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Photos by Elizabeth Conley / Staff photographer

PASSION TO HELP

Medical school applications are up in Houston, but why?

By Julie Garcia | STAFF WRITER

Jalyce Taylor wanted to be a servant of others. So, she chose medicine.

After graduating from the University of Tennessee at Knoxville, Taylor recognized how important physicians are in the quest to eliminate health disparities.

Taylor is a first-year medical student at the University of Houston College of Medicine, and her decision to enter the medical field was a decade in the making. But as the coronavirus pandemic continues to dominate people's consciousness, a growing number of young Americans appear to share her feeling.

More than 7,500 more students applied for medical school in the U.S. last year, an increase of 17 percent, according to data from the Association of American Medical Colleges. In fact, nearly two



dozen medical schools have seen applications jump by at least 25 percent.

Some experts have called this the "Fauci Effect" after Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, or the "Pandemic Effect." The University of California in Sacramento attributed the resurgence in interest in science and medicine to how much the coronavirus pandemic has affected everyone's daily life.

While AAMC doesn't know exactly what is behind the increase, two likely factors are: students having more time to focus on applications while being stuck at home; and the nation's current spotlight on front-line health care workers' "extraordinary heroism" amid the pandemic, the association reported.

Medicine continues on D10

Top: First-year University of Houston medical student Jalyce Taylor said a career in medicine will allow her to positively affect communities. **Above:** McGovern Medical School, the largest medical school in the state, enrolls 240 students every year.

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WELLNESS

Fighting the opioid epidemic

Houston doctors work to eliminate overuse of narcotics after surgeries

By Lindsay Peyton
CORRESPONDENT

When it came to surgery, this wasn't George Sabin's first rodeo.

He landed in the hospital at age 13 after a motorcycle accident. Five years later, another wreck brought him back to the emergency room and ultimately resulted in the loss of his arm.

Sabin's more recent surgeries have included repairing a torn rotator cuff, injured knee and two herniated disks.

With all of his hospital experiences, Sabin now has his recovery routine down pat.

For Sabin, that means skipping the opioids generally prescribed as painkillers. Instead, he prefers extra-strength doses of aspirin, Tylenol or ibuprofen.

"I'm always driving somewhere, trying to do something," he said. "I can't have a diminished ability to get done what I want to do. I try to avoid opioids as much as possible. They just slow me down."

The opioid epidemic, which claims the lives of an estimated 130 people a day and was declared a public health emergency by the U.S. Department of Health and Human Services in 2017, only reinforced Sabin's reluctance to take the painkillers.

Fortunately, after his recent colon cancer diagnosis, he found a physician on the same page: Atif Iqbal, associate professor and chief of colorectal surgery at Baylor College of Medicine.

After working to reduce opioid use in his treatments for the past 10 years, the doctor has completely eliminated using the drugs.

"He tells you what your options are, instead of telling you what to do," Sabin said. "And I was trying to avoid painkillers at all costs."

Billy Moreton, of Huntsville, also opted to forego opioids when he headed to Houston after a knee replacement surgery had gone bad. Moreton never healed fully from an earlier operation in 2018, and his knee became infected.

"It's been a nightmare," said Moreton, who has stuck to a rotation of Tylenol, Motrin and Advil to navigate the pain over the past two years.

Like Sabin, he also discovered a surgeon who allowed him to avoid opioids when repairing his knee: Dr. Mohamad Halawi, Baylor College of Medicine associate professor of orthopedic, hip and knee replacement surgery.

"Halawi doesn't even prescribe opioids, and I didn't ask for them," Moreton said. "So many people get hooked on opioids. I don't like to take them unless I absolutely have to."

In the late 1990s, health care providers began prescribing opioids at increasingly high rates, after assurances from drug companies that the product was not addictive. But it was — very much so. According to the U.S. Department of Health and Human Services, 10.3 million people misused prescription opioids in 2018. Now, as more light is shed on the crisis cause by their use, more patients these days are



Photos by Annie Mulligan / Contributor

Halawi conducts a postsurgical examination on Billy Moreton's knee. Moreton sought a doctor who didn't prescribe opioids.

asking for alternatives to opioids.

"More and more patients are on board with not using narcotics," Iqbal said.

Still, both Iqbal and Halawi believe it's up to the medical community to lead the way when it comes to opioid-free treatment.

And the extra effort is well worth it, according to the surgeons.

