vaginal imbalances can essentially go unchecked and are still mostly snake oil," Sycuro says. "We don't have regulatory bodies that mandate [they] have evidence."

"The vast majority of creams, sprays and douches are great marketing, and terrible for women's health, because they disrupt the normal balance," adds Money.

Our experts' blanket recommendations: Stop watching TikTok videos, leave your crotch alone

to self-clean (like an oven!) and don't let Gwyneth Paltrow or reality TV stars convince you to put anything up there, jade egg or otherwise.

DON'T BOTHER WITH

Probiotic supplements ingested to “increase beneficial bacteria” in the vagina

“The clinical trials haven't been a smashing success yet,” says Sycuro—meaning anything selling itself as a vaginal microbiome health miracle pill, or claiming to make our private parts “fresher,” is premature.

DO CONSIDER

Boric acid suppository to balance vaginal acidity

This is one treatment in which Money sees some value, though with a few caveats. “Boric acid actually can be quite good as a suppressant of yeast infections and recurrent bacterial vaginosis,” she says. But, she emphasizes, you need to seek a professional diagnosis rather than just a Google search result—and get a prescription rather than going DIY.

DEFINITELY SKIP

Vaginal steaming with herb-infused water

At this point, you might have a hunch that this is a no-no. Though people use vaginal steaming to allegedly tighten and freshen up the area, overheating your genitals can help bacteria thrive, leading to infections. “The cells of the skin on your face [are] dead and hard, and you want to slough them off. But the ones on the surface of the vagina are softer and partially alive [...] and vaginal steaming can definitely change how protective and healthy that tissue is,” says Sycuro.

PLEASE DON'T TRY

Yogurt

Yes, patients do ask Money about smearing yogurt directly into the vagina as a natural probiotic. Her response? “It's a great food.” Eat it for breakfast and leave it at that.



What can at-home DIY test kits tell us about our microbiomes?

The self-swab test kit Evvy (currently only available in the U.S., at evvy.com) is designed to help women “know what's up down there,” providing a breakdown of the vagina's bacteria and fungi composition. Evvy highlights the gap in women's health care with taglines like “the female body shouldn't be a medical mystery,” and tells users they'll be able to “catch imbalances before they become infections.”

How does it work? Users swab themselves and send in the sample for a full analysis, which they receive through an app, along with a game plan of recommendations. Customers can also elect to receive a follow-up call with a “certified health coach.”

Like many femtech innovations, the product definitely taps into an unmet need. But at \$129 USD per kit, plus an optional subscription model for follow-up tests and care, the company also makes a pretty penny trying to fill that gap. This allows wealthier women to believe they have a better knowledge of their microbial makeup, but provides few ways to put that information to good use. Plus, there's the subtle suggestion that this is yet another female body part we should feel insecure about. (Wait, should I be more worried about my vagina?)

Deborah Money questions the kit's usefulness. “If you actually have a problem, then you need a diagnosis and a treatment,” she says. And if women who complete the kit are ultimately told to talk to their doctors anyway, she worries users are wasting money and time, instead of seeing an OB/GYN in the first place.

Laura Sycuro has a theory: “What's at the heart of [this] is women not feeling safe, listened to or validated by their care providers,” she says. The fact that we don't feel seen by doctors opens the door for our bodies to be turned into a profit opportunity. Private companies have created countless overpriced “for her” personal products, but more dangerous than pink-washed soaps and razors is the fact that we remain understudied in many ways, and that includes a lack of understanding how certain diseases can manifest differently in women. **BH**

Back to Basics

● We've spoken to a lot of dermatologists over the years, and they all say the same thing: Forget the fussy skin-care routine. For a healthy, glowing complexion, all you need is cleanser, moisturizer, vitamin C, retinol and sunscreen. And drugstore products will do a fine job—a great job, even.

● “Skin-care products, in general, do not need to be expensive,” says dermatologist Monica Li. Canadian drugstore shelves are stocked with plenty of expert-approved items. They're packed with the buzziest and most effective ingredients—and won't cost a small fortune. Here are our favourites.

BY ALEXANDRA DONALDSON, ALICIA COX THOMSON AND RENÉE REARDIN
PHOTOGRAPHS BY ISSHA MARIE



Cleansers

“Cleansing is an important—and non-negotiable—part of a skin care routine,” says Li. “It removes debris, excess oils, makeup and environmental pollutants from the skin to give it a clean surface for skin care products.”

