

# Magazica

Issue June 2025

## Health

Hope, Happiness

HEALING BEYOND  
MEDICINE AND  
BREAKING THE  
MYTHS:

AN INTERVIEW WITH  
DR. TAHER CHUGH

HEALING FROM  
ADDICTION:

BY SHARLIN RAHIMAN

CANADA'S WILDFIRE CRISIS  
AND ITS HEALTH  
IMPLICATIONS

CANADA'S  
MOVEMENT TO  
END MENSTRUAL  
INEQUITY

GENE EDITING  
CASHES:

BY MAHDI KHAZAEI

EXPANSION OF  
CANADA'S DENTAL  
CARE PLAN

And plenty more to  
explore on *Magazica*

HAPPY  
PRIDE  
MONTH

DR.  
TAHER CHUGH

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# Table of Contents

## **06 A Smile for All:**

Expansion of Canada's Dental Care Plan

## **08 Smoke Signals:**

Canada's Wildfire Crisis and Its Health Implications

## **10 Healing Beyond Medicine and Breaking the Myths:**

Dr. Taher Chugh on Concussions, Recovery, and Mental Resilience

## **24 Stronger Bones, Stronger Canada:**

Confronting Osteoporosis Together

## **26 Healing from Addiction:**

Insights on Recovery, Resilience, and Family Support

## **34 Rethinking Neurodiversity:**

Canada's Shift Toward Acceptance and Belonging

## **36 Safety First:**

How Canada is Redefining Workplace Wellness

## **38 Gene Editing Cashes In:**

Casgevy's First Sales Signal the Commercial Dawn of DNA-Editing Technology

## **42 The Man Who Mistook His Wife for a Hat**

Oliver Sacks

## **46 Period Power:**

Canada's Movement to End Menstrual Inequity

# Magazica

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HAPPY  
PRIDE  
MONTH

June is Pride Month. At Magazica, we believe that health and wellness flourish in environments where everyone feels seen, respected, and valued. Pride is not just a celebration—it's a continued movement for equal rights, visibility, and dignity.

This month, we stand in solidarity with those who have fought—and continue to fight—for inclusion and justice. We reaffirm our commitment to amplifying voices that have long been underrepresented and to fostering a culture of care, empathy, and acceptance in every corner of the health and wellness world.





# A Smile for All:

## Expansion of Canada's Dental Care Plan

By Editorial Team

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Oral health is a critical component of overall well-being, yet many Canadians lack access to affordable dental care. Recognizing this, the Canadian government has expanded the Canadian Dental Care Plan (CDCP) to include all eligible adults aged 18 to 64, starting June 1, 2025. ([canada.ca](https://canada.ca))

The CDCP aims to provide comprehensive dental coverage for uninsured Canadians with an adjusted family net income of less than \$90,000.

Services covered include routine check-ups, cleanings, fillings, and more complex procedures. ([canada.ca](https://canada.ca))

This expansion is a significant step toward reducing health disparities and ensuring that financial constraints do not prevent individuals from receiving necessary dental care. By investing in preventive oral health services, the government anticipates a decrease in emergency dental visits and associated healthcare costs.

The CDCP's growth reflects a broader commitment to universal healthcare and the understanding that oral health is integral to overall health.

## Resources

- <https://www.canada.ca/en/health-canada/news/2025/03/canadian-dental-care-plan-expands-to-include-millions-of-new-eligible-canadians.html>

# DENTAL CARE PLAN



# Smoke Signals:

## Canada's Wildfire Crisis and Its Health Implications

By Editorial Team

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Canada is grappling with an unprecedented wildfire season in 2025, with over 1,377 fires burning across provinces like Manitoba, Ontario, Saskatchewan, Alberta, Quebec, and Newfoundland and Labrador. These fires have scorched more than 1.58 million hectares, leading to the evacuation of approximately 26,900 residents and resulting in two civilian fatalities.

The health implications are profound. Smoke from these wildfires contains fine particulate

matter (PM2.5), which can penetrate deep into the lungs and bloodstream, exacerbating respiratory and cardiovascular conditions. Vulnerable populations, including children, the elderly, and those with pre-existing health conditions, are at heightened risk.

Air quality advisories have been issued across Canada and parts of the United States, with some regions experiencing "very unhealthy" air quality levels. Residents are advised to stay indoors, use air purifiers, and wear N95 masks when venturing outside.