"It's definitely easier to do it on this end than to have to rehab the patients," Iqbal said.

Halawi prefers eliminating the prescriptions in the first place — and he hopes that other surgeons will catch on to the trend.

"It's a leap of faith for the surgeon," he said. "It takes courage to break with old habits, but I really think opioid-free surgery is the way of the future."

Moving away from narcotics

For the past year, Halawi performed completely opioid-free surgeries, and before that, he wanted to minimize the use of narcotics in his treatments.

"As a physician, I cannot think of a class of prescriptions with a higher capacity for addiction and overdose — or a greater number of side effects," he said. "I've seen firsthand how much those side effects have hindered recovery."

In Halawi's mind, opioids were causing more problems than they were solving.

"And one of the big principles of medicine is do no harm," he said.

When he started practicing, he assumed that dealing with the side effects of opioids was par for the course.

"I literally went by the book," he said. "This was the way we were trained, prescribing opioids to each patient after surgery. We were trying to solve a problem. In the process of solving the problem, though, we actually created other problems."

His patients consistently complained about common side effects, like constipation, nausea, drowsiness and even difficulty breathing.

"It was all completely avoidable," Halawi said. "I realized that I was losing sight of the actual recovery and focusing on unnecessary issues."

Iqbal had a similar realiza-

tion while practicing in Florida, where the opioid epidemic was raging.

"Half the deaths involved prescription opioids," he said. More than a third of those prescriptions were traced back to the surgical setting. Often, patients first took the pills while recovering from an operation.

"Surgeons are creatures of habit," Iqbal said. "We do something the same way every time, just because it works. And we were taught that narcotics were the first and only way to deal with postoperation pain."

That's simply not the case, he discovered.

"Unfortunately, that realization is not mainstream yet, and physicians have to be a part of ending this epidemic," he said.

A new way of approaching pain

Before moving to Houston, Iqbal was surprised to find that patients who did not receive opioids saw no difference in pain levels, compared with those who did.

"Their pain scores were the same. That's a big deal," he

said.

"I eventually realized that pain is actually determined by a combination of objective and subjective factors," Iqbal said. "While patients did objectively feel pain after surgery, they also had certain preoperation perceptions and expectations."

Those fears and anxieties about surgery itself drove up the level of complaints for patients.

"Keeping them updated every step of the way, allaying anxiety and fear, treating a patient with dignity and respect, goes a long way," Iqbal said.

Then, before a surgery, patients can begin taking Tylenol, Motrin or gabapentin, a nerve pain medication.

During operations, surgeons follow a multipronged approach, using local analgesics, nerve blocks and spinal anesthesia instead of general anesthesia.

After the procedure, the patients return to Tylenol, Motrin and gabapentin.

"If all else fails, narcotics may be needed, but even then we can start with less," Iqbal said. "Compare this to how we

were taught, that every single patient gets an IV pump full of narcotics. It's a change in how we're doing things. Even more important, it's a change in how we're thinking."

It requires a cultural shift, said Halawi. In the past, he said, pain treatment was reactionary. Doctors would evaluate a patient's pain level and then turn to opioid doses to provide relief.

"Then, we would give them more and more opioids until the pain went away," Halawi said. "Now, we can start ahead of the pain and continue to stay ahead. The idea of all the interventions is to stop the pain in its tracks."

A new mindset

Gone are the days of telling patients that there will be zero pain after a surgery, Iqbal said.

A more realistic expectation is that discomfort will be minimal.

"That leads to a change in the mindset of patients, and they're actually happier," Iqbal said. In the past, patients would often feel drugged and stay in bed, which could result in blood clots and pneumonia.

"That's a compounding problem," Iqbal said.

Without using opioids, Halawi was actually able to reduce the amount of time patients spend in the hospital and speed up recovery.

"It's effective, more efficient and the patient's experience is a lot better," he said. "A patient doesn't have to go through the side effects, and they can recover very quickly."

Halawi wants patients to know they have options — and that eliminating opioids does not mean added pain.

"People have a choice," he said.

Opioid-free in the time of COVID-19

During the coronavirus pandemic, Halawi said, the need for efficient procedures has become increasingly evident.

"In a COVID era, we can leave hospital beds for those patients who really need them," he said. "You can do major, complex cases and still recover from home. As physicians, we can drive down the cost and provide better care."

Delivering better value is central to health care reform, he said, noting that rethinking the business of medicine has been a side effect of the pandemic.