1. BEST FOR SENSITIVE SKIN

Cetaphil Gentle Skin Cleanser, Hydrating Face Wash & Body Wash, \$15

2. BEST FOR REMOVING MAKEUP

Bioderma Sensibio H₂O Face & Eyes Micellar Water, \$16

3. BEST FOR ACNE-PRONE AND OILY SKIN

CeraVe SA Cleanser, \$24

4. BEST NATURAL PICK

Burt's Bees Gentle Cream Cleanser with Aloe, \$15

Moisturizers

"It's important for all skin types to moisturize," says dermatologist Renita Ahluwalia, Moisturizer helps maintain a healthy skin barrier, which is the outermost layer of skin cells responsible for protecting against irritants. A damaged skin barrier can be the cause of skin problems like dryness, itchiness and irritation.

1. BEST FOR FACE AND BODY

CeraVe Moisturizing Cream Daily Face & Body Moisturizer for Dry Skin, \$30

2. BEST FOR ALL SKIN TYPES

Cetaphil Daily Hydrating Lotion, \$18

3. BEST FOR ACNE-PRONE AND OILY SKIN

Clean & Clear Dual Action Moisturizer, \$14

4. BEST FOR MATURE SKIN

Olay Regenerist Whip Face Moisturizer SPF 25, \$43

5. BEST FOR DRY SKIN

Embryolisse Lait-Crème Concentré, \$43



Facial Sunscreens

You've heard (ad nauseam) that sunscreen helps protect against skin cancer, but did you know it also helps prevent fine lines, wrinkles, sagging skin and hyperpigmentation, and it can even help reverse signs of sun damage? At least, as long as you apply enough. "The amount that we should be applying to the face is a quarter teaspoon," says dermatologist Renée Beach, "and a half a teaspoon if we're doing face and neck."

1. BEST FOR A SHINE-FREE FINISH

Neutrogena Ultra Sheer Dry-Touch Sunscreen SPF 60, \$21

2. BEST LIGHTWEIGHT FORMULA

La Roche-Posay Anthelios XL Lotion SPF 60, \$33

3. BEST FOR HYDRATING SKIN

Ombrelle Sunscreen for Face SPF 60 with Vitamin E + B5, Ultralight Hydrating Cream, \$20



Vitamin C Serums

Vitamin C is recommended by dermatologists as an effective way to make skin look bright and smooth. How? It reduces the appearance of hyperpigmentation and boosts collagen production to minimize the appearance of fine lines, says dermatologist Julia Carroll. What's more, "most patients find the texture of their skin improves, and they get a bit more of that glow that they're looking for."

1. BEST FOR OILY SKIN

La Roche-Posay Pure Vitamin C10 Serum, \$68

2. BEST FOR NORMAL TO DRY SKIN

No7 Radiance+ 15% Vitamin C Serum, \$29



Retinols

"Retinol helps produce collagen, so it helps reduce fine lines and shrink the appearance of pores," says Li. It can be drying and cause redness, so go slow—it's still effective when applied just a few times a week, if used consistently.

1. BEST FOR THE NEWBIES

RoC Skincare Retinol Correxion Line Smoothing Night Serum Capsules, \$44

2. BEST FOR RETINOL VETERANS

L'Oréal Paris Serum with 0.3% Pure Retinol, Night Serum for Face, Fragrance-Free Revitalift TriplePower LZR, \$45



WEIGHT LESS

MY DOCTOR
PRESCRIBED
OZEMPIC
INJECTIONS TO
HELP ME LOSE
50 POUNDS AND
ADDRESS MY
HYPERTENSION—
NOT SO I COULD
CONFORM TO
SOME CELEBRITY
IDEAL. BUT THIS
ANTI-OBESITY
DRUG DIDN'T
SUDDENLY LET ME
SHED THE GUILT
AND NEGATIVE
SELF-TALK THAT'S
IMPACTED MY
BODY IMAGE FOR
YEARS.

—
BY
MARCI STEPAC

—
PHOTOGRAPH BY
VICKY LAM

I’VE
BEEN
FIGHTING
MY
WEIGHT
FOR
DECADES,

but after a lifetime of trying to meet impossible beauty and size standards, I’ve finally, in my 50s, landed on body-neutrality—a hard-earned, much gentler and more forgiving way to live. Most days, I’m able to focus on body acceptance rather than the number on the scale. Earlier this year, however, I noticed my weight inching closer to the “uh-oh” side of the—admittedly flawed—body mass index (BMI). I had a sedentary day job and had also been diagnosed with hypertension (also known as high blood pressure), so I suspected that there might be additional health risks associated with this recent gain.

