Magazica

Issue March 2026

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Hope, Happiness

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the halifax health & wellness show

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THE ANNEX

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The Halifax Health & Wellness Show is a vibrant community event designed to inspire, educate, and connect people with the many local businesses and professionals dedicated to improving overall well being. Created with a passion for personal and professional growth, the show brings together a diverse range of health and wellness services, products, and experts all under one roof. From nutrition and fitness to mental health, holistic therapies, natural products, and preventative care, the event highlights the many ways individuals can support a balanced and healthy lifestyle.

The show celebrates the growing wellness community across Nova Scotia by providing a platform for local practitioners, entrepreneurs, and organizations to share their knowledge and services. Attendees have the opportunity to meet experts face-to-face, explore innovative wellness solutions, attend educational sessions, and discover products and services that support mind, body, and spirit.

The Spring Wellness Expo, part of ***the Halifax Health & Wellness Show*** series, is an energizing seasonal gathering that welcomes a wide variety of exhibitors including nutrition specialists, supplement companies, massage therapists, coaches, counsellors, reflexologists, energy healers, skincare professionals, and many more. Visitors can experience demonstrations, learn new wellness practices, and explore local products designed to support healthier living.

Interview

Judy Mitri

Judy Mitri is a communications strategist and health advocate whose work sits at the intersection of storytelling, community impact, and lived experience. With a background in marketing and a lifelong journey with type 1 diabetes, she brings a rare blend of professional clarity and personal insight to every conversation she leads. Judy has built a reputation for transforming complex health realities into accessible, empowering narratives that resonate across audiences. Her advocacy—rooted in resilience, empathy, and practical wisdom—continues to inspire individuals navigating chronic illness and encourages a more informed, compassionate understanding of life with type 1 diabetes.

Some people build careers. Others build momentum. Judy Mitri does both. Her life reads like a masterclass in resilience—diagnosed with type 1 diabetes at seven, she learned early that discipline isn't a restriction but a form of freedom. Today, she blends strategy, storytelling, and lived experience to help others navigate the emotional and practical realities of chronic illness. Judy's voice—bilingual, bold, and deeply human—cuts through noise and replaces fear with clarity. Whether she's advocating for better healthcare tools, mentoring newly diagnosed patients, or traveling the world solo, Judy shows what happens when courage becomes a daily habit.

Judy Mitri on Type 1 Diabetes, Resilience, and Redefining Strength

Magazica: Dear readers, viewers and listeners, Judy Mitri has built her career at the crossroads of strategy, storytelling, and impact.

With over seven years of experience leading marketing and communication across healthcare, nonprofit, and sustainability sectors, she has shown how clear ideas and authentic messages can drive meaningful growth.

But most importantly, Judy has consistently used her bilingual voice to connect with diverse audiences about type 1 diabetes - how she manages it, how she survives it, and how she flourishes with it over the years.

She's also taken the entrepreneurial leap, founding a niche health focused business that reflects her passion for understanding people deeply and creating meaningful solutions for others. We are happy to have Judy with us.
Judy, welcome to Magazica.

J**udy Mitri:** Thank you for having me.

Magazica: Okay, so just as a start of a personal journey - when you first began your career, you were not identified as someone living with type 1 diabetes. So how did it all start? Your career, just like everyone else, had a nice start. How did the career start? Let's start with the career point first.

Judy Mitri: So yeah, I'm 33 right now, and I got diagnosed at the age of 7. That was a while back. At first, I started getting very hungry. I got all the typical symptoms that type 1 diabetics can get at first - very, very hungry.

I got all the typical symptoms that type 1 diabetics can get at first - very, very hungry. My mom would feed me a plate of rice and proteins and all, and then I would still be hungry, and I'd get a second plate.
So, my mom realized that… well, both of my parents realized that something was clearly wrong, and despite eating more, I was losing a ton of weight. I was going to the washroom a lot, drinking water way more than usual.

They got me to see a doctor, and she told us first that she thought it was something that had to do with my gut, like I had some digestive problems. So, I started taking medication for that.

Turns out that medication was not doing anything, so we went to see another doctor, and he's still my family doctor until this day. And yeah, he just saw me, and he told my parents to rush me to the hospital. He knew right away.

He just looked at me, they described my symptoms, and he said, its acute diabetes, take her to the hospital. And then this is where I got my first actual diagnosis. I stayed at the hospital for a couple of days.

I remember I was very little - I was 7 - so I didn't quite comprehend what was happening. In my head, I was just sick, and I went to the hospital, and I got out, and I was fine. And then I remember we were at the restaurant, and I was hungry, and I was eating, and my mom told me, be careful, Judy, you need to calculate what you're eating, you can't eat all of that.

And that's when it hit me. I'm like, okay, this is for life. This is going to stay with me forever. So yeah, it really hit me hard that time, and from this day, I started taking injections.

I had fewer injections when I was little. For example, I didn't have one at lunchtime - not for every meal. But my mom would inject me because I was so little. I was still a kid.

And then eventually I learned to give myself injections, and here I am today, advocating for the illness and trying to help others as much as I can.

Magazica: So, at the age of 7, you were in grade… 2?

Judy Mitri: It's the same system here in Quebec, right? Yeah, let's say grade 3, I would say, yes.

Magazica: And you were diagnosed, and you

were such a small kid back then. It's very hard even for your parents and your doctor to explain the situation to you.

Judy Mitri: Yes.

Magazica: So, you first realized when the doctor said, or your parents said, that no, you cannot eat everything. Then you came to realize that something is wrong.

Judy Mitri: Something is wrong, exactly, because I remember, like I said, I was at the hospital. I was also limiting my food. I remember I was starving all day because I needed to control my glucose level, and I remember I would hope that my blood sugar was fine at nighttime, because I was allowed two cookies if my blood sugar was okay before bed.

So, I was always thinking and hoping, let me be able to eat my cookies. And I remember it was so calculated. So, I thought this was only for the hospital, and then I would go back home and be fine. And then I realized, oh no, it's still outside of the hospital - I still must do this.

Magazica: And then almost the whole school life and high school were ahead of you, then college and others. So, when your peers came to know, how did they react to it?

Judy Mitri: I remember when I was little, I didn't really have to say it - it was my parents who were taking care of that. In high school, I was not telling everyone, maybe only my close friends who I was eating lunch with.

rI would not tell people. If my blood sugar went low, I was hiding and eating my granola bar because I didn't want people to know.

And even with my closest friends, at one point the doctors asked me to check my blood sugar on my finger at lunchtime, and I would not always do it because I was shy. I was also hiding when checking my glucose level. Later, I started opening up about it at university - again, even then, only with my closest friends.

But after that, I had a dark period with my diabetes. We could talk about it later, but I started not to feel my lows anymore, and it was just very bad.
And it opened my eyes. I realized I needed to take care of this illness, and this is when I got into the community, etc., and here I am today. I'm the complete opposite right now.

Magazica: So, from the conversation we had so far, you had a protective, well-wishing network around you. From the very school years, you had a very close-knit circle who would protect you, who would guard you. And who tried their best to make you comfortable?

Judy Mitri: So, if I was not feeling well, my closest friends - even outside of high school - I had… I was a Girl Scout, so I had a big group of friends.

I was a Girl Scout for, I don't know, maybe 10 years, something like that. So again, I had another community there, and all of them knew. I was not really scared to share it there, also because we had camps over the weekend, and I had to. I had to say it, because they were with me from morning till night, so they had to know.

But yeah, if I was not feeling well, they would be there for me. Every adult knew also. My mom would come with me to these camps when I was younger, just to make sure that I was okay.

> **“IT’S OKAY TO CRY ABOUT DIABETES. IT’S OKAY TO SAY TODAY IS A BAD DAY. WHAT MATTERS IS KNOWING TOMORROW GIVES YOU ANOTHER CHANCE TO RESET.”**

Honestly, I've never had any issues with my surroundings not understanding my illness. Every time I say, for example, I need to sit down, I need to slow down, or I need to cancel plans because I'm not feeling well, people really understand. And they’re even overprotective - asking me after, how is my blood glucose? If we leave a restaurant and I come back home, they will text me, “How are you now?” So yeah, I'm lucky for that.

Magazica: And in the university, what did you study?

Judy Mitri: I started in marketing, so I did a bachelor's degree in business administration, specialized in marketing.

Magazica: From which university?

Judy Mitri: HEC Montreal.

Magazica: So, after university, you did the master's, or you joined a job?

Judy Mitri: Oh no, I didn't do a master's after. I started working. I had a couple of experiences here and there, but I really started my official marketing journey back in 2018. I was in Toronto. First summer, and then I came back, and it all started from there.

Magazica: So, you get the vibe of the busy Toronto.

Judy Mitri: I was more in Mississauga, but it's the same thing.

Magazica: I have been to Montreal - really nice, a sorted city. Every turn is so meticulously designed. And I really love the city. I really love the vibe of the city.

Judy Mitri: Yeah, it's charming.

Magazica: And I found it very culturally rich.

Judy Mitri: It is.

Magazica: I'm very fond of French thinking, and French philosophers - Derrida, Foucault, and all. I found it… how it would feel to live in a French academy r everything.

And specifically, Montreal University. I found it very fascinating. And then, let's talk about the dark phase - when it started.

Judy Mitri: So, I would say I was… I finished university with my bachelor's degree, and I still wanted to study, so I went to another city called Sherbrooke - I don't know if you know it.

Magazica: Sherbrooke, yeah.

Judy Mitri: And I started a law degree. I ended up not finishing it for multiple reasons, but all that to say that I was outside of Montreal. I didn't really like being outside of the city. I love nature and all, but I also love Montreal. So, it was already hard to go back and forth, starting a new degree. And this is when, for some reason - well, actually, there is a reason - I started not feeling my lows anymore.

I talked to my doctor about it, and he basically told me that because my brain got so used to the signal that low blood sugar was sending, it was not alerting me as much as before. So I could have been at 2.5, which is very, very low, and not feel it. So, I became super anxious because I would be in class not knowing if I'm low or high. I would start checking my blood glucose obsessively because I didn't know what was going on. I was scared to go to sleep because it can drop during the night, and I wouldn't know.

So, I would say this was the worst period of my type 1 diabetes journey, because I didn't know what to do. I was away from home, away from my friends.

And I went to see the diabetes team that I had in Sherbrooke, and they were helpful, but only as much as they could be. They told me to adjust my insulin and all, but I still didn't have any understanding of what was going on.

Sometimes I would be at 8, and then an hour later I'm at 4. I'm like, how did it…?
I was not doing too good. And then I realized that I needed to get information from another source, and that's when I dived into social media.

I discovered a whole new world, and the importance of communication and resources.

And I would say it's a major, major thing. It's super important, because this is how I found out about continuous glucose monitors (CGMs). I didn't even know that CGMs were a thing. And then when I looked at this and I saw CGM, I'm like, this is what I need. It's like a thing sent from heaven. I'm like, oh my God, this is exactly what I need.

Slowly, I learned about insulin pumps, etc., and I got into this healing journey with my type 1 diabetes, including technologies involved. Because before, I feared technologies because of judgment from others - like, oh, they're going to see that I'm sick.

Magazica: Having machines and… we call them robot parts on us. But yeah, it was an awakening in a way, but it was very difficult to go through because…

Judy Mitri: Of not understanding, not knowing when your body's going to give up on you, or when…

Magazica: How long did that period last?

Judy Mitri: Oh, I would say… at least a year. I would say the worst part - like, not understanding my blood sugar - lasted at least three months. But really getting out of it, and really accepting… I had to go through a couple of phases to accept my diabetes. Accept, then not accept, then accept again.

Magazica: You also have to remember that you were fighting this for a very long time already back then, so sometimes it is also about, like, yes, I am doing everything right, so now why is this happening?

Judy Mitri: Yeah, exactly. And that's the thing. I always say that you can do the same - and a lot of diabetics say the same thing - you can do the same thing every single day. You can do the same exercise, eat the same thing, put the same amount of insulin, and the next day it's going to be completely different.