"Staying in the hospital longer is bad," Iqbal said. "The more hospitals are full, the more elective surgeries are canceled, and that can keep patients from getting the care they need."

When the pandemic started, nonessential operations completely ceased, including the knee and hip replacements Halawi performs. Sometimes, that left a patient living in pain for months.

Instead of being at the mercy of disease surges, Halawi suggests developing ways to offer same-day surgeries, where patients can recover at home, reducing stress on hospitals and medical resources.

"We can continue offering help to patients and, at the same time, reserve vital resources for the patients who need them," Halawi said.

"We're stuck with COVID-19 for some time. The way to do business has to be more nimble. We can use this as a learning experience."

Lindsay Peyton is a Houston-based freelance writer.



Dr. Mohamad Halawi said he opposes prescribing opioids to patients for postoperative recovery and is pushing for other physicians to do the same.

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Healthy Living in Houston

RENEW HOUSTON

FUEL UP

Eat your way to a healthy heart

February's a great time to focus on your heart. For one thing, there's Valentine's Day.



EMMA WILLINGHAM

And for another, since 1964, February has been designated as American Heart Month to

place a public health emphasis on cardiovascular disease education and prevention. There is certainly a genetic component involved when it comes to heart health, but lifestyle factors also can influence one's probability of developing cardiovascular issues. One of the most significant modifiable factors is nutrition.

Cardiovascular disease is the leading cause of death in the United States and represents almost 30 percent of deaths worldwide. Atherosclerosis and hypertension are two of the most common conditions classified within cardiovascular disease.

Atherosclerosis is an inflammatory condition that contributes to major incidence of cardiovascular episodes and mortality. It is characterized by the build up of cholesterol, fat and other molecules in the arteries that results in plaque formation. Excessive calorie intake and inadequate physical activity can contribute to the release of inflammatory molecules that cause fat and cholesterol to penetrate and harden in arterial walls – creating plaque. As more plaque accumulates over time, blood flow can be restricted and cause cardiovascular episodes. Symptoms can go undetected for a long time, which is why it is important to practice preventive measures through diet and lifestyle.

In addition to nutrition, high total cholesterol, low HDL-cholesterol, high LDL-cholesterol, being sedentary, a diagnosis of Type 2 diabetes, or hypertension may also contribute to atherosclerosis. Hypertension is the scientific diagnosis for a high blood pressure reading above 140/90. According to the Centers for Disease Control and Prevention, 1 in 2 Americans has hypertension, yet only 1 in 4 have it under control.

The DASH diet was created as an eating pattern to tackle the high incidence of hypertension diagnoses. DASH stands for Dietary Approaches to Stop Hypertension, and research has shown the eating pattern alone was the only intervention to decrease blood pressure in patients with both high and normal blood pressure. The typical Western diet is high in plaque-promoting fats and refined carbohydrates, with low nutrient density. Compared to the American diet, the DASH eating pattern emphasizes intake of whole-grain carbohydrates, a mixture of plant and animal-based proteins, and more fruits and vegetables. Today, the Mediterranean diet is promoted as a well-rounded expansion of the DASH eating pattern to improve blood pressure and cardiovascular measures. Here are a few specific nutrition recommendations for optimal heart health.

Aim for moderate carbohydrate intake from plant-based sources and grains: Carbohydrates are the main source of fuel for both the body and brain; therefore, we absolutely need some carbs on all of our plates. In addition to being our primary energy source, plant-based carbohydrates, such as fruits, vegetables, beans and legumes, are high in fiber as well as micronutrients that can lead to better arterial function and blood flow. A prime example is polyphenols, the most abundant dietary antioxidants found in plant-based foods. Whole grains, like oats and barley, contain



Getty Images

February is a great time to focus on your heart. Let's start with your diet.

polyphenols and a type of soluble fiber called beta-glucan, which has been shown to limit cholesterol reabsorption, lowering blood markers of LDL, or "bad" cholesterol. Thinking about trying the low-carb keto diet? Think again. Research shows that low carbohydrate intake can have a negative effect on cardiovascular measurements in the blood and can exacerbate plaque formation. Aim for a fist-size serving of a plant-based or whole-grain carbohydrate on your plate at each meal.