I’d also started to be bombarded by the algorithms of my social media accounts, which somehow always seem to know when I’m feeling vulnerable about my body. On TikTok, I kept seeing startling celebrity before-and-after pics extolling the benefits of Ozempic, which they described as a weight-loss drug. I was curious, and more than a little skeptical, so I resolved to discuss it with my doctor as soon as I could.

At my appointment, I told her I was feeling guilty that I hadn’t been able to lose weight using the “calories in, calories out” (CICO) method that’s been part of the weight-loss conversation as far back as I can remember. But my doctor gently reminded me that weight is a complex matter, impacted by your environment,

your genes, your emotional health, various medical problems and even a lack of sleep.

She respected my decision to seek treatment for my weight, since obesity has been linked with many chronic diseases, including type 2 diabetes, cardiovascular disease, certain types of cancer and the hypertension I’m already experiencing. She’s seen a lot of patient satisfaction with prescriptions for Ozempic, and was happy to prescribe it to me, too.

First, though, she ran a series of blood tests to rule out any underlying conditions. She cautioned me that Ozempic is not a quick fix, miracle weight-loss drug, but said that it could support me in my decision to lose 50 pounds.

What is Ozempic?
Ozempic is a brand name of semaglutide, an injectable drug manufactured by the Danish pharmaceutical company Novo Nordisk. It helps lower blood glucose levels to treat type 2 diabetes and has also been prescribed off-label to help people lose weight. (Note that “off-label” does not mean it is illegal or illicit for non-diabetics—it just means you’re using a medication for a purpose that hasn’t been approved by Health Canada, though it may be based on medical evidence and expertise.)

Wegovy is another brand name you may have heard about. While it’s been approved in both Canada and the U.S., it isn’t yet as widely available as Ozempic. Wegovy is also a semaglutide, but it comes in a higher dose than Ozempic and is specifically marketed for weight loss, whereas Ozempic is still sold as a diabetes medication in Canada. But due to Wegovy shortages, my doctor has prescribed me weekly Ozempic injections instead and is adjusting the dosage for me gradually.

Whether sold as Ozempic or Wegovy, semaglutide regulates your body’s insulin and lowers blood sugar levels by imitating a hormone we produce in our intestines called GLP1 (or glucagon-like peptide-1). This “satiety hormone,” explains Ali Zentner, a Vancouver-based specialist in internal medicine, diabetes and obesity, is one of many hormones that limit your appetite and signal your stomach to empty more slowly.

Zentner likens the drug to the kid in a game of street hockey whose job it is to yell “Carl!” Ozempic, she explains, yells “Full!” to let your brain know that it’s time to stop eating. This is critical in weight loss because obesity is often connected to an inappropriate starvation response, she says. On Ozempic, “the brain no longer thinks it’s starving, so it stops hunting for food.”

As a result, many people with obesity and accompanying health concerns have lost weight while taking Ozempic. It’s considered an effective evidence-based medication that can offer a 10 to 20 percent reduction in body weight.

In my case, almost immediately after I injected my first needle into my inner thigh (it’s like an EpiPen, not a pill), all the food chatter that has been clogging my brain for decades just went...poof.

Why is Ozempic so popular right now?
With 63 percent of Canadians either overweight or obese (according to 2018 Statistics Canada data), it’s no wonder so many are excited by Ozempic’s promises—or at least Googling it after getting curious about all the headlines.

But obesity is a pervasive, chronic condition with very few successful or sustainable treatment options. For so long, people have been given little guidance beyond the easier-said-than-done “eat less, move more” edicts issued by their health-care providers.

Sasha High, an Ontario-based internist and obesity physician, explains that, in the last decade, there have been “tremendous advances in our understanding of obesity pathophysiology and, with that, better treatment targets.” With Ozempic, we now have a more effective tool to address the physiology behind weight regulation, she says.

“There may be people who want Ozempic because of the societal pressure to be thinner, but for many with obesity, it’s about improving health, function and quality of life,” High notes. Yes, Ozempic causes weight loss, she says, but it also improves cardiometabolic health.