Magazica: What is the social media you first got into?

Judy Mitri: Oh, Instagram.

Magazica: And then you found a whole new world open unto you.

Judy Mitri: Yes, it's where I found a continuous glucose monitor.

The famous brands are Dexcom and Freestyle Libre. There are others, but these are the most famous ones. It's a little machine that you put on your body. You can put it on your stomach, your arms, whatever, and it goes on your phone.

Magazica: Mobile app?

Judy Mitri: Yeah, so there's an app. It goes on your phone, and you can know your blood sugar. It updates every five minutes.

Every five minutes you get an update, and it's amazing because you can set alerts also. You decide what is considered low and what is considered high. And if it goes below the low, it's going to alert you. If it goes above the high, it's also going to alert you so you can make adjustments.

And it's also great for nighttime, because you go to sleep and it's just going to alert you. It can be annoying sometimes because you have to wake up and…

Also, with the new Omnipod 5 that I started using last summer, it's working even better. It links to my Dexcom, and using the SmartAdjustTM technology, it continuously calculates the dose of insulin required to manage blood glucose. Every 5 minutes, it receives a CGM value from my Dexcom and predicts what future glucose levels will be 60 minutes. Then, the algorithm automatically adjusts insulin delivery, increasing, decreasing, or pausing it And since I started, honestly, I've had full nights of sleep, and I haven't experienced that in years.

So now I feel better, I feel like a new person. I feel like I'm healed - not 100%, but I have way more energy.

Magazica: And when the first thing opened unto you on Instagram - that okay, there is a whole community out there, and I need the help and everything - yeah, it's good. Then when did you start to motivate others, share your story? When did that flip happen?

Judy Mitri: Yeah… I don't know if there was one flip, but I started seeing what others were doing, posting out there. And I said to myself, that really helped me. I want to do that too. I want to be a part of this. If someone is going through the same thing or something completely different with their type 1 diabetes, then if they go to my page, they're going to get some help, or just some tips, or just not feel alone.

Sometimes I would just share my day, and it would be a crappy day - ups and downs - and I would post it. And not everyone does that. Some people post just the good days, and it's good to share also the bad days. I feel like it's important to do so.

Sometimes I'm just having a bad day. As much as you want your surroundings to understand, they're never going to fully understand. They don't live with the disease - and that's totally fine. But sometimes you don't know what to do, and you just feel like… like crap, sorry for the word.

So, opening Instagram has helped me a lot. I wanted to do the same. realized that I love writing, I love saying a lot of things. I started back then a blog for this. I started sharing some stories. I love to travel - I did a lot of solo traveling before also.

Solo traveling with type 1 diabetes. That was a big step for me, because it's hard traveling with diabetes and traveling alone. If you're not feeling well, you're by yourself. I started writing about this, and hopefully inspiring people who were not sure if they could do this alone. They read my article - oh, okay, I can do this, here's how I can get prepared.

Magazica: And in your blog, you have some interesting posts - stigma around diabetes remains, and solo traveling. Those articles are there. When did you start your blog?

Judy Mitri: It was in 2018, I believe, or 2017.

Magazica: That's a long time. And you're continuing it?

Judy Mitri: Not for now, no. I paused it a little bit. To be quite transparent with you, I would continue it, but I feel like communication and marketing trends are changing. Everything is fast-paced. I feel like right now people watch videos. And this is why I'm trying to focus more on that.

I'm not against writing. If an idea comes up, I can write it. But I feel I'm not going to reach a lot of people with that way of communicating because of everything that is changing right now.

Magazica: The way people consume content has completely changed, so it's changing fast. When you start advocating, when you start reaching out to people, when you start sharing your stories - what did you find the most prevalent, most common misconceptions about type 1 diabetes?

Judy Mitri: I was getting from people who do not have diabetes.

Magazica: People without diabetes or those who just identified themselves - “Oh, I have type 1 diabetes too.” What are the misconceptions they have?

Judy Mitri: I think the one thing that really struck me was people thought that taking insulin was the only thing diabetes was associated with - meaning they thought it was just like when you're sick, you take Tylenol, and then you go on with your day.

They thought it was the same thing: okay, I need to eat this, and I need to take insulin. They also thought it was just the same amount of insulin you must take for every meal, and that’s it. Like, you just take one medication, eat, and go on with your day.

But it's so much more than that. You need to calculate everything, and as I said, it can react positively, it can react negatively, going up and down. If you're stressed, you didn't sleep well, you exercised - all of that. If you're a woman and you have your period, again, all this hormonal change can affect your blood sugar.

So, I would say, yeah, they don’t see how big or how difficult it is. I would say that's a top misconception that I would get. And the second one is, they think that it magically disappears at night. Every time I tell them, “Oh yeah, I wake up at night,” they're like, “Oh, really?”
I'm like, “yeah, I can't get a break.” It's not going to stop - “Oh, she's sleeping, let me pause what's going on in her body.”

And the third one would be because I have my Omnipod on me, and people are very intrigued by it. People were really surprised - not shocked, but surprised - by the fact that we keep these devices on us when we go to sleep, or when we're showering, or doing everyday tasks. They think we can take a break, but there is no break. Not even one second.

Magazica: And when you reach out to people - when they just found out that they’re identified with type 1 diabetes, or they have type 1 diabetes - what are the first few things you tell them?

Judy Mitri: My friend's brother - he’s in his early 20s - got diagnosed last year, and his mom called me, his sister called me, then I talked to him. It's as cliché as it is, but everything is going to be okay. I know it's very cliché, but it's true. It's just going to be more challenging. I would use the word *challenging*, I wouldn't use the word *limitation*, because I don't see diabetes as a limitation. But yeah, everything's going to be okay, you're just going to have to adjust. I always say - my parents told me this - it’s like being on a diet your whole life. You have to be careful.

And this brings me to another misconception: people think that when you have type 1 diabetes, you can't eat this and that. And I reminded him that you can eat everything you want, but you just have to be careful. That's it. You just must be careful about your portions.
Because it is overwhelming. I've had this conversation with many people - “Is it worse to get diagnosed when you're young or when you're 20?

And I have someone in my family who is also a type 1 diabetic, and she was diagnosed at 20 years old. We were talking about this, and she said, “I think it's worse when you're 20, because you lived life without diabetes, so you know what it's like.” And when you're younger, this is your life.

But yeah, it's going to take a lot of resilience, but you're going to live a long and normal life, like everyone else.

Magazica: I really like what your parents said. It's an adjustment, and it's like a diet your whole life. You're maintaining a specific diet. So, I heard that Omnipod is an adjustment of lifestyle. It's an adjustment of lifestyle. You know everything day in and day out - what is going on. So, you can appreciate more what life and physical systems she has.

Judy Mitri: I completely agree. And it is true - you become very mindful of what's going on with your body. We have a life, we go on our day-to-day things, we have plans, etc., and we don't really take the time to sit down and think, “Okay, this is what's happening. This hurts,” or “I'm feeling this,” or “This is feeling good,” also - the positive things.

But with diabetes, you have no choice. Like, okay, this is happening, how can I make this better for myself? You also see - well, for me personally - you see a lot of healthcare professionals: nutritionists, endocrinologists, physical therapy, etc., and it really helps you understand the body more, because you need to be aware of what's going on. I completely agree with what she said.

Magazica: And that's where your awareness activities become more enriched, because you know yourself.

Judy Mitri: Yeah.

Magazica: So, you're… and what are the things you do? Okay, before that, let's finish the fun part. When did the solo traveling start?

Judy Mitri: In 2019.

Magazica: Before COVID or during COVID?

Judy Mitri: No, it was right before. I was very lucky for that. I left summer of 2019, and then COVID happened in March.

Magazica: Do you remember your first destination?

Judy Mitri: It started because I went to Italy for a month, and I lived with a host family. And I lived in their house. It was in northern Italy, close to the Alps.

I met another person with type 1 diabetes there. She was a young girl from a family friend, and they were so welcoming. I really, really recommend it if you love adventure and the mountains and all.

Magazica: Yeah, yeah. And so first it was then, and then it continued, and… but during COVID, there is a stop for that.

Judy Mitri: So, after Italy, I went to a couple of countries. I went to Switzerland, Scotland, and Portugal. Then it stopped,and I started back in 2022. I went to Croatia Costa Rica, Mexico…

Magazica: So, whenever you are advocating people, being bilingual gives you an extra benefit?

Judy Mitri: I would say so, because I've attended a couple of events. It was mostly for kids. I was asked by Omnipod to attend booths at either fundraising walks or… there was - I don't remember - there was a kids' activity, or even at hospitals also, St. Justine, which is the main kids' hospital in Montreal.

And people would come to the booth. I was there just to share my experience with the insulin pump. I was not there to sell it per se - I was not a salesperson - but just to share my experience as a type 1 diabetic.

And of course, we live in Montreal, so it is… we call it Franglais. People speak French and English all the time, in the same sentence. So yeah, when people approached me, knowing French and English, I would not redirect them to someone else because I didn't know the language. I was able to help them.

Also, last spring, I was invited again by Omnipod to Amsterdam. There was this exclusive event - it's called All For One - for Podders (people who use Omnipod). And I arrived there, and I didn't know anybody, so it was a bit overwhelming.

But someone from Omnipod presented me to her colleague - the first one she introduced me to - she said, "Oh, you speak French, let me introduce you to him." And he was - I don't recall if he was French living in Switzerland or vice versa - but we started speaking in French, and I just felt at ease from the beginning.

And then there were a lot of people from the UK, from the States, so again, I was able to talk to them. I could have talked to him in English, but it's different when you speak in your native language. There's a small… it's a little bit different, yeah.

Magazica: What do you think we could do better? We're almost at the end of the conversation. What do you think we could do better, or we can do better, to support the people who are living with type 1 diabetes - people who are surviving type 1 diabetes? What can we do better?

Judy Mitri: Okay, there's a lot, but I don't know how to…

Magazica: Let's figure it like this. From the family members? From the workplace? And from the medical side. Let's do it this way.
Judy Mitri: Okay, perfect. Yeah, I like that, because I like when everything is organized - even in my thoughts.

Magazica: That is very evident from your blog posts. You write in a very organized way. Your paragraphs are so organized. And your paragraph is, like - in one paragraph, you give one theme. You don't mix two themes in the same paragraph.

Judy Mitri: You're right, exactly.
Magazica: So that is why I immediately said family, workplace… you can say it.
Judy Mitri: Thank you for that, seriously, I appreciate it. It's just so funny that you also realized my writing style.
Magazica: Thank you. Now, what can family members do?

Judy Mitri: Yeah, so again, I'm lucky because my family really understands this. I would just say that, again, I used to be a little bit frustrated before, because as much as I would try to explain my condition, they wouldn't understand it. And I would really get mad sometimes, because as much as you say, “I'm not feeling well,” or “I need to put insulin,” they were never going to understand. And knock on wood, they won’t understand it, because they don't have the illness.

All that to say that I really think it's important… I don't know how to phrase this, let me…
So, for example, my parents would sometimes ask me, “Why is it going low? Oh, you didn't eat a lot.” They were asking me why my blood sugar is acting a certain way. And it's not that they shouldn’t ask questions, but when someone is having a moment, it's not really the time to try to explain why something is happening. Just giving someone a little bit of space…

It is contradictory, because I'm telling people, “Get your family to understand the disease,” but also, when a situation is arising - you're having a really bad day - and my parents or family members ask me, “Oh, how come it's low? But you just ate a cake.” No, it's not the time to explain that I put too much insulin. You know what I mean?

So, when we say, “I don't know, let me just deal with it,” try to understand that we need space. I don't know if a lot of type 1 diabetics will agree with me, but for me personally, it's good to not try to be in every step of the way. Just let us be. Sometimes it takes time for us to recover.

Sometimes it takes me a full day to recover from a high or low blood sugar.
So, I would say that. For friends, workplace…I feel like we need some sensitivity about the topic. I'm very lucky again that I have a workplace that asks me questions. We work virtually, but when we're in person and my blood sugar beeps - “Oh, what's happening? Oh, you have type 1 diabetes? Are you okay? What do you need?”