Limit refined and processed foods: these foods are typically low in fiber,

low in overall nutrients and high in sodium. Reducing sodium intake has been shown to lower blood pressure in those with high and normal blood pressure readings. In addition to contributing to the flavor of food, sodium is used as a preserving agent to extend the shelf life of packaged foods, commercially baked pastries and some canned foods. The sodium content in canned foods can be easily decreased by draining the liquid from the can and running the food under water to rinse off the salt. It's recommended that sodium intake be less than 2,300 mg per day, which

equates to about 1 teaspoon of salt. If you are someone who exercises frequently and sweats heavily, sodium should not be as much of a concern for you.

Replace trans fats and saturated fats with unsaturated fats: fat is the third macronutrient, along with proteins and carbohydrates, vital for nutrient absorption and to protect your heart and brain. People often believe that lowering cholesterol through food translates to lower blood cholesterol values. However, this is not the case for the majority of the population! Dietary fat is actually a more influential

nutrient than dietary cholesterol when it comes to improving cholesterol. "Bad fats" refer to trans fats and saturated fats found in commercially baked foods, processed or cured meats, coconut oil, butter, margarine, vegetable shortenings and desserts like ice cream. We want to limit trans and saturated fats, which raise LDL by carrying cholesterol toward your heart. "Good fat" is found in protective unsaturated fats, such as nuts, seeds, olive oil, oily fish, peanut butter, almond butter and avocado. Swapping trans or saturated fats for unsaturated fats has been shown to have a posi-

tive effect on lowering markers of cholesterol and improving heart health.

Focus on your overall eating pattern rather than a single nutrient: When I work with a patient aiming to improve heart health and/or lower cholesterol, I find there is typically a fixation on a single nutrient or food, like the cholesterol in eggs or salt in deli meat. Rather than homing in on increasing or supplementing a specific nutrient, emphasis should be placed on maintaining a well-balanced dietary pattern complemented by a variety of nutrients.

Organizations like the American Heart Association and the National Institute of Health recommend an integrative approach to cardiovascular health that addresses diet, increases physical activity, reduces alcohol consumption, provides for stress management and limits smoking.

Use these nutrition habits to prioritize your heart health this month and every month.

Emma Willingham is a registered dietitian who practices in an outpatient hospital clinic and through her private practice, Fuel with Emma. Willingham specializes in sports-performance nutrition, weight management and nutrition counseling, and aims to promote a resilient relationship between food, mind and body. You can find her on social media at @fuelwithemma.



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THE EXPERTS



DRS. MICHAEL ROIZEN AND MEHMET OZ
Drs. Oz and Roizen

Q: I'm 62 and had stage 2 breast cancer. I've completed what appears to be successful treatment. My doctor has put me on aspirin to improve my recovery. Is there any good reason for this? I worry about gastrointestinal bleeding and other side effects. What's your advice?

Kalyn G., Spring Valley, N.Y.

A: Over and over again, aspirin proves to be a remarkable medicine – when used correctly.

Previous research has found it can help prevent colorectal cancer.

Harvard University's U.S. Physicians' Health Study found taking 325 mg of aspirin daily reduced the risk of a first heart attack by 44 percent.

Another study from 2015 in the *Annals of Oncology* found that when low-dose aspirin is taken over 10 or more years by folks 50 to 56, it reduces the incidence of cancer, heart attack and stroke by 7 percent in women and 9 percent in men. The protection extends over a 15-year period.

Now, a new study from the National Cancer Institute, published in *JAMA Open Network*, reveals that when taken at least three days a week – it can be a low dose of 75 mg up to a regular dose of 325 mg – it's associated with a significant increase in survival of certain cancers: 67 percent for bladder cancer and 75 percent for breast cancer. That breast cancer news reinforces the findings of at least three previous studies that found taking aspirin decreases breast cancer risk and recurrence.

But the side effects are real – even for low-dose aspirin. They



Anti-cancer benefits of aspirin also come with risks

Aleksandr Zubkov / Getty Images

include gastric bleeding and ulcers and hemorrhagic (bleeding) stroke. That's why we stress that you take half a glass of warm water before and after every aspirin to speed up the dissolve. And add a 200 mg tablet of bovine colostrum to the regimen.

Data indicates that this obliterates the side effects of NSAIDs on the GI tract. If you follow these protective steps you should be able to gain aspirin's benefits without much risk.

Q: My doc has told me I have

nonalcoholic fatty liver disease. What can I do to get rid of it?