“For my patients, it’s about being able to engage fully in their lives. I have patients kayaking, skiing into their 70s, running after their grandkids.”

Who should avoid taking Ozempic?
Contrary to celebrity websites and what you see on TikTok, Ozempic is not a weight-loss magic bullet. It’s also not a practical way to kickstart a crash diet. It is a prescription medication used to treat obesity—a chronic disease—under the guidance of your doctor.

High is adamant that Ozempic shouldn’t be misconstrued as a fad or shortcut. “This isn’t about vanity—this is about improving health and quality of life,” she says.

When we address obesity, she explains, we also improve the cardiometabolic conditions associated with it. Beyond diabetes, hypertension and cardiovascular disease, there’s also infertility, fatty liver disease and osteoarthritis, to name a few. Obesity is also a major risk factor for endometrial, colorectal and breast cancers.

High also warns against casual on-again, off-gain use of Ozempic. “We’ve seen this with every other weight-loss medication in the history of obesity medicine: When you stop the medication, the weight comes back on.” She says there may be rare exceptions (for example, people who have worked very hard to change their lifestyles), but it’s

a fairly typical pattern. “When people use Ozempic to lose weight but then discontinue it and inevitably regain, I worry that this is doing them a greater disservice than simply staying at the higher weight to begin with, given what we know about the negative metabolic effects of weight cycling.”

Doctors also usually do not prescribe Ozempic for those with a family history of thyroid cancer, as the medication has been proven to cause thyroid tumours during animal testing.

Are there other side effects or risks?
The most common side effects are gut-related (nausea and vomiting, reflux, constipation, diarrhea, pancreatitis). While there have been some clickbait reports of pretty horrific side effects in the media lately, the doctors I interviewed told me these side effects tend to abate as the body gets used to the medication. When the titration (starting the drug in a low dose and increasing it slowly) is done properly, the side effects should be minimal. Fewer than 4 percent of patients have significant nausea (such that they have to stop the medication) beyond three months.

Personally, I was a bit terrified before my first injection—I had read about debilitating side effects, and I hate needles. From Facebook support groups, I knew that some people on Ozempic or Wegovy take their shots on a weekend, cancelling any plans and hunkering down in their bathrooms. But my doctor reassured me that those extreme side effects were not normal, and, if they occurred, we could discuss other options.

I began Ozempic at the lowest dose (0.25 mg) with a plan to slowly increase that amount over several weeks (maxing out at 2.0 mg). My pharmacist gently encouraged me to load up my medicine cabinet with ginger Graval, Tums and laxatives. But in the end I only experienced some mild discomfort around 24 hours after the injection. And as my dosage has increased, my side effects have remained minimal.

The trick, I think, is to be patient when starting Ozempic. And if you are experiencing debilitating side effects, see your doctor.

Are any other lifestyle changes required once you start taking Ozempic?
High stresses that Ozempic should be taken in conjunction with learning behavioural and cognitive tools that help a person live the healthiest lifestyle that can be reasonably enjoyed and maintained.

She works with her patients on understanding a phenomenon she calls “wanting,” a term to describe desire, cravings and the motivation for food. “For many people with obesity, their brain drives increased wanting, compared to lean people, and this results in overeating.” Medications like

Ozempic decrease wanting along with hunger, which means people eat less and lose weight.

Zentner believes that, for the most part, it’s even simpler than that. “The only thing you have to do is take your medication and go live your life. You want to exercise? Wonderful. Do it to celebrate what your body can do,” she says. “Do it because exercise is good for cardiovascular health and aging and mood and health.”

What happens when you stop taking Ozempic?
As with all obesity treatments, Ozempic needs to be continued long-term, or weight regain is very likely, High says. Obesity is like any other chronic condition. If you take medication to control your blood pressure, you need to continue that medication to keep your blood pressure in the normal range. It’s the same with obesity. “If you take a medication that brings your

“FOR MY PATIENTS, OZEMPIC IS ABOUT BEING ABLE TO ENGAGE FULLY IN THEIR LIVES. I HAVE PATIENTS KAYAKING, SKIING INTO THEIR 70S, RUNNING AFTER THEIR GRANDKIDS.”

weight down and improves metabolic health, you need to continue that medication to maintain the weight loss and metabolic improvements,” says High. “The duration of treatment is one of the biggest misconceptions people have about anti-obesity medications.”