And I'm really lucky because I don't have any discrimination. A lot of times when I tell them I'm not feeling well, they say, “Okay, take the time to recover.” I've missed a couple of meetings and they would understand that.
And not to talk about one or another, but a lot of people confuse type 1 and type 2 still. So, people think at work, “Oh, she's not feeling well, she's going to eat her candies and join the meeting and continue working.” But we need time to recover. It takes about an hour to fully recover from a low blood sugar. So really understanding what's going on in the person's life.
For me personally - and I think if I bring it to my company, they would agree - having a session about what type 1 diabetes is, would help. Someone might be type 1 diabetic at work, and some people don't want to say it because they're scared. You don't have to point fingers but just have a general presentation of what happens when people live with type 1 diabetes.

And on the medical side - talking about Quebec, because I know each province is different - resources are um… the health system is bad. Resources are bad. I think it's about being aware of the advancement of technologies.

I feel like we're always stuck behind - meaning, “You need to control your insulin and that's it.” But we have Omnipod 5, we have different insulin pumps, we have CGMs. And personally, when I go see my doctor, it takes a bunch of time just for them to figure out how to plug this in and get my data on the computer. The advancement is there, but it takes so much time.

And again, all the information I get is from social media and blogs and videos. So, I think it would help if the medical system stayed aware of what's happening in the present moment and what's helping us, so we can work with our team.

Magazica: Any last message for our readers - for the people who are hearing this, who have type 1 diabetes themselves, or maybe a family member? Any message to them?

Judy Mitri: I used to think - I used to be this person who's always positive about her diabetes, like, “Hey, diabetes is not a limitation.” And it's not. But I really want to remind people that I've had bad days with diabetes.

And I feel like it's important to remember that you need to stay positive —you need to continue your life. You can still go on with your life, do what you want, do the job you want, and the travels that you want. But if you're having a really bad period, it's okay to cry and to let it out, and to know that it sucks. It sucks—someone else can eat a donut and go on with their day. If we eat a donut it's going to screw up our day.

And if it does, I used to be like, “It's okay, I'm still healthy, I can walk…” But it's also okay to feel like, “Hey, I'm not like everyone else, and this is a bad day.” And I always say tomorrow is a new day - and it's true with diabetes. It usually comes back down, or up, and it's going to stabilize, and you can start a new day. And if it's bad again, well, it's bad, and you can cry about it again. And eventually it's going to bring itself back up.

Magazica: Be conscious, be careful, be compassionate.

Judy Mitri: Yeah, exactly, exactly, yeah.

Magazica: Thank you very much for speaking with us. It was such an inspiring conversation, and I think our readers will love it. Thank you very much.

Judy Mitri: Oh, thank you. Thank you for taking the time to hear my story, I appreciate it.

Magazica: Thank you.

Judy Mitri: Also, have a good day.

Eyes in the Digital Age: How the 20-20-20 Rule Can Ease Strain and Headaches

Editorial Team

Staring at screens is a defining feature of modern life. Whether working from home or scrolling through social media, many of us spend hours focusing on digital displays. This constant near-focus can leave the eyes feeling irritated and tired and may trigger headaches.

Eye-care professionals call this condition digital eye strain or computer vision syndrome—a constellation of symptoms that includes blurry vision, dry eyes and tension headaches. With an estimated two thirds of screen users experiencing some form of discomfort, looking after our eyes has never been more important.

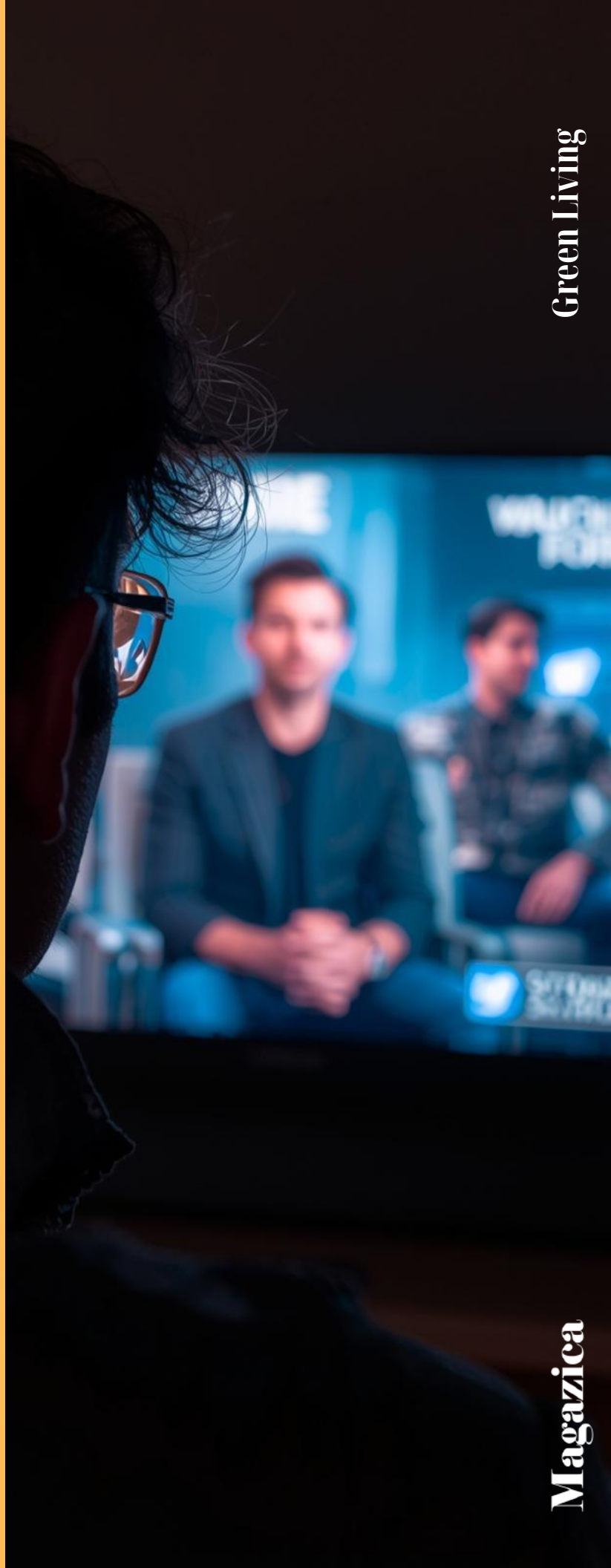
Understanding digital eye strain

Digital screens differ from printed text. Characters are created by tiny pixels with reduced contrast and subtle flickers, requiring more effort to focus.

Extended screen time also reduces our blink rate. We typically blink about 15 times per minute, but studies show that blink frequency drops to 5 to 7 times per minute when using a computer. This leads to dry eyes and temporarily blurry vision. Eye strain may be accompanied by headaches and neck or shoulder pain due to poor posture.

How the 20-20-20 rule works

To reduce discomfort, the American Optometric Association (AOA) recommends the 20-20-20 rule: take a 20-second break every 20 minutes and look at something at least 20 feet away.



Their Eye Health Guidance for Screen Time also advises a longer 15-minute break after every two hours of continuous screen use. The rationale is simple: shifting focus relaxes the ciliary muscles responsible for near vision, while frequent blinking re-lubricates the ocular surface.

The **American Academy of Ophthalmology (AAO)** echoes these recommendations. In its tips for reducing digital eye discomfort, the AAO suggests looking up from the screen and focusing on distant objects, a habit that helps relieve strain. According to the AAO, the rule alleviates temporary eye discomfort without causing harm; digital devices themselves do not permanently damage the eyes.

The **Mayo Clinic** reinforces this advice in a brief video script. Optometrist Dr. Muriel Schornack notes that prolonged screen use lowers the blink rate, leading to a dry, unstable tear film. She recommends practising the 20-20-20 rule and adds a twist: during the 20-second break, consciously blink about 20 times to spread tears evenly.

Research into the rule's effectiveness is emerging. A 2020 educational intervention found that teaching patients with computer vision syndrome to follow the 20-20-20 rule significantly improved dry eye symptoms and tear film stability.

A 2023 survey published in the Indian Journal of Ophthalmology observed that only about one-third of participants practise the rule regularly and that its evidence base is still limited. Nonetheless, many eye-care professionals endorse the technique because it encourages regular micro-breaks and eye lubrication.

Putting the rule into practice

Implementing the 20-20-20 rule is straightforward. Set an alarm or use a reminder app to prompt breaks every 20 minutes. During each break, focus on an object 20 feet away for 20 seconds—this could be a distant tree outside a window or even closing your eyes and imagining a distant horizon. Blink deliberately to refresh the tear film and use artificial tears if eyes feel dry. It's fine if the object isn't exactly 20 feet away; the goal is to relax your near-focus muscles.

In addition to the 20-20-20 routine, professionals suggest a few other strategies:

- Adjust screen setup: Sit about an arm's length (approximately 25 inches) from the screen and position it so you look slightly downward. Reducing glare with matte filters and matching screen brightness to room lighting decreases visual stress.

- Blink and lubricate: Because blinking drops dramatically during focused work, remind yourself to blink often. Using preservative-free artificial tears can help maintain moisture.

- Maintain good posture: Poor ergonomics contribute to headaches and neck discomfort. Keep your back supported and feet flat on the floor, and ensure the top of the monitor is at or slightly below eye level.

- Take longer breaks: Every two hours, step away from the screen for at least 15 minutes to rest your eyes, stretch and move around.

Can the rule prevent headaches?

Headaches linked to digital eye strain often arise from prolonged accommodation (focusing up close) and poor posture. By forcing you to break your near focus and relax the eye muscles, the 20-20-20 rule may reduce the frequency of these headaches. Studies show that individuals who consistently refocus on distant objects and take breaks experience milder computer vision syndrome symptoms. Although more research is needed, many optometrists observe that regular breaks help prevent tension headaches and eye discomfort.

A balanced perspective

The 20-20-20 rule is not a cure-all, but it's a simple, low-cost tool that encourages healthy screen habits.

Evidence for its effectiveness is growing, though not yet definitive. When combined with ergonomic adjustments and mindful screen use, this routine can alleviate eye dryness, blurred vision and headaches. As digital devices continue to dominate our work and leisure, regular eye breaks offer a small but meaningful way to support visual and overall well-being.

How Canada's Health System Frames War-Affected Children: Understanding Complex Trauma in Young Newcomers

Conceptualized by
Anthony Testa
Editor

A child sits quietly in a clinic waiting room in Canada. The child arrived only a few months ago, having fled a war-torn region with family members.
At school, teachers notice that the child rarely speaks and seems easily startled by loud sounds. At night, sleep is often broken by nightmares. The child sometimes complains of stomach pain, but medical tests show nothing is physically wrong.

To doctors who work with refugee families, these signs are sadly familiar. They are reminders that the effects of war do not end when a child reaches safety.

Across Canada, pediatricians and mental-health professionals are learning that the impact of war on children is often deeper and more complex than once believed. Instead of treating war trauma only as Post-Traumatic Stress Disorder (PTSD), Canadian health experts now describe it as complex developmental trauma. This approach acknowledges that war can impact multiple aspects of a child's life simultaneously, including physical health, emotional well-being, relationships, and learning.

Organizations such as the Canadian Pediatric Society and the Centre for Addiction and Mental Health encourage doctors, educators, and communities to work together when caring for children who have experienced armed conflict.

A Broader Understanding of War Trauma

For many years, PTSD was the main diagnosis used to describe the psychological effects of war.

Children with PTSD may experience nightmares, flashbacks, fear, or difficulty feeling safe.
However, Canadian pediatric experts say this diagnosis does not always capture the full experience of children who have grown up around violence or displacement.

According to the Canadian Pediatric Society, children affected by war often face several challenges at the same time. These may include emotional distress, learning difficulties, physical health concerns, and problems building trusting relationships.