Gene D., Boston

A: Nonalcoholic fatty liver disease (NAFLD) affects 25 percent to 30 percent of Americans.

Because of diet, obesity and insulin resistance in the muscles, they have more fat lodged in their liver than is healthy (over 5 percent to 10 percent of its weight). As a result, fatty liver disease increases the risk for Type 2 diabetes, cardiovascular disease and disruption of the gut microbiome – which is associated with a roster of problems, from depression and diabetes to some cancers and irritable bowel syndrome. For 7 percent to 30 percent of folks with NAFLD, the condition progresses to what is called nonalcoholic steatohepatitis or NASH, going from no symptoms to liver damage. If that happens to you, Gene, you're then at risk for all the associated health problems that causes.

No medication can reverse NAFLD. The only solution is to make nutritional changes, lose weight, enjoy black coffee and avoid alcohol. And a new study in the journal *Gut* shows which nutritional changes are most effective. Researchers found that eating what they call the Green Mediterranean diet for 18 months can reduce fat in your liver by nearly 40 percent. In this study, the conventional Mediterranean diet decreased it by less than 20 percent.

A Green Mediterranean diet is vegetable-centered, uses healthy fats like olive oil and strongly discourages eating red and processed meats. But it also calls for the daily intake of an ounce of walnuts, three to four cups of green tea and 3 ounces of a frozen shake made with duckweed (also called Mankai), which is high in bioavailable protein, iron, B12 and various other nutrients and polyphenols. It was the addition of these superfoods that doubled the effectiveness of the diet.

So give that a try (talk to your doc first), and for more information on reversing fatty liver, we recommend the book "Skinny Liver" by Kristin Kirkpatrick.

Contact Drs. Oz and Roizen at sharecare.com.

Smallpox vaccination helped control canker sores



JOE AND TERESA GRAEDON
The People's Pharmacy

Q: I would like to share my challenges with canker sores. As a child, I was constantly in pain from these painful lesions. They would get as big as dimes on the insides of my cheeks and hurt so much I would cry just trying to talk.

Nothing the doctors came up with did the job. In my early 20s, I joined the Navy, and the sores disappeared! After I left the Navy, they soon reappeared.

I read that a smallpox shot could prevent them. We were vaccinated in the Navy, and that is why they disappeared.

When I was able to get smallpox shots every two or three years, it worked like magic. When the vaccine was no longer available, I suffered with sores again.

Then the University of Indiana did a study. They found that foods high in the amino acid arginine would cause canker sores. Some foods to avoid were chocolate, nuts and chickpeas. Another amino acid, L-lysine, acts as an

antidote. If I accidentally eat something I shouldn't, I pop some lysine tablets. I haven't had a painful canker sore in decades.

A: Your approach surprised us. On searching the medical literature, we found references to some research in the mid-1950s. Scientists experimented with smallpox vaccine to manage recurrent canker sores and fever blisters (Postgraduate Medicine, January 1954). There were hints that this immune-boosting therapy worked, especially against recurrent herpes infections (cold sores).

You are not the first person to praise L-lysine against canker sores or cold sores. Many others maintain that it works well, but mainstream medicine remains skeptical (*Integrative Medicine*, June 2017).

Q: I suffered with leg cramps at night for many years. They may have been due to wearing high heels. After retirement, they didn't occur as often, but I still got them occasionally.

Then I happened upon your radio program. You were interviewing the person who developed HotShot for muscle cramps. During that show, you also mentioned apple cider vinegar as a remedy. I



File photo

Research in the 1950s showed that the smallpox vaccine helped reduce the recurrence of canker sores and fever blisters.

priced HotShot and decided I'd try vinegar first, since I had it on hand.

For me, apple cider vinegar is a miracle! If I feel a leg cramp coming on, I get up and take a teaspoonful of vinegar. The cramp is usually gone quickly, and I can go back to bed and sleep peacefully! I keep a 2-ounce bottle in the car for leg cramp emer-

gencies while driving.

A: The scientists who developed HotShot used strong flavors in their muscle cramp remedy. These include cinnamon, ginger and an extract of hot pepper. Such spices, along with sharp flavors like vinegar or mustard, activate transient receptor potential (TRP) channels in the mouth, throat and stom-

ach. This may override the hyperexcited motor neurons responsible for leg cramps.

If you, like us, are fascinated by scientific explanations for such treatments, you might be interested in our eGuide to Favorite Home Remedies. This electronic resource can be found in the Health eGuide Section at PeoplesPharmacy.com.