Is the reported Ozempic shortage real?
Though other countries—notably Australia and the U.S.—are experiencing shortages, Canada hasn’t been affected yet. (At least for Ozempic. In my experience, it’s true that Wegovy has been impossible to access here.) However, the high demand has raised the question of who should be prioritized if Canada does face a shortage. Which patients deserve it more: those with diabetes or those with obesity?

Zentner and High insist it’s not reasonable or fair to pit one chronic medical condition against another. “Both people with obesity and people with diabetes deserve effective medical treatment,” High says. “The shortages are a supply-chain issue and not a ‘people depriving people’ issue.”

“We were told we had an obesity epidemic on our hands and that a third of Canadians were carrying excess weight,” Zentner points out. “And now we have a treatment that offers 10 to 20 percent body-weight loss, an 80 percent reduction in the development of type 2 diabetes, and [we have] data for cardiovascular benefit in high-risk patients. It’s not surprising that there’s a rush on this stuff.”

Can I trust what I see on social media about Ozempic?
That depends. High decided to become part of the conversation, joining TikTok to promote evidence-based medical education in a sea of misinformation. As an obesity physician, she wants to empower women who’ve been shamed and blamed for their weight to understand that it’s not their fault, and that there are effective tools to help them manage their weight beyond #CICO.

As for me, it’s been several months since I started Ozempic, and I’m finally over my squeamishness about needles (which is good, if I’m going to be on this medication for the rest of my life).

I still struggle with internalized feelings of failure and guilt that I wasn’t able to lose weight with diet, exercise and willpower alone. But Zentner reminds me that no other disease has to “earn” its treatment like this, or is so tangled up in fatphobic commentary and value judgements. I did not have to explain why I deserve my hypertension meds, so why is there still all this criticism and disdain directed at people like me who are seeking obesity treatment? As Zentner puts it, “Medicine at its purest does not care how people get sick. Medicine cares how people get well.” **BH**

WHAT MOVES YOU

MORE THAN A MAKEOVER

The common threads in Caroline MacGillivray's approach to health and happiness? Connection, human touch and helping others feel beautiful and comfortable in their bodies.

*Text by Alison Tedford Seaweed
Photographs by Jackie Dives*

Caroline MacGillivray believes in the healing power of movement—from the way she moves her body as an instructor for pole dance, barre, and aerial hammock stretch classes, to the movement she started when she founded Beauty Night Society. It's a Vancouver-based organization that empowers women and children living in poverty and staying in shelters and recovery centres with care, compassion and free wellness and aesthetician services. And it's the work that's closest to MacGillivray's community-building heart.

Now 51, MacGillivray wasn't always athletic—she says she was a shy, geeky kid with poor hand-eye coordination who was picked last in gym class. But she studied ballet, and at age 12 she began helping with beginner skating lessons in exchange for free classes. She loved the freedom she felt

on the ice, and she finds a similar sense of whirling, spinning weightlessness and suspension—along with feel-good endorphins and a confidence boost—in pole dance and aerial fitness.

She first discovered pole dance when she was researching a dating column she wrote for a now-defunct community newspaper. At the end of class, she crawled up to the pole and demonstrated what she learned, and was soon invited back as an instructor.

MacGillivray is someone who exudes love and care for others, even though her own health has been up and down lately: A year ago, she was diagnosed with chronic myelogenous leukemia (CML) and had to take a temporary step back from her busy teaching schedule and from her in-person beauty events to protect her compromised immune system. (She still worked behind

the scenes, running the organization and doing outreach.)

One pandemic silver lining has been virtual classes: MacGillivray leads qi gong, meditation and self-massage workshops from her Cambie Village apartment, setting up her laptop and yoga mat next to her fireplace. Her hairless Sphynx cat, Ripley, often wanders into the Zoom frame.

She finds inspiration through a fellow CML patient she met who had recovered enough to plan a multi-day hiking trip along the West Coast Trail on Vancouver Island. The idea that, one day, she too could be strong enough for a hiking adventure has given MacGillivray hope.

In the meantime, she takes care of herself with rest and guided meditation, especially when she's doing lots of teaching. Here's what a day in her life looks like.





7:30AM MacGillivray still teaches an average of 15 to 17 fitness classes a week, though her CML diagnosis has forced her to take it easy when she needs to. “I’m blessed that, with medication, it’s a manageable condition. There are side effects, but I’m stronger than I think,” she says. “And I need to celebrate life, because I’m alive.”