War can interrupt the everyday experiences that support healthy childhood development. Many young people lose stable homes, regular schooling, and safe communities. Some may have been forced to move many times or spend long periods in refugee camps.

Because these experiences affect development in many ways, Canadian clinicians increasingly describe them as complex developmental trauma rather than a single mental-health disorder.

Looking at the Whole Child

Canada's health system often takes a whole-child approach when assessing refugee and newcomer children.

Instead of focusing on one symptom, doctors try to understand a child's full situation. This includes physical health, emotional well-being, family circumstances, and educational needs.

Many children arriving from conflict zones have faced disruptions in medical care. They may have missed vaccinations or suffered from malnutrition. Others may have lived with chronic stress for long periods of time.
For example, a child who complains frequently of stomach pain may actually be showing signs of emotional stress. Sleep problems, headaches, and trouble concentrating in school can also be connected to traumatic experiences.

By examining the full picture, doctors can provide care that addresses both physical and emotional needs.

Why Development Matters
Childhood is a time when the brain grows and changes quickly. During these years, children develop language, social skills, emotional control, and the ability to learn.
When a child lives in a constant state of fear or uncertainty, these developmental processes can be disrupted.

Research published in Pediatrics & Child Health shows that refugee children may experience delays in language development, problems concentrating in school, or difficulty managing strong emotions. These responses are natural reactions to extreme stress during critical periods of growth.

Early Screening and Assessment
War trauma does not always appear immediately. Some children may seem calm at first, but develop symptoms later as they begin adjusting to their new environment.

For this reason, Canadian health professionals often screen newcomer children for a wide range of concerns.

Doctors may look for:
• anxiety or emotional distress
• sleep disturbances or nightmares
• learning difficulties
• developmental delays
• nutritional problems

These screenings help identify children who may need extra support. They also allow families to access mental-health services, educational resources, and community programs.
Early support can make a significant difference in a child's recovery.

Trauma-Informed Care
Another key element of Canada's approach is trauma-informed care.
Trauma-informed care recognizes that children who have lived through war or displacement may feel unsafe or overwhelmed in unfamiliar settings. Health professionals, therefore, work to create environments that feel predictable and respectful.

This approach often includes:
• building trust with the child and family
• providing calm and structured clinical settings
• allowing children to express themselves through play or art
• using interpreters when language barriers exist

The goal is to help children regain a sense of safety and control in their lives.

The Canadian Pediatric Society recommends trauma-informed approaches when caring for children who have experienced armed conflict.

Supporting the Whole Family
War trauma rarely affects only one person. Parents and caregivers may also struggle with grief, stress, or anxiety after fleeing conflict.
When adults face these challenges, children feel the impact.
For this reason, many Canadian programs focus on family-centred care.

Mental-health support may be offered to parents as well as children. Social workers help families connect with housing services, employment programs, or language training.
Helping families rebuild stability can strengthen children's emotional recovery.

The Role of Schools and Communities
Schools and community organizations play a major role in helping war-affected children adapt to life in Canada.
Settlement agencies provide many services designed to support newcomer families. These programs may include counselling, language training, tutoring, and recreational activities that help children build friendships.
Programs funded by Immigration, Refugees and Citizenship Canada support settlement and integration services for refugee families across the country.

Schools also provide structure and routine, which can help children regain a sense of normal life. Teachers who understand trauma can help students feel safe while encouraging learning and social connections.
Friendships and supportive relationships often become powerful sources of resilience.

Resilience and Recovery

Although the effects of war trauma can be serious, many children show remarkable resilience.

Research suggests that supportive relationships, stable housing, and access to education can help young people recover from traumatic experiences. Over time, children who feel safe and supported can regain confidence and emotional strength.

Canadian health experts emphasize that recovery is possible when children have access to strong family support and welcoming communities.

A Shared Responsibility

Canada's approach to caring for war-affected children reflects a broader belief that protecting children's well-being is a shared responsibility.

Doctors, educators, community organizations, and government programs all play important roles in helping young newcomers rebuild their lives.

By recognizing war trauma as complex developmental trauma, Canada's health system encourages cooperation across these systems.

For children who have experienced conflict, the journey toward healing may take time. But with the right care and support, many can grow beyond the hardships of their past and build healthy, hopeful futures in their new home.

Sources

- Canadian Paediatric Society. Caring for children and adolescents impacted by armed conflict: A rights-based approach.
- Centre for Addiction and Mental Health. Trauma and stress-related disorders resources.
- Minhas, R. Supporting the developmental health of refugee children and youth. Paediatrics & Child Health.
- Immigration, Refugees and Citizenship Canada. Settlement services for refugees and newcomers.

Article

Dr. Manisha S. G. Krishnan

Dr. Manisha S. G. Krishnan is a Computer Science educator and researcher specializing in artificial intelligence and emerging technologies in education and healthcare. With over a decade of experience in higher education, she focuses on the ethical and policy implications of data-driven systems. Her work explores how AI can strengthen decision-making, resilience, and long-term institutional wellbeing.

Most healthcare systems were built to respond.
A patient feels unwell -> Symptoms worsen -> An appointment is scheduled -> Tests are ordered -> Treatment begins.
This model has saved millions of lives. But it is fundamentally reactive. We wait for something to go wrong before we intervene.
Now imagine a different scenario.

A public health department identifi es rising indicators of respiratory distress across a specifi c neighborhood before emergency rooms begin fi lling. A regional health authority detects early risk markers for Type 2 diabetes across a population years before formal diagnosis rates increase. Policymakers allocate targeted funding to community prevention programs before hospital admissions spike.

Predictive Analytics in Public Health

Preventing Illness Before It Begins

Nothing dramatic has happened yet. But the system already knows something is shifting.
This is the promise of predictive analytics in public health.
We are moving from reaction to anticipation.

From Treatment to Foresight

Predictive analytics uses machine learning and statistical modeling to identify patterns in large datasets where patterns are often invisible to the human eye.

In public health systems, these datasets may include electronic health records, demographic trends, environmental data, wearable device metrics, prescription histories, and social determinants of health.
When analyzed responsibly, this information can help forecast:

- Disease outbreaks
- Hospital readmission risks
- Chronic illness progression
- Resource shortages
- Population-level health disparities

The goal is not to replace clinicians or policymakers. It is to equip them with foresight.
Public health has always been about prevention through vaccination programs, sanitation systems, and early screening initiatives. What predictive analytics does is enable prevention at scale and with precision.

Instead of broad, generalized interventions, health authorities can design targeted, data-informed strategies that reach the right communities at the right time. Funding decisions become proactive rather than reactive. Infrastructure planning becomes strategic rather than crisis-driven.

Anticipation as Policy

There is something deeply transformative about prevention when it becomes embedded in policy.
When governments allocate resources before hospitals are overwhelmed, systems stabilize. When community health programs are funded based on predictive modeling rather than historical lag, disparities can be addressed earlier. When public health surveillance integrates real-time analytics, emergency response becomes coordinated rather than chaotic.

Predictive analytics transforms data from a record of what happened into insight about what might happen.
Consider chronic diseases such as heart disease or diabetes. By the time symptoms appear, physiological changes may have been progressing for years. Predictive models can identify subtle combinations of risk through lifestyle factors, access barriers, and environmental conditions, long before traditional screening thresholds are met.

For policymakers, this means the opportunity to shift budgets toward prevention programs, nutrition initiatives, urban planning improvements, and community outreach long before acute care costs escalate.
This does not eliminate uncertainty. It reduces blind spots.
And in public health policy, reducing blind spots strengthens resilience.

Beyond Outbreak Detection

The global pandemic brought predictive modeling into public awareness. Forecasting infection spread, hospital capacity needs, and vaccine distribution strategies became part of daily decision-making.

But predictive analytics extends far beyond infectious disease management.
It can:

- Identify neighborhoods at higher risk of heat-related illness during extreme weather events
- Predict maternal health complications through integrated health and social data
- Detect mental health risk patterns across communities
- Guide emergency resource allocation based on projected demand

Each of these applications informs policy decisions right from infrastructure investments to workforce planning.
The value lies not just in technological capability, but in timing.
Intervention before escalation changes both outcomes and costs.

The Ethical Responsibility of Prediction

With predictive power comes responsibility.

Health data is deeply personal. Models are only as equitable as the data used to train them. Historical inequities in healthcare access can become embedded in algorithms if governance structures are not intentional.

If underserved communities have historically received less care, predictive systems may inadvertently reinforce disparities rather than correct them.

This is why predictive analytics must be guided by strong public policy frameworks.

Responsible implementation requires:

- Clear data governance standards
- Transparency in model development
- Ongoing bias evaluation
- Independent oversight mechanisms
- Community engagement in decision-making

Prediction should inform public policy, not quietly shape it without scrutiny.

Technology can highlight patterns. It cannot replace ethical judgment, public accountability, or democratic decision-making.

Building Trust in Data-Driven Governance

Public health depends on trust.

If communities fear misuse of their data, participation declines. If clinicians distrust predictive tools, adoption stalls. If policymakers rely blindly on algorithms without understanding limitations, credibility erodes.

Trust is built when systems are explainable and accountable.

Health leaders must be able to answer:

- How was this model trained?
- What data sources were used?
- What are its known limitations?
- How frequently is it evaluated for fairness and accuracy?

Predictive analytics should function as steady, transparent, and accountable infrastructure rather than as an invisible authority.

When implemented thoughtfully, it becomes a policy asset that quietly strengthens decision-making at every level of government.

A Shift in Public Health Strategy

Perhaps the most signifi cant transformation is not technological, but strategic.

Reactive systems operate in cycles of crisis and recovery. Predictive systems operate in cycles of monitoring and prevention.

One waits for strain to appear. The other watches for subtle signals.

This shift requires investment in digital infrastructure, interdisciplinary training, ethical oversight, and long-term planning. It requires leaders who understand both algorithms and accountability. It requires policymakers willing to prioritize prevention even when results are less visible than emergency response.

But the return on that investment is profound.

Health systems become less overwhelmed. Communities receive support earlier. Resources are allocated more efficiently. Public spending becomes more sustainable.

Prevention may not always command headlines. But it shapes stability.

The Future of Public Health Policy

Predictive analytics will not eliminate illness. It will not remove uncertainty. And it will not resolve structural challenges overnight.

What it can do is provide earlier visibility for

Earlier visibility enables earlier policy intervention. Earlier intervention reduces severity. Reduced severity protects both lives and systems.

Public health has always been about creating conditions in which people can thrive. Clean water systems, vaccination programs, and safety regulations were once transformative innovations. Today, they are foundational.
Predictive analytics may become the next foundation.

Not because it is novel. But because it allows governance to be proactive rather than reactive.

In a world shaped by climate change, aging populations, urban density, and global mobility, waiting for problems to manifest is increasingly costly.

Anticipation is becoming a form of care.
And for policymakers committed to sustainable, equitable health systems, predictive analytics off ers not just technological advancement, but strategic foresight.

The Weight of a Thousand Miles: Why War's Greatest Toll Is the Hearts of Our Children

Conceptualized by
Suman Dhar
Editor-in-Chief

Imagine if your biggest worry today wasn't a deadline at work or a bill in the mail, but whether the ceiling of your home would still be there when you wake up tomorrow.

The Invisible Scars on the Mind

War is never just about the physical destruction we see on the evening news; the most serious damage happens inside the minds of children who have no choice but to endure it. Recent studies show that nearly 32% of Ukrainian adolescents screen positive for moderate to severe depression, while 17.9% struggle with significant anxiety.

We must recognize that mental health is a fundamental human right, and for children of war, the psychological burden is often heavier than any physical wound.

Beyond the immediate fear of conflict, the long-term mental health burden can persist for years after a child reaches safety. In East Africa, research reveals a staggering 47.8% prevalence of PTSD among children exposed to armed conflict, highlighting how trauma can linger long after the guns fall silent.

True healing requires a long-term commitment to mental health support that extends far beyond the initial period of resettlement.