Q: You've written about cold keys on the back of the neck for nosebleeds. I never tried keys, but a cold wet washcloth on the back of the neck works. One of my nephews had a lot of nosebleeds when he was little, and it always worked for him.

Last year, I was coaching fifth-grade basketball when one of the kids got a bloody nose. I didn't have a washcloth, so I used wet paper towels. His nose stopped bleeding almost instantly.

A: Many readers agree with you, despite the disapproval of medical experts (*Clinical Otolaryngology and Allied Sciences*, December 2003). We suspect that the cold triggers blood vessel constriction, but we have not seen any studies to support this hypothesis.

Contact the Graedons at peoplespharmacy.com.

FITNESS EVENTS

ZUMBA WITH CIDA FITNESS

Class combines Latin and international music with a fun, effective workout system. 10-11 a.m. Feb. 12; Sugar Land Town Square, 2711 Plaza Drive, Sugar Land; sugarlandtownsquare.com.

SURFSIDE BEACH MARATHON

Marathon, half-marathon, 5K and Kids K races will take place on the sand at Surfside Beach. All participants can enjoy postrace food and drinks at Stahlman Park Pavilion after finishing. 7 a.m. Feb. 13-15; Stahlman Park, 2211 Bluewater Highway, Surfside Beach; surfsidebeachmarathon.com.



Surfside Beach Marathon

The Surfside Beach Marathon takes place between Feb. 13 and Feb. 15.

WARRIOR YOGA

Class combines teachings and science of yoga while integrating ancient warrior tradition. Participants must follow CDC guidance on face coverings and maintain proper social distance at all times. 6 p.m. Feb. 15; Levy Park, 3801 Eastside; levyparkhouston.org.

BODY BARRE

A full-body, low-impact workout that incorporates the science of Pilates, yoga, core strengthening and ballet. All fitness levels are welcome. 6-7 p.m. Feb. 17; Levy Park, 3801 Eastside; levyparkhouston.org.

ana.khan@chron.com

FEELING MATTERS

A light, satisfying (and easy) meal

When he wanted something fast, light and tasty, my husband's go-to was always lean lemon turkey



MARCI SHARIF

from My Fit Foods. He often had a few of the packaged meal containers in the fridge.

And I would sneakily graze on them one spoonful at a time.

Since My Fit Foods closed a few years ago, we set about re-creating the dish, and I think we've landed on something solid.

If you're not familiar with the prepared meals chain and this particular dish, it's a good one. This recipe is lean, zesty and quick and easy to make.

Our version doubles down on the asparagus, so it's more vegetable-heavy than the original. In all, it's a wholesome meal that I think you'll find light but satisfying.

Give it a try and, as I start looking ahead to my next food feature, send me any smoothie recipes (particularly ones with vegetables) that you love. Send them my way at marcisharif.com.

Until then, I hope this helps you solve at least one day of the "what should we have for dinner?" debate.

Enjoy!

Marci Izard Sharif is an author, yoga teacher, meditation facilitator and mother. In Feeling Matters, she writes about self-love, sharing self-care tools, stories and resources that center around knowing and being kind to yourself. For her classes and more, go to marcisharif.com.



Marci Sharif

Recipe: Lean lemon turkey

½ teaspoon basil
 ½ teaspoon cayenne pepper (optional but highly recommended)
 1½ teaspoons garlic powder
 ½ teaspoon onion powder
 ½ teaspoon oregano
 3 teaspoons paprika
 ½ teaspoon thyme
 2 cups brown rice
 2 pounds ground turkey
 5 tablespoons lemon juice (juice of 2½ lemons)
 2 bundles of asparagus
 2 tablespoons olive oil
 10 cloves chopped garlic
 1-1½ teaspoons kosher salt

Prepare the brown rice according to instructions on package.

Bring 1 quart of water to a simmer and add ground turkey. Break the turkey into smaller pieces as it cooks, about 3 minutes, until no longer pink.

Drain the water from the pot, leaving parboiled turkey. Ideally, it will have separated into small grains. Add the lemon juice.

Combine basil, garlic powder, onion powder, oregano, paprika, thyme and cayenne pepper (optional) in a separate pan and toast on low heat for 1-2 minutes to enhance flavor.