11:30AM MacGillivray works primarily out of the Mt. Pleasant location of Tantra Fitness. She says that the balance work, spine decompression, mobility and restorative poses of aerial hammock stretch are a great counterpoint to pole dancing, which is more active.



1:45PM MacGillivray is rarely without a book in her hand, and devours 10 to 15 books a week, so she’s a frequent visitor to her public library and many of the Little Free Library drop-off and pickup locations in Vancouver. She only keeps the books that are dearest to her (like her copy of Judy Blume’s *Are You There God? It’s Me, Margaret*).



4:00PM MacGillivray spends about 25 hours a week teaching classes and holding private sessions with her fitness clients, but anywhere from 25 to 40 hours weekly on her Beauty Night Society work. As executive director, she manages orientations, recruiting, volunteer coordination, grant writing and paperwork.



5:45PM Set-up for Beauty Night begins, with clients arriving just 15 minutes later. "We're a well-oiled machine by now," MacGillivray says. Before the pandemic, the organization was serving as many as 300 women a week, but numbers (and shelter capacity limits) have reduced a bit since then.



6:00PM MacGillivray is half Chinese Canadian, and Cantonese was her first language (her great-great grandparents came to B.C. during the railway-building era). She practices qi gong, a branch of traditional Chinese medicine that combines massage, acupuncture and at-home exercises, and has recruited qi gong students to volunteer at her events.



6:30PM MacGillivray originally got the idea for Beauty Night as a volunteer at a Downtown Eastside drop-in centre for sex workers. She remembers a client in distress who wasn't able to lift her arms to do her hair or makeup after showering, so MacGillivray helped the woman feel better about how she looked.



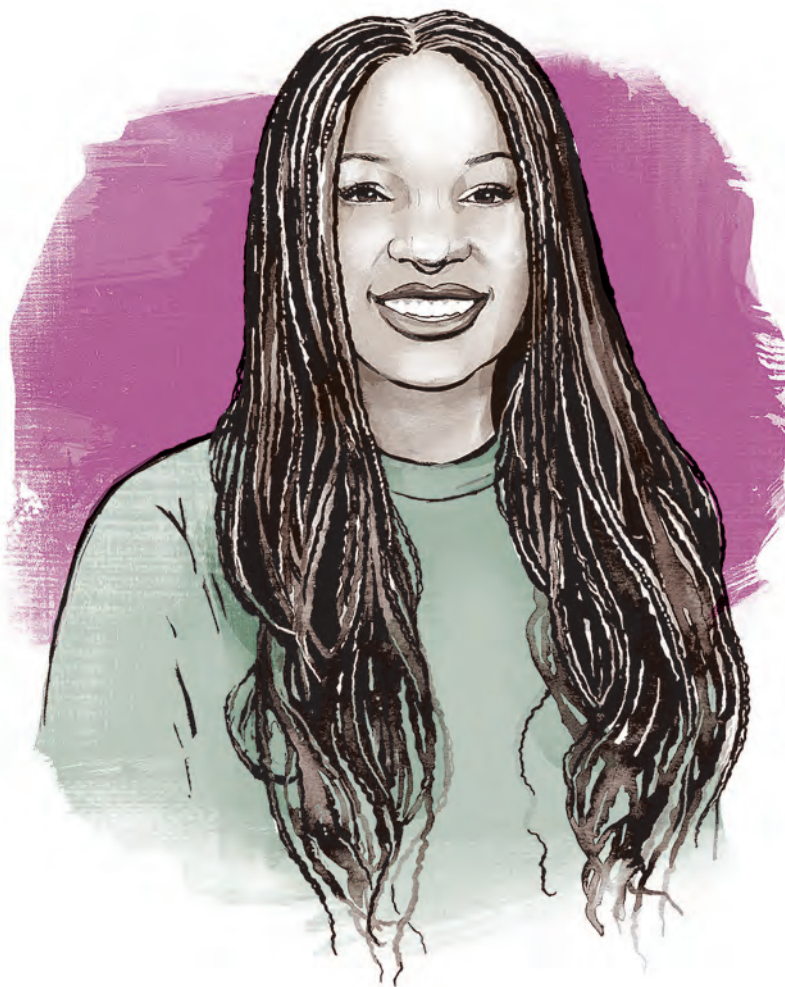
7:15PM Words of encouragement are displayed on sticky notes during a February Beauty Night event at a Union Gospel Mission shelter on East Cordova Street. In addition to beauty treatments, MacGillivray's organization offers wellness programming and life-skills training sessions.