A Childhood Interrupted

The most basic need of any child is a sense of predictable safety, yet war replaces that foundation with chaos and separation. During conflicts, children are frequently ripped away

from their parents, a trauma that research shows has consistently negative effects on their social-emotional development and future well-being.

A child's sense of security is built on the presence of their loved ones; when that bond is broken, their entire world feels unsafe.

When children are forced to flee their homes, they lose more than just a house - they lose their schools, their friends, and their routines. This "displacement trauma" creates a cumulative burden of stress that can lead to significant delays in cognitive and social development if not addressed early.

Stability is the soil in which children grow; without it, meeting developmental milestones becomes an uphill battle.

The Ripple Effect of Family Stress

Children are like mirrors, often reflecting the trauma and stress held by the adults who care for them. Evidence suggests that war-related trauma can impact children indirectly through the family system, where a parent's own distress can lead to difficulties in the parent-child relationship.

To effectively help a child recover from war, we must also provide the resources and support necessary to help their parents heal.

The way a parent interacts with their child during and after a conflict is a major predictor of the child's long-term adjustment. Studies indicate that helping parents maintain warmth and limit harshness, even amidst the atrocities of war, acts as a critical protective shield for a child's mental health.

Compassionate parenting is one of the strongest tools we have to foster resilience in the face of adversity.

Building Bridges to Resilience

Resilience isn't just something a child is born with; it's something we build together through community and school support. Schools in Canada and around the world play an essential role in helping newcomer youth feel valued and connected, which is a key ingredient in "bouncing back" from the horrors of war.

Inclusion and a sense of belonging in our local communities are the best medicines for a heart burdened by war.

Effective recovery requires a "trauma-informed" approach that prioritizes emotional safety and helps children rebuild a sense of control over their lives. This includes everything from psychological first aid to creating safe places where children can simply be children again through play and interaction.

Small, concrete acts of kindness and structured routines are the building blocks of a new, safe reality for war-affected learners.

References

Aloka, P. J. O., Ajayi, O., Zindoga, L., & Mnyamana, N. (2025). Psychosocial impact of war on the social and emotional development of young learners - An integrative review of literature. Perspectives in Education, 43(2), 5–19. DOI:10.38140/pie.v43i2.8282

Bürgin, D., Anagnostopoulos, D., Vitiello, B., Sukale, T., Schmid, M., & Fegert, J. M. (2022). Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches. European Child & Adolescent Psychiatry, 31, 845–853. https://doi.org/10.1007/s00787-022-01974-z

Elvevåg, B., & DeLisi, L. E. (2022). The mental health consequences on children of the war in Ukraine: A commentary. Psychiatry Research, 317, 114798. https://doi.org/10.1016/j.psychres.2022.114798

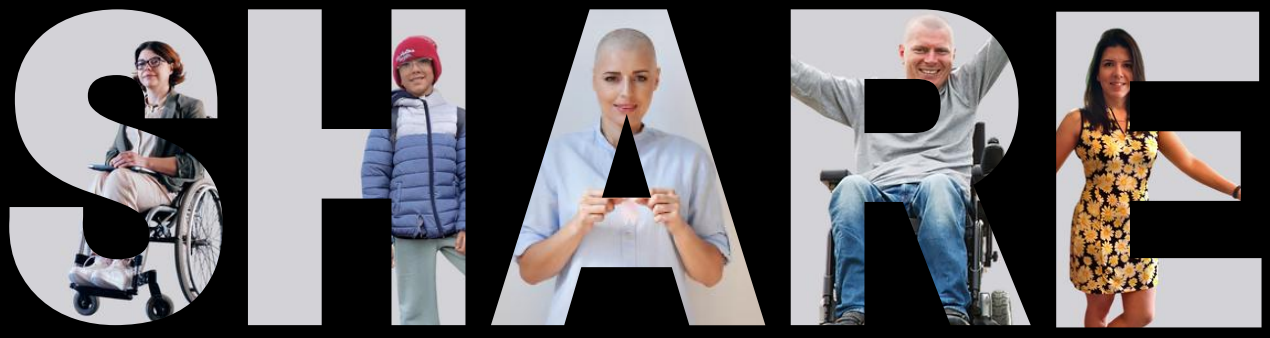
Goto, R., Skokauskas, N., et al. (2024). Mental health of adolescents exposed to the war in Ukraine. JAMA Pediatrics. Advance online publication. https://doi.org/10.1001/jamapediatrics.2024.0295

Hazer, L., & Gredebäck, G. (2023). The effects of war, displacement, and trauma on child development. Humanities & Social Sciences Communications, 10, 861. https://doi.org/10.1057/s41599-023-02438-8

McElroy, E., Hyland, P., Shevlin, M., Karatzias, T., Vallières, F., Ben-Ezra, M., Vang, M. L., Lorberg, B., & Martsenkovskyi, D. (2024). Change in child mental health during the Ukraine war: Evidence from a large sample of parents. European Child & Adolescent Psychiatry, 33, 1495–1502. https://doi.org/10.1007/s00787-023-02255-z

Adugna A, Abebe GF, Alie MS, Girma D. Post-traumatic stress disorder among children and adolescents affected by armed conflict in East Africa: a systematic review and meta-analysis. BMJ Paediatrics Open. 2026;10:e004100. https://doi.org/10.1136/bmjpo-2025-004100

Vostanis, P. (2024). Mental health provision for children affected by war and armed conflicts. European Child & Adolescent Psychiatry, 33, 3293–3299. https://doi.org/10.1007/s00787-024-02492-w



YOUR STORY OF STRENGTH

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Land as Medicine: How Reconnecting with Traditional Territories Heals Indigenous Youth

Conceptualized by
Anthony Testa
Editor

For countless generations, Indigenous Peoples have understood what Western science is only beginning to confirm: the Land is not merely a backdrop for human activity—it is a source of healing, identity, and profound wellness. As one Elder beautifully expressed, "Mother Earth is like our spiritual grandmother —Nokomis— she taught us to live the good and correct life".

This understanding, rooted in thousands of years of experience, is now being reclaimed by Indigenous communities across Canada as a powerful response to intergenerational trauma and a pathway to healing for the emerging generation.

The Land as First Teacher

Indigenous education has always centred on the Land as its primary teacher. For Peoples like the Omushkego Mushkegowuk of northern Ontario, connection to traditional territories is not simply recreational—it is integral to identity. It encompasses both physical and spiritual bonds that sustain life. The United Nations Declaration on the Rights of Indigenous Peoples affirms this fundamental relationship, recognizing the right "to maintain and strengthen their distinctive spiritual relationship with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas".

Yet colonization intentionally disrupted these critical connections. Through mechanisms researchers term "environmental dispossession," The physical removal from traditional territories. Indigenous Peoples experienced both direct removal from their

lands and indirect assaults. Forced relocation to reserves, land surrenders through treaties that were often coerced and legislation that restricted movement and access to traditional lands.

Policies like the Residential School system severed physical, emotional, and spiritual relationships with traditional territories. Banning traditional ceremonies and practices that connected people to the land. Banning of traditional hunting, fishing, harvesting practices and destruction of traditional languages that carried land-based knowledge.

Cultural, spiritual and practical relationships were systematically dismantled.

The intergenerational trauma that followed continues to affect communities today, contributing to health disparities that see First Nations people in British Columbia nearly six times more likely to die from toxic-drug poisoning than non-First Nations people.

What Is Land-Based Healing?

Land-based healing encompasses diverse practices, each unique to the Indigenous Community practicing it. These are not generic programs, but culturally specific interventions, rooted in traditional knowledge. A comprehensive 2025 scoping review, led by Madison Cachagee (Omushkego Mushkegowuk) and colleagues, examined 27 studies representing 13 Indigenous Communities across four countries, confirming that land-based healing practices share common principles while remaining distinctly Nation-specific.

Through access to traditional territories, Indigenous Peoples engage in activities that researchers refer to as "environmental repossession"—the social, cultural, and political processes of reclaiming traditional Lands and ways of life. These activities include hunting, food preparation, weaving, ceremonial practices such as smudging, smoke ceremonies, and sweat lodges, as well as traditional medicine harvesting.

In practical terms, programs across Canada are putting these principles into action. Giishkaandago'Ikwe Health Services in Ontario offers year-round land-based programming to ten First Nation communities, including traditional ceremonies like full moon ceremonies, men's and women's teachings, and water walks.

Participants engage in cultural activities such as moccasin making, medicine harvesting, hand drum making, and learning Anishinaabemowin. Similarly, the Sweetgrass Health Centre in Cochrane provides traditional healing programs that include land-based activities, cultural awareness training, and healing trauma retreats for both adults and youth.

The Role of Elders and Intergenerational Connection

Central to the success of land-based healing is the role of Elders as knowledge keepers and cultural guides. Research by Dr. David Danto of the University of Guelph-Humber, published in the International Journal of Mental Health and Addiction, explored how Elders facilitate healing in Mushkegowuk communities.

The study employed a "two-eyed seeing" approach—a framework developed by Mi'kmaw Elder Albert Marshall that honours both Indigenous and Western ways of knowing simultaneously.

Jocelyn Sommerfeld, who co-authored the study, noted a particularly significant finding: the connection between youth and Elders fills a crucial gap created by Residential Schools. "The parents of these youth were among those who attended residential schools," she explained. "I think this connection between Elders and youth is a really important part of land-based programs, because that's how youth are going to be connected with their culture".

This intergenerational transmission of knowledge embodies what Indigenous Peoples call the principle of seven generations—the understanding that each generation bears responsibility for safeguarding the well-being and survival of the next. When youth trap, harvest medicines, or participate in ceremonies alongside Elders, they are not merely learning skills; they are receiving cultural continuity disrupted by colonization.

Evidence of Healing

The evidence supporting land-based healing is compelling. Dr. Danto's research found that land-based activities improve wellbeing and mental health in many Indigenous communities. These interventions work because they recognize what psychologists term the "eco-centric self"—the understanding that for Indigenous Peoples, identity is fundamentally connected to the land.

In British Columbia, this evidence has translated into significant government investment. In August 2025, the Province announced $8.3 million for a Tŝilhqot'in-led healing and wellness model responding to the toxic-drug crisis. The Red Road River Tŝilhqox project will offer both traditional treatment and land-based healing, including 35 beds across supportive recovery, treatment, and after-care. As Nits'il?in (Chief) Otis Guichon, Tribal Chief of the Tŝilhqot'in National Government, stated, "The strength of the Tsilhqot'in Nation is in our unity: six communities working together as one to protect and care for our people".

This approach recognizes that untreated psychological effects of colonialism have been passed down through generations, creating ongoing cycles of trauma and addiction. As Scott Tremblett, CEO of Red Road Recovery, explained, "We believe true healing begins when people are connected to culture, land and community."

Challenges and the Path Forward

Despite demonstrated benefits, land-based healing programs face significant challenges, particularly with sustainable funding. Dr. Danto notes that "these approaches are often run by families or by individuals within the community who don't have the resources or the ability to go through complex funding processes. It's very difficult to get the funding, and yet I would argue that these are some of the most effective approaches to healing the community and their youth."

Researchers also caution against homogenizing diverse Indigenous practices. The unique values and approaches of each Nation must be respected rather than forced into generic categories—a consequence of colonization that continues to cause harm.

For psychologists and healthcare providers, the path forward requires humility and a willingness to learn. "The profession of psychology has a responsibility to provide culturally appropriate treatment," Dr. Danto emphasizes. "Where many Indigenous people find healing, strength and resilience is within their own culture, their own traditions, their own language and their own ways. The knowledge for healing is there among the Elders and within the community".

A Return to Balance

As Sarah Wright Cardinal's research at the University of Victoria explores, before the Indian Act and the Potlatch Ban, Indigenous nations had complex healthcare systems with intrinsic ties to the land. These holistic systems cared for the individual, family, and community through medicinal plant use, ceremonial practices, mentorship, and land-based connections.

The Mashkiwizii Manido Foundation in Ontario, serving the urban Indigenous population of Renfrew County on unceded Algonquin territory, exemplifies this holistic approach. Their programs connect community members to culture, language, traditions, and ceremonies while walking a journey of healing that addresses intergenerational trauma, the impacts of colonization, and the legacy of Residential Schools.