Add toasted spice mixture to turkey and stir on low heat until spices are evenly distributed and turkey is fully cooked. Add salt to taste. Serve over rice and with asparagus.

To sauté the asparagus, steam for 5 minutes, until spears are vibrant green and just beginning to wilt. Warm olive oil in a sauté pan over medium heat. Add garlic and cook, stirring frequently, until golden brown. Turn off heat. Stir in the asparagus and toss to combine. Add salt to taste.

Serves 4-6

Recipe Source: Marci Sharif, adapted from an original recipe from My Fit Foods.

SOCIAL INTERACTIONS

Dating apps tackle body-shaming concerns

By Julie Garcia
 STAFF WRITER

The internet has made most things easier or faster – including harassment.

Bumble, a cellphone dating app, found that 62 percent of users say they are more likely to receive unsolicited comments about their appearance online. Bumble markets itself as a “women-first” app that can be used for romance or meeting friends.

In January, Bumble officially banned body-shaming by updating its terms and conditions to “explicitly ban unsolicited and derogatory comments made about someone’s appearance, body shape, size or health.”

The company will rely heavily on users to report issues through the Block and Report function, but there will be automated safeguards that help detect comments and images that go against community guidelines. Known hate speech, racist terms and language that can be deemed “fat-phobic, ableist, racist, colorist, homophobic or transphobic” may be flagged by the automated service.

If a person uses body-shaming language in their profile or through the app’s chat function, they will receive a warning for their inappropriate behavior, according to the new rules. Repeated incidents, or particularly harmful comments, will result in being banned.

“We believe in being explicit when it comes to the kind of behavior that is not welcome on our platforms and we’ve made it clear that body-shaming is not acceptable on Bumble,” one of the app’s engagement managers, Char-



Gabby Jones / Bloomberg

Bumble officially banned “unsolicited and derogatory comments made about someone’s appearance, body shape, size or health.”

lotte Brown, said in a statement.

Almost half of the country’s online users have met or know someone who has met a romantic partner through a dating website or app, according to a 2019 study by Statista, a statistics-gathering site. By the end of last year, 75 percent of adults who use the internet said they had gone on a date with someone they met online.

Community guidelines on Tinder’s dating app are similar to Bumble’s in that it discourages users from bullying, intimidation, harassment or sending unsolicited sexual content to any other user. But Tinder relies on its users to report it.

Tinder does not allow content that condones “racism, bigotry, hatred, or violence against individuals or groups based on factors like race, ethnicity, religious affiliation, disability, gender, age, national origin, sexual orientation or gender identity,” according to guidelines.

Hinge, another dating app, has slightly different

language on its terms of service. Prohibited content includes anything that “could reasonably be deemed to be offensive or to harass, upset, embarrass, alarm or annoy any other person.” The app also prohibits obscene, pornographic or violent content, as well as any language deemed abusive, insulting or threatening.

At Bumble, moderators have the ability to educate people who have been reported by other users, according to the company. By sharing resources intended to help, Bumble hopes the offending person “can learn how to change their behavior to be less harmful to others in the future.”

Photo moderation is the next change for Bumble, as it will review and update its photo guidelines, the release stated. In 2017, the company banned photos of people with guns, if they are not law enforcement or veterans, after an uptick in mass shootings.

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RENEW HOUSTON



Photos by Gary Fountain / Contributor

Erin O'Leary Stewart conducts one of her 45-minute Savor + Sweat classes at Buffalo Bayou Park.

FITNESS

Savor + Sweat offers cooking and fitness on demand

By Amber Elliott
STAFF WRITER

There's a new "it" workout in town, and Houstonians don't have to leave their homes to try it.

Erin O'Leary Stewart, formerly of Define body & mind, has a new fitness venture to debut in 2021. After 10 years teaching barre, cycle and yoga classes alongside fellow co-founder Henry Richards, Stewart recently pulled back the curtain on a solo project: Savor + Sweat.

"It's the first on-demand platform for both fitness and cooking classes," she says. "My goal is to help others discover the healing power of food and movement. You have access to both to live your best self."

Savor + Sweat is the

marriage of Stewart's two great loves: culinary nutrition and sustainable fitness. Clients are able to access her library of cooking classes, workouts or both.

As an added perk, Houston residents have access to a food delivery service.

"I do have Savor food delivery in Houston only right now," says Stewart, who recently moved to Austin but manages a commercial kitchen in Midtown. "Choose your meal frequency through the subscription option, and it arrives on your doorstep every Tuesday."