7:30PM Volunteers like Samantha Tong (pictured above) are at the heart of Beauty Night, but during the pandemic many volunteers moved away from the Vancouver area. MacGillivray says the organization is slowly rebuilding, and they're looking for hairdressers, fundraisers, grant writers and marketing specialists.



8:10PM The team packs up their supplies at the end of the night. "I think one of the biggest pieces has always been about the community building," MacGillivray says. She dreams of someday spreading the magic of Beauty Night beyond Vancouver. "My next chapter is to look at sustainability. How do we move forward and heal more people?"



Ronke Edoho

The founder of Jollof Code on connecting to her culture through gardening.

BY ASHLEY OKWUOSA ● When Ronke Edoho moved to Canada from Nigeria more than 15 years ago, one of the first things she noticed was the fruit for sale in grocery stores. The apples were perfect, round and glistening. Sometimes they had travelled a long distance to get to the aisles of her local market in Saskatchewan. This was strange for Edoho, whose food had previously come from her grandparents' backyard in Kwara State, Nigeria. "I always felt like I was only one step removed from my food source," she says. But in Canada, the fruit and vegetables looked nothing like the ones she pulled out of that backyard growing up. "Everything was packaged; nothing was misshapen."

So, in 2013, when Edoho got married and bought a home in Saskatoon, she started

a backyard garden to connect with her childhood experience. She began by planting tomatoes and peppers, then moved on to ingredients that are hard to source in Canada but are essential to her favourite traditional Nigerian meals. She planted amaranth greens, a leafy vegetable that's a staple ingredient in Nigerian dishes like *efo riro*, a vegetable soup cooked with palm oil. Next, she experimented with jute leaves and waterleaf, which are used in soups like *ewedu* and *edikang ikong* and eaten with pounded starches like yam or cassava.

Edoho already had a successful food blog called 9jafoodie (9ja is colloquial shorthand for Nigeria) and an active online community where she shared Nigerian recipes. So when she started posting pictures on Instagram of the haul from her garden, she was

inundated with requests. "People started asking, 'Can you teach me how to do it?'" says Edoho. In 2021 she launched a new website, Jollof Code, as a shop, educational resource centre and visual diary of her own gardening journey. She shares videos of how she builds her garden beds and the progress of her fruits and vegetables. And, in addition to selling seeds for Nigerian vegetables like garden egg and waterleaf, she also offers courses on how to grow those vegetables anywhere in the world.

So far, despite the challenges of growing Nigerian vegetables in chilly Canada, Edoho has been successful with her garden—but not without hard work and experimentation. "I wanted the authentic flavour of some of those things, [so] I went into the research. Like, what is the growing season?" she says. "And then I started experimenting with different kinds of soil and watering cycles." When she noticed that ladybugs loved to snack on her amaranth greens, for example, Edoho grew more—the insects act as a form of pest control against other, more harmful critters in her garden. For vegetables like *Nsukka* pepper, which thrives in the tropical weather of southeastern Nigeria, Edoho works around Saskatoon's frigid winter and short summer by starting the seeds indoors as early as February, then transferring them outdoors when the weather warms up.

On top of learning how to grow Nigerian food, people are looking for a way to connect with home, says Edoho. "It's not just food for nourishment. It's a connection to a time in the past." She uses her platform to share knowledge about specific cultural foods—knowledge that is often lost with immigration. "I feel like my generation are like city folks two generations in. A lot of people didn't have the opportunity to grow up on a farm or around chickens or goats. I love sharing that knowledge," she says.

Edoho also relishes the chance to share what Nigerian food is like. As a student at the University of Saskatchewan, she started blogging to dispel misconceptions about Nigerian food that media organizations in North America and Europe often present as facts: "I still remember one [article] vividly that said African food is made with poorer qualities of goat, beef and fish." The statement shocked and annoyed her, so she decided to do something about it. "There's a lot the West does not know about us. And our food is just one [thing]," says Edoho. "I wanted to start something to educate people about the richness of the food. My dad tells me all the time: If something is not the way you like it, either you fix it, or you keep quiet." Luckily for fans of Nigerian food and gardening, Edoho spoke out.