The significance of land-based healing for Indigenous well-being is, as the research makes clear, indisputable. For the emerging generation of Indigenous youth, reconnecting with the Land offers not only healing from past wounds but also a renewed sense of identity, purpose, and belonging. In returning to the Land, they find their way back to themselves—and ensure that the seven generations yet to come will know the healing power of their ancestral territories.

Sources for Further Reading

Cachagee, M., Poirier, B., Cachagee, C., Jamieson, L., & Neufeld, H. (2025). Nurturing roots: A scoping review on Indigenous acts of resistance through Land-based healing practices. AlterNative: An International Journal of Indigenous Peoples, 21(2), 328-338.

Danto, D., Walsh, R., & Sommerfeld, J. (2021). Land-Based Healing: Toward Understanding the Role of Elders. International Journal of Mental Health and Addiction.

Government of British Columbia. (2025). Province funds Tŝilhqot'in-led healing and wellness model. BC Gov News.

Mashkiwizii Manido Foundation. (2025). About Us. CCIB.

University of Guelph-Humber. (2021). UofGH's Dr. David Danto publishes new research on Indigenous land-based healing.

Wright Cardinal, S. (2024). Sharing medicine bundles and pathways to community wellness. Michael Smith Health Research BC.

Women's Heart Health: Recognizing the Signs and Revitalizing Fitness for Spring

By Editorial Team

Heart disease is the leading cause of death among women in the United States, yet it's still often viewed as primarily a man's issue. Women typically experience their first heart attack later in life than men, which can contribute to an underestimation of their risk. With spring signaling a season of renewal, it's the perfect time to understand how heart attack symptoms may differ for women and to adopt healthy habits that support cardiovascular well-being.

Understanding how heart attacks differ in women

While chest discomfort is common in heart attacks for both sexes, women may describe it differently—often as pressure or tightness rather than sharp pain. They're also more likely to have multiple symptoms at once, such as pain in the neck, jaw, shoulders, or back, along with fatigue, shortness of breath, or nausea. Many women say they felt "off" or sensed something wasn't right in the days leading up to a heart attack, highlighting how subtle the signs can be.

These differences can be traced to variations in the way women's hearts and arteries are affected by disease. Women are more prone to conditions like non-obstructive coronary artery disease and coronary microvascular disease, which affect smaller blood vessels and may not be detected by typical tests. They also often have blockages in smaller arteries rather than the main ones, leading to different symptom patterns.

Recognizing the warning signs

The U.S. Office on Women's Health points out that women may experience a range of heart-attack indicators, including heavy pressure in the chest, pain in the back or jaw, breathing difficulties, cold sweats, extreme tiredness, dizziness, and unexplained nausea. These symptoms can occur at rest or during sleep, making them easy to overlook. Women often put off seeking help because the signs don't match the stereotypical "movie" heart attack. As a result, they may wait much longer to seek medical care, which can lead to poorer outcomes.

Biological and lifestyle factors

Several risk factors disproportionately affect women. Smoking, lack of physical activity, stress, depression and diabetes all raise women's heart disease risk. Hormonal changes after menopause and pregnancy-related conditions like gestational diabetes and high blood pressure can also increase long-term risk. Autoimmune conditions such as lupus further elevate the chances of heart problems.

Women may develop coronary microvascular disease after menopause, causing chest discomfort that can be persistent or occur even while resting. To manage these risks, it's essential to control blood pressure, cholesterol and blood sugar, maintain a healthy weight, stay active, stop smoking, and get enough sleep.

Springtime fitness and prevention

Spring offers a motivating environment for adopting healthier habits. Health agencies recommend at least 150 minutes of moderate-intensity aerobic activity plus muscle-strengthening exercises on two or more days each week. This can include brisk walking, cycling or swimming, and workouts can be broken into shorter sessions throughout the week.

If you're resuming exercise after a winter break, start slowly. Warming up with light activity for five to ten minutes helps increase blood flow, raise muscle temperature and prepare your heart for more intense exercise. Cooling down gradually afterward allows your heart rate and blood pressure to return to normal safely. Gradually building intensity and incorporating strength training and flexibility exercises can help prevent injury.

Spring's pleasant weather provides opportunities to integrate movement into daily life—gardening, walking with friends or exploring local parks. For those with allergies, consider indoor workouts on high-pollen days.

Taking charge of heart health

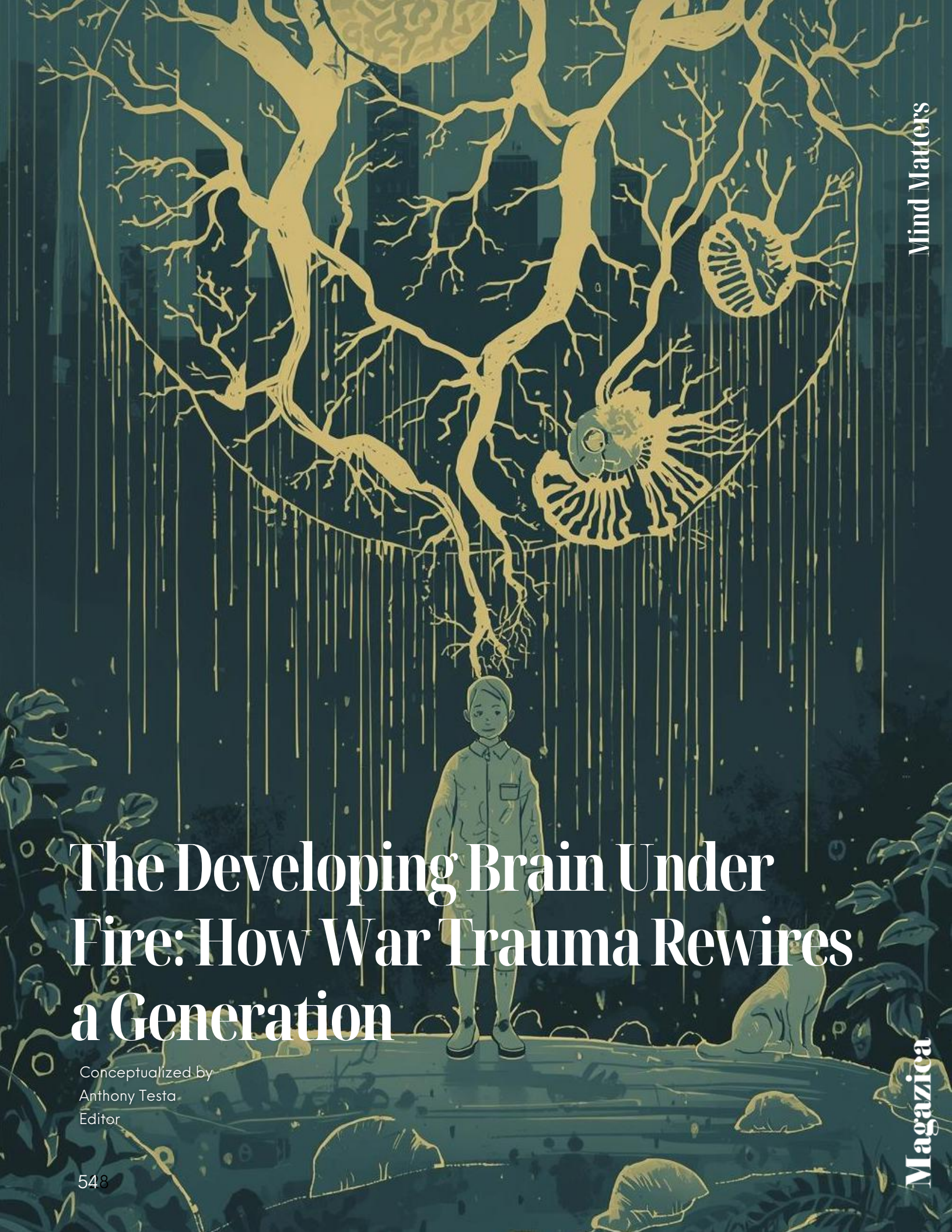
To reduce your risk, focus on heart-healthy eating—emphasizing fruits, vegetables, whole grains and lean proteins while minimizing salt, sugar and saturated fats. Managing stress through relaxation techniques, support networks or professional help is also important.

Moderating alcohol intake is another step toward better heart health. For women with chronic conditions such as diabetes or hypertension, partnering with healthcare providers is vital to effective management. Postmenopausal women should discuss changes and risks with their physicians.

Most importantly, trust your instincts. If you notice unusual symptoms—whether chest pressure, fatigue, or nausea—seek emergency care promptly. Acting quickly and ensuring you receive appropriate treatment can make a significant difference. With greater awareness and proactive lifestyle changes, spring can be a season of renewal for women's hearts.

Sources for Further Reading

· Mayo Clinic – Heart disease in women: Understand symptoms and risk factors
· U.S. Office on Women's Health – Know the symptoms
· American Heart Association – Coronary Microvascular Disease
· American Heart Association – Warm Up, Cool Down
· American Heart Association – Recommendations for Physical Activity in Adults
· CDC – Adding Physical Activity as an Adult
· Harvard Health Publishing – Understanding the heart attack gender gap



The Developing Brain Under Fire: How War Trauma Rewires a Generation

Conceptualized by
Anthony Testa
Editor

New research from Gaza, Ukraine, and beyond reveals the profound neurobiological and psychological toll of conflict on children—and what clinicians need to know

As global conflicts escalate across Gaza, Ukraine, Sudan, and other regions, a silent pandemic is unfolding alongside the visible destruction. Children—the most vulnerable population in any war zone—are not merely transiently distressed. Their developing brains are being fundamentally reshaped by trauma, with consequences that will echo for decades.
For medical professionals accustomed to treating physical wounds, the emerging data on pediatric war trauma presents a critical challenge: how do we recognize, treat, and advocate for a generation whose scars are invisible to the naked eye but detectable in every functional MRI and stress hormone assay?

The Neurobiology of Fear: Brains Forged in Fire

The parallel between combat soldiers and traumatized children is not metaphorical—it is neurobiological. Groundbreaking Functional Magnetic Resonance Imaging (fMRI) research has demonstrated that children exposed to violence show the same pattern of brain activity as soldiers exposed to combat.

When viewing angry faces, maltreated children exhibit heightened activation in two specific brain regions: the anterior insula and the amygdala. These areas form the brain's threat-detection network, responsible for scanning the environment for danger and mobilizing the body's stress response.

"Both maltreated children and soldiers may have adapted to being 'hyper-aware' of danger in their environment," explains Dr. Eamon McCrory, the neuroscientist behind this research. However, this adaptation comes at a cost. The anterior insula and amygdala are also implicated in anxiety disorders, suggesting that neural changes initially designed for survival may later predispose children to psychopathology.

Crucially, these alterations appear before any psychiatric symptoms emerge. The children studied were healthy and not suffering from mental health problems—yet their brains already showed the functional signature of trauma. For clinicians, this means waiting for diagnostic thresholds to be met may mean waiting too long.

The Gaza Data: A Generation in Crisis

Nowhere are these dynamics more starkly illustrated than in contemporary Gaza. A comprehensive cross-sectional study published in January 2026 surveyed 933 displaced children aged 3–12 living in shelters and tented communities.

The findings are nothing short of catastrophic:

- 57.8% of children met criteria for probable PTSD based on age-appropriate screening tools
- Children experienced an average of 6.7 forced displacements
- 95% had experienced house destruction
- 98% had experienced hunger

Psychosocial functioning was equally impaired, with 46.3% of children scoring in the abnormal range on the Strengths and Difficulties Questionnaire. Emotional symptoms and peer relationship problems were the most prominent domains affected.

For adolescents aged 12–17 in Gaza, the situation is even more dire. A separate study published in February 2026 found that 78.4% met screening cutoffs for probable PTSD, with 48.5% meeting full DSM-5 diagnostic criteria. Peer relationship problems affected an astonishing 90.5% of adolescents, while 43.2% reported clinically significant emotional symptoms.