During an invitation-only preview event in Buffalo Bayou Park, a group of 50 friends and followers got a taste of what Savor + Sweat has to offer. They dabbled



Stewart's Savor + Sweat program offers fitness and cooking classes in an on-demand platform.

in dance cardio, athletic barre and high-intensity interval training mat classes. Swag bags sponsored by Carbon38 contained a Savor post-workout snack as well.

"The beauty of these workouts is that I give modifications and challenges, so every video is also for every experience level," Stewart says. "I don't have any expectations for anyone when they walk into physical class or start a video. Being inspired to work out is the first step."

Growing up, movement was her passion. It's what drove Stewart's decision to study dance performance and kinesiology at Southern Methodist University. After graduation, she moved to New York in pursuit of a dance career.

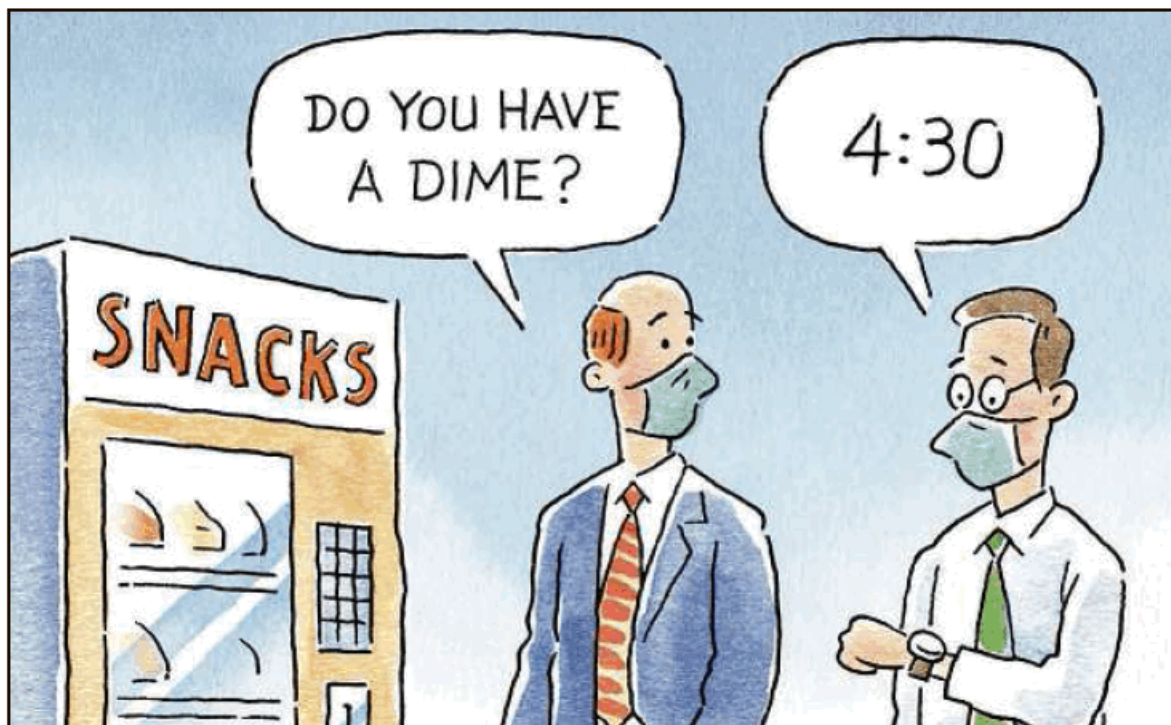
In between off-Broadway plays, regional theater work and auditions, she taught Pilates and barre classes to make ends meet.

Stewart also worked with hotelier and restaurateur Eric Goode on menu items for the Bowery Hotel, Maritime Hotel, Waverly Inn and B Bar.

"That inspired me to take it to the next level, so I enrolled at the National Gourmet Institute for Health and Culinary Art," she says. "Now I'm teaching what I learned about finding the foods that fuel your body and how they can be healing for you."

Packages start at \$19.99. Monthly access to both Savor + Sweats' offerings costs \$29.99.

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Everyone relies on visual cues and lip-reading to understand what is being said in difficult environments, like a noisy restaurant. But if you've found yourself struggling to understand what is said in quiet environments when the speaker's mouth is covered, it is time for a hearing checkup.

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