These figures represent not just statistical abstractions, but a generation's developmental trajectory derailed.

Beyond PTSD: The Somatic and Intergenerational Burden

The psychological wounds of war do not remain confined to the mind. Research from Ukraine, where 105 children affected by the Russian invasion were assessed, reveals a strong direct correlation ($\rho=0.726$) between traumatic stress and somatic symptoms.

Gastrointestinal complaints predominated, often presenting with no organic etiology. Among the Ukrainian sample, 83% of children showed moderate to high risk of post-traumatic stress reactions, while 44.8% reported somatic symptoms of high or moderate intensity. The message for clinicians is clear: when a child from a conflict zone presents with unexplained

stomach pain, trauma should be high on the differential diagnosis.

Perhaps most alarming is emerging evidence that trauma's reach extends across generations. Research on epigenetic changes following extreme stress has identified the FKBP5 gene—which regulates the body's cortisol response—as particularly susceptible to trauma-related modification. These epigenetic markers can be passed from parents to offspring, meaning a child born after a conflict may still carry a dysregulated stress response because of maternal trauma during pregnancy.

As one recent review notes, "DNA methylation variations in stress-related genes such FKBP5, NR3C1, NR3C2, BDNF, and SLC6A4 have been seen in parents and/or their offspring in populations exposed to genocide, conflict, or combat." While researchers caution that evidence for true transgenerational inheritance remains inconclusive, the possibility that trauma writes itself into biology demands urgent investigation.

The Malnutrition Multiplier

In conflict zones like Gaza, psychological trauma does not operate in isolation. It converges with a second catastrophe: severe malnutrition.

The first 1000 days of life constitute a critical window for neurodevelopment. Nutrient deprivation—particularly of protein, iron, iodine, zinc, and essential fatty acids—impairs myelination, synaptogenesis, and neurotransmitter synthesis. These processes are time-sensitive; deficits during this period often lead to irreversible impairments in cognitive function.

In Gaza, the scale is staggering. By August 2025, over 12,800 children were identified as acutely malnourished, with 23% of those admitted for treatment suffering from severe acute malnutrition. More than 40% of pregnant and breastfeeding women are severely malnourished.

The interaction between malnutrition and trauma is synergistic, not additive. A brain starved of essential nutrients lacks the neuroplasticity required to recover from traumatic stress. As one recent analysis warns, "Without intervention, malnutrition in Gaza today foreshadows a future of diminished human resources and public-health crises spanning generations."

Resilience and the Path Forward

Amid this devastation, research also illuminates pathways to recovery. The same Gaza adolescent study that documented extraordinary rates of PTSD also found that prosocial behavior remained relatively preserved, with approximately three-quarters of adolescents scoring within the normal range. Crucially, higher prosocial tendencies appeared to buffer the effect of trauma on PTSD severity, suggesting that empathy, cooperation, and helping behaviors can reduce the psychological impact of war exposure. This finding aligns with a growing consensus that effective interventions must be strengths-based and family-centered, not merely focused on deficit reduction.

A Ukrainian case report of a 14-year-old who sustained a mine-explosive injury and witnessed his father's death demonstrates the value of comprehensive medical and psychological rehabilitation. Following an integrated approach addressing physical, psychological, and social domains, the adolescent showed improved psycho-emotional state, better awareness, increased control over thoughts and body, and normalization of physiological markers including blood pressure and glucose levels.

The authors emphasize that "rehabilitation measures require a family-oriented approach with the provision of necessary amount of rehabilitation assistance to all family members who have lost loved ones."

Clinical Implications

For practicing clinicians, the evidence suggests several actionable principles:

First, screen early and often. The absence of psychiatric symptoms does not indicate the absence of trauma-related neurobiological changes. Children from conflict zones warrant regular, developmentally appropriate mental health screening regardless of presenting complaints.

Second, attend to somatic presentations. Unexplained gastrointestinal symptoms, headaches, and other physical complaints in conflict-affected children should trigger trauma-informed assessment, not dismissal.

Third, recognize the malnutrition-trauma interface. Nutritional rehabilitation is not merely a matter of physical health—it is a prerequisite for neurocognitive recovery from trauma.

Fourth, leverage prosocial capacities. Interventions that foster empathy, cooperation, and helping behaviors may buffer against the worst effects of trauma exposure.

Fifth, treat the family, not just the child. Parental PTSD is strongly associated with child PTSD. Effective intervention requires addressing the entire family system.

Conclusion

The children of Gaza, Ukraine, Sudan, and other conflict zones are not merely the casualties of today's wars—they are the architects of tomorrow's societies. The evidence is unequivocal: war trauma rewires developing brains, disrupts neurodevelopment, and leaves biological scars that may persist across generations.

For the medical community, the implications extend beyond clinical practice to advocacy. The malnutrition crisis in Gaza, as one analysis puts it, is "not inevitable but engineered through deliberate manmade orchestration." Preventing childhood trauma and supporting trauma-informed interventions must be understood as medical imperatives, not political ones.

The brains of children in conflict zones are adapting to survive. Whether that adaptation becomes a lifelong liability or a testament to resilience depends on the interventions we provide—and the urgency with which we provide them.

Sidebar: Clinical Red Flags in Conflict-Exposed Children

Neurobehavioral Domain: Hypervigilance, exaggerated startle, difficulty concentrating

Emotional Domain: Irritability, emotional numbing, separation anxiety

Somatic Domain: Recurrent headaches, abdominal pain, sleep disturbances

Developmental Domain: Regression (loss of language, bedwetting in previously continent children)

Social Domain: Withdrawal from peers, aggressive play reenactment

Sources:

Horino M, Al Najjar S, Tabaza A, et al. (2025). Assessment of malnutrition in preschool-aged children by mid-upper arm circumference in the Gaza Strip (January 2024-August 2025): A longitudinal, cross-sectional, surveillance study. The Lancet, 406, 1993-2002.

Starved futures in the Gaza Strip: long-term outcomes of childhood malnutrition as a humanitarian emergency | BMJ Global Health

Abu Jamei Y, Barbui C. (2024). Priority setting for mental health in Gaza. The Lancet Psychiatry, 11(12), 953-955.

Priority setting for mental health in Gaza - The Lancet Psychiatry

Spiegel PB, Abrahim O, Abbara A, et al. (2025). Stop the starvation: Restore civilian aid and protect health care in Gaza. The Lancet, 406, 1066-1068.

Starved futures in the Gaza Strip: long-term outcomes of childhood malnutrition as a humanitarian emergency | BMJ Global Health

Karazin VN, et al. (2025). Analysis of the impact of traumatic stress on the health of children and adolescents. Wiadomości Lekarskie, (6), 1059-1065.

Analysis of the impact of traumatic stress on the health of children and adolescents

Papakonstantinou E, Efthimiou V, Chrousos G, et al. (2024). Genetics and epigenetics of the war child (Review). International Journal of Epigenetics, 4(1).

https://www.mendeley.com/catalogue/e41f75bb-dd2e-3511-9187-6a8a0e902a74/

Society for Research in Child Development. (2024). Biological Embedding of Trauma in War and Displacement: Intergenerational Mechanisms and Innovations.

https://srcd.secure-platform.com/site/solicitations/102002/sessiongallery/94377

Banihashemi L, Wallace ML, Peng CW, et al. (2017). Childhood maltreatment moderates the effect of combat exposure on cingulum structural integrity. Development and Psychopathology, 29(5), 1735-1747.

https://pubmed.ncbi.nlm.nih.gov/29162178/

Mindful Eating 101: Slowing Down, Chewing Thoroughly and Telling True Hunger From Emotional Cravings

By Editorial Team

In a world of constant multitasking and rushed meals, many of us finish a plate before our brains have even registered that food has arrived. Research from Harvard Health Publishing explains that satiety signals rely on stomach stretch receptors and digestive hormones sending messages to the brain; this communication can take about 20 minutes, meaning that eating too quickly can easily lead to overeating.

Mindful eating—a practice of paying attention to your food and bodily sensations—offers an antidote. It isn't a fad diet or strict rulebook; instead, it encourages awareness of flavor, texture, hunger and fullness cues. By slowing down, chewing thoroughly and understanding the difference between physical hunger and emotional cravings, you can improve digestion, reduce binge eating and even feel more satisfied with smaller portions.

Slowing down: why it matters

Our bodies need time to register fullness. When you gulp down lunch in front of a screen, your brain may not recognize signals from your stomach until the meal is long gone. Harvard Health notes that rushing through meals prevents stretch receptors in the stomach and appetite hormones from telling the brain you're full, leading to overeating.

Eating more slowly also enhances digestion: a Brigham and Women's Hospital article points out that when we eat distractedly, the digestive process becomes 30–40 percent less efficient, which can cause gas and bloating. Mindful eating aims to break this cycle by making meals last at least 20 minutes. Harvard experts suggest setting a timer and pacing yourself so the meal stretches to the buzzer, putting your fork down between bites and focusing on the sensations of each mouthful. When you pay attention to taste, temperature and texture, you're more likely to notice satiety and stop eating when comfortably full.

Chewing thoroughly for digestion and satisfaction

Chewing does more than break down food; it sets the stage for digestion and enjoyment. Nutrition experts recommend savouring small bites and chewing thoroughly. These practices slow down the meal and allow you to fully experience flavours. Brigham and Women's Hospital suggests chewing each bite 30–50 times, setting down utensils between bites and eating without distractions such as television or smartphones. Chewing thoroughly not only allows saliva to begin breaking down food but also gives your brain more time to register fullness. Harvard Health adds that asking yourself whether you're truly hungry before returning for seconds is another simple way to check in with your body. By adopting these habits, you reduce the likelihood of mindless snacking and help your digestive system do its job.

Recognizing true hunger versus emotional cravings

One of the core skills of mindful eating is learning to distinguish physical hunger from emotional or environmental triggers. Cleveland Clinic psychologists explain that physical

hunger builds gradually and relates to the time since your last meal. Emotional hunger tends to strike suddenly and is often triggered by stress, boredom or fatigue.

Before acting on a craving, they recommend "interviewing" your hunger—asking yourself why you want to eat and whether you might instead need a break, comfort or distraction. If you ate a few hours ago and don't feel a rumbling stomach, you may be experiencing emotional hunger. The Mayo Clinic offers a similar "hunger reality check": pause for a few minutes and assess whether your urge to eat is physical or emotional. Keeping a food diary can help identify patterns between mood and food, and getting support from friends or professionals may prevent emotional eating from becoming an unhealthy coping mechanism.

Mindful eating techniques also cultivate non-judgmental awareness of thoughts and emotions so you can observe cravings without automatically acting on them.

Building mindful eating skills: simple exercise

Mindful eating may feel unfamiliar, but simple exercises can help you develop the habit. The VA Whole Health Library describes a basic practice using a single bite of fruit: take a small slice (such as apple), close your eyes and notice the smell, temperature and texture before chewing. Chew slowly, paying attention to each movement of your jaw; when you swallow, track the sensation of the food as it moves down your throat, then pause and

breathe. This exercise trains you to stay present during eating and to notice subtle signals of taste and satisfaction. Other ways to introduce mindfulness include using chopsticks or your non-dominant hand, sitting at a table, eating without screens or reading, and taking a sip of water between bites. Brigham and Women's Hospital also suggests making the first bite of each meal a "mini meditation," repeating the apple exercise to set the tone for the rest of the meal. Practising deep breathing before meals and giving thanks for the journey of your food can further slow you down and cultivate gratitude.

Conclusion

Mindful eating isn't about strict dietary rules—it's about cultivating awareness of what and why you eat. By slowing down, chewing thoroughly and pausing to check your hunger, you give your body time to communicate fullness and reduce the impulse to overeat. Recognizing emotional cues such as stress or boredom and responding with self-care instead of food can prevent binge eating and support mental well-being. Simple exercises like a mindful apple bite, using chopsticks or setting a 20-minute timer can make mindful eating feel like a fun experiment rather than a chore. As research from Harvard's nutrition experts suggests, mindfulness practices slow the pace of a meal, improve digestion and help people recognize feelings of fullness. With patience and practice, mindful eating can transform meals from hurried refueling into moments of nourishment and connection.

Suggested Sources for Further Reading

- Harvard Health Publishing: Slow down—and try mindful eating—explains how satiety signals work and offers practical techniques for slowing down.
- Harvard T.H. Chan School of Public Health: Mindful Eating—details practices such as savoring small bites, chewing thoroughly and not skipping meals.
- Mayo Clinic: Weight loss: Gain control of emotional eating—provides tips for keeping a food diary and performing a hunger reality check.
- Cleveland Clinic: Decoding Your Hunger: Are You Really Hungry or Not?—distinguishes physical hunger from emotional hunger and suggests interviewing your hunger.
- Brigham and Women's Hospital: Mastering the Mindful Meal—offers mindful eating exercises and encourages chewing food 30–50 times and making meals last 20 minutes.
- VA Whole Health Library: Mindful Eating: Enhancing Your Relationship with Your Food—defines mindful eating and provides introductory exercises and ways to eat mindfully

The Canine Cleanup Crew: How Dogs' Outdoor Adventures May Shape Our Microbiome and Immune System

Paw prints across the floor; a trail of microbes that interact with our own biology.

When your dog charges back into the house after chasing squirrels or splashing through puddles, it picks up soil- and plant-derived bacteria on its fur and paws. Scientists are discovering that these microbial hitchhikers can take up residence in our homes and even shape the community of microorganisms living on and within us. Understanding how this "canine cleanup crew" affects human health—and how to balance potential benefits with proper hygiene—opens a new window into the unseen ways pets influence our bodies.

From Soil to Sofa: The Microbial Passport of Dogs

Our homes teem with microscopic life, and pets can alter that ecosystem in tangible ways. In a study that swabbed nine household surfaces across 40 homes, researchers found that dwellings with dogs harbored markedly more diverse bacteria than dog-free homes. Pillowcases and television screens in dog-owning households had 42–52 percent more kinds of microbes than similar surfaces in homes without pets. The team observed that bringing a dog into a house introduces a suite of dog-associated bacteria that may have health effects.

Soil and leaf bacteria were most abundant on exterior door trims and kitchen surfaces, illustrating how outdoor excursions translate into indoor microbial diversity.

Another line of evidence comes from household dust studies. Researchers who analyzed dust before and after families brought home a dog observed shifts in the composition and abundance of certain bacterial groups. These changes were more pronounced after a year and were linked to reduced allergic sensitization in children. Dogs essentially act as vectors, carrying low-abundance environmental microbes into living spaces and reshaping the dust microbiome.

Microbial Diversity and Immune Training

Why should anyone care about a few extra microbes on their pillow? The answer lies in the developing immune system. Studies consistently show that children raised with dogs have lower rates of allergies and asthma than those without early pet exposure. One reason is that infants exposed to dogs exhibit greater gut microbial diversity. Diversity in the gut during early life is linked to more balanced immune responses and a lower risk of allergic diseases.

Research has also examined the prenatal period. A Canadian study of more than 700 infants found that babies born into households with pets had roughly twice the levels of Ruminococcus and Oscillospira, gut bacteria associated with reduced risk of allergies and obesity. Interestingly, the effect persisted even when the pets were rehomed before birth, suggesting that mothers may transfer beneficial microbes acquired from pets to their babies. Scientists point to a critical window during pregnancy and the first few months of life when exposure to a diverse array of microbes helps calibrate the immune system.

Adult Microbiomes: Subtle Effects and Additional Benefits

The impact of pet ownership on adult microbiomes appears less pronounced. A case-control study of Wisconsin adults found little difference in overall gut microbial diversity between pet owners and those without pets, although some bacterial species were more or less abundant depending on pet exposure. Nevertheless, earlier research shows that pets can significantly alter the skin microbiome and increase environmental microbial diversity in the home. The study authors hypothesized that pet exposure may have a greater influence on the microbiome during infancy and early childhood than in later life.

Beyond microbiota, dogs offer other health perks. UCLA physicians note that dogs bring in a variety of outdoor bacteria that may help maintain a healthy gut and have been linked to a lower risk of Crohn's disease in children. Dog ownership also encourages physical activity and reduces stress, both of which support immune function. However, there are caveats: people with severe allergies, asthma or compromised immune systems should consult a healthcare provider before adopting a pet.

Hygiene and Safety: Clean Hands, Happy Homes

The benefits of canine-mediated microbial exposure come with responsibilities. Pets can carry organisms that cause illness, especially for young children, older adults and immunocompromised individuals. The U.S. Centers for Disease Control and Prevention

advises washing hands thoroughly with soap and running water after playing with pets, feeding them, cleaning their habitats, picking up waste or leaving areas where animals live.

Hand sanitizer is a temporary measure when sinks aren't available.

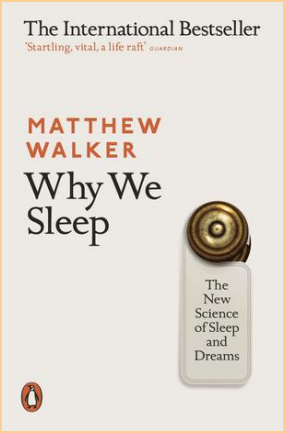
Good household practices minimize the risk of zoonotic infections. Pet supplies and habitats should be kept out of kitchens and cleaned outdoors; never use food preparation sinks for washing pet items. Pet feces can harbor parasites like roundworms and hookworms, so always collect and dispose of dog waste and prevent children from playing in contaminated areas. Teach children to wash their hands after interacting with animals and discourage them from kissing pets or putting hands in their mouths. Routine veterinary care—vaccinations, deworming and flea control—helps keep pets and families healthy. People with weakened immune systems should take extra precautions and seek medical advice.

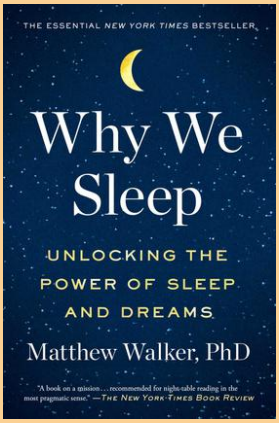
Dogs act as microbe couriers, transferring environmental bacteria from parks and gardens into our homes. This microbial influx can diversify household dust and surface communities and appears to play a role in shaping the human microbiome and immune system. Early exposure to pets during pregnancy and infancy increases beneficial gut bacteria and is associated with lower rates of allergies, asthma and even some inflammatory conditions. Although the effect is less pronounced in adults, owning a dog still confers health benefits through increased physical activity, reduced stress and possibly subtle shifts in skin and gut microbes. To reap the benefits without undue risk, pet owners should practice good hygiene—washing hands, keeping pet supplies separate from kitchens and promptly disposing of waste. With a thoughtful approach, the canine cleanup crew can enrich our microbiome and immunity while keeping our households safe.

Resources (Selected References)

- Indoor Air – Dog introduction alters the home dust microbiota: Shows dogs increase bacterial diversity and specific genera in household dust.
- Live Science – Dogs bring swarm of bacteria into your home: Reports homes with dogs have more varied microbes on surfaces and that dog owners' children may have fewer allergies.
- Frontiers in Cellular and Infection Microbiology – Household pet ownership and the human gut microbiota: Discusses how pet exposure influences gut microbial diversity and notes greater effects in early life.
- Time / Microbiome – Pets help kids build immunity even before they're born: Describes higher levels of beneficial gut bacteria in infants born into pet-owning households.
- CDC Healthy Pets, Healthy People: Provides handwashing, cleaning and waste-disposal guidelines to stay healthy around pets.

BOOK
Review





The Nightly Elixir: Why Sleep is the Billion-Dollar Secret to Living Longer

Prepared By
Suman Dhar
Editor-in-Chief

What if there was a tool, a biological tool, that was part of all of our makeup, which could improve your memory, strengthen your immune system, and give you more vitality? This 'elixir of life,' while not needing a prescription, has become a hard-won luxury in the lives of many Canadians, juggling multiple shifts or the cost of living, but it is only by understanding its true value that we can begin to reclaim it.

The Cave of Constant Darkness

In 1938, two men took hospital beds into Mammoth Cave, Kentucky, which is one of the deepest caves on Earth, where no sunlight penetrates. Professor Nathaniel Kleitman and Bruce Richardson stayed in total darkness for thirty-two days to find out if our bodies would ever forget how to measure time. They learned that our bodies have an internal, "endogenous" clock that ticks away regardless of whether we have sunlight or not, and it has a rhythm of about twenty-four hours.

We have been biologically programmed with an internal, rhythmic clock that controls our very survival, despite all the artificial lights that surround us.

The internal clock, which is located in the suprachiasmatic nucleus, is a small group of 20,000 nerve cells that orchestrates all the events of our lives, from our core temperature to our metabolism and hormonal secretions. When we do not heed our internal clock, we are not simply "tired"; we are out of synchronization with our bodies.
Being mindful of our internal clock is the first step towards regaining our health.

The Collision of Efficiency and Biology
We are currently existing in a 24/7 society, which values productivity over physiology. This approach, which can be called an 'industrialized' approach, has led to the sleep loss epidemic that the World Health Organization refers to.
For Canadians who are feeling the 'grind' of the new economy, sleep deprivation is sometimes not the issue of lacking the strength to make better choices, but rather the result of the way that we have organized our communities.
By becoming supporters of chronodiversity, we can unleash massive amounts of human potential.

The Architect of the Night
Matthew Walker, a neuroscientist with twenty years of research on the mysteries of the mind, has written **Why We Sleep** as a scientific intervention.
He wants us to know that sleep is not the absence of wakefulness; it is an exquisitely complex, metabolically active process. His work proves that every single organ in the body, and every single process in the brain, is enhanced when we sleep and diminished when we don't.
Sleep is the single most effective way to reset our brain and body health each day.

Walker's work has also shown us that sleep has two different masters, or functions: one is called NREM (Non-Rapid Eye Movement) sleep, and the other is called REM (Rapid Eye Movement) sleep. "NREM sleep is like a master gardener, clearing out the weeds of unnecessary neural connections, whereas REM sleep is like a master pruner, strengthening the remaining connections." We need these two types of sleep to be smart and emotionally well-functioning.

A National Emergency for the Body
The effects of this kind of chronic short-sleeping, however, are not limited to the grogginess one feels in the morning. In fact, research has shown that the effects of short sleep are a "significant tax on our physical well-being." Walker also points out studies that show that sleeping fewer than six or seven hours per night is "strongly linked to a weakened immune system and the onset of various other serious and chronic diseases, including some types of cancer and Alzheimer's."

In fact, sleep is not just 'rest,' but the brain's 'nightly power cleanse,' helping to process metabolic waste products that have built up in the body during the day.

The Canadian Context: Safety Comes First

As Canadians face the challenges of our troubled healthcare system, the importance of the role that sleep plays in preventative healthcare has never been more salient. Although it is not possible to 'sleep our way' out of the problems that plague our system, recognizing sleep as a basic building block of health, similar to diet or exercise, allows us to begin to advocate for a stronger Canada. In making small changes where we can, we are not simply resting; we are working towards a more caring, better-rested world.

A well-slept Canada is a stronger, more productive, and more compassionate Canada.

Closing Reflection

We must reclaim our right to a full night's sleep without being judged as lazy. Sleep is our "chief nourisher in life's feast," something that evolution has granted us, which we have foolishly discarded so quickly. Tonight, as you go to bed, remember that sleep is the bridge between despair and hope. By choosing your pillow over your device, you are choosing life, and by extension, all its vibrancy.

The best version of yourself is only one good night's sleep away.

Book of The Month: Why We Sleep: Unlocking the Power of Sleep and Dreams
Author Name: Matthew Walker
Book Genre: Health, Neuroscience, Nonfiction, Psychology, Science, Self Help

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