The situation underscores the urgent need for comprehensive climate action and public health preparedness to mitigate the impacts of such environmental crises.

## References

- [https://en.wikipedia.org/wiki/2025\\_Canadian\\_wildfires](https://en.wikipedia.org/wiki/2025_Canadian_wildfires)
- <https://www.washingtonpost.com/climate-environment/2025/06/02/wildfire-smoke-air-quality-safety/>
- <https://economictimes.indiatimes.com/news/international/global-trends/canadian-wildfires-effect-in-us-what-are-purple-red-and-maroon-alerts-heres-everything-you-need-to-know/articleshow/121597266.cms>



# Interview

*With a physician specializing in sports medicine, family medicine, and concussion management.*

*Taher*

*Chugh*



Dr. Taher Chugh is a leading physician specializing in sports medicine, family medicine, and concussion management. As the medical director of the Institute for Behavioural & Functional Medicine and the Toronto Concussion Clinic, he applies advanced expertise in physiological retraining to patient care. A University of Toronto medical graduate, Dr. Chugh integrates psychotherapy into his approach, emphasizing a holistic recovery model. With a commitment to evidence-based medicine, he continues to drive innovative treatments that empower patients to regain optimal health and performance.



# Healing Beyond Medicine and Breaking the Myths:

**Dr. Taher Chugh on Concussions, Recovery, and Mental Resilience**

Imagine waking up one day and realizing the way your body moves, the way your mind thinks—it's all changed. Concussions do that. But what if recovery wasn't just about waiting? What if healing was about strategy, training, and mindset? Dr. Taher Chugh doesn't just treat injuries—he transforms the way we understand them. As the director of the Institute for Behavioural & Functional Medicine, he has

dedicated his career to helping patients reclaim their lives with science-backed rehabilitation. In this interview, Dr. Chugh uncovers the truth about concussions, mental resilience, and how the future of healing lies in understanding both body and mind.

**Magazica:** Dear readers and viewers, today we have with us a dedicated physician committed

to comprehensive patient care. Dr. Taher Chugh is the medical director of the Toronto Concussion Clinic and the Institute for Behavioral and Functional Medicine. With a background in family medicine, sports medicine, and psychotherapy, Dr. Chugh's approach focuses on empowering individuals to achieve healthier lives. His dedication to thinking outside the box to improve patient well-being makes his insights particularly valuable. Welcome, Dr. Chugh, to *Magazica*.

**Dr. Taher Chugh:** Thanks for having me.

**Magazica:** You have dedicated a significant part of your career to understanding and treating concussions. For our readers who may not be familiar with concussions, could you explain in simple terms what a concussion is and why it's so important to take it seriously?

**Dr. Taher Chugh:** Our brains function in networks, with different areas working in cooperation. When a concussion occurs, part of that network is disrupted—it essentially goes offline. As a result, individuals may find that they can't perform certain tasks the way they used to.

Treatment focuses on reactivating those circuits and restoring normal function. It's not something a doctor can do for you—you have to train your brain back into balance.

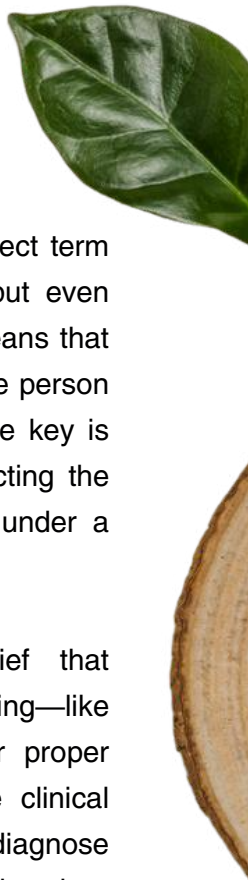
There are many conditions that work similarly. For example, an ankle sprain is treated through neuromuscular control training, which lasts about twelve weeks. This training helps individuals relearn muscle coordination, timing,

and integration with breathing and focus. In the same way, concussion recovery involves retraining the affected neural networks so you can regain function.

**Magazica:** You serve as the medical director of the Toronto Concussion Clinic. Over time, what are some of the most common misconceptions you've encountered about concussions? What would you like everyone to understand?

**Dr. Taher Chugh:** One major misconception is that post-concussion syndrome is a formal diagnosis—it isn't. It hasn't been recognized as a diagnosis for about fifteen years now, even though systems like OHIP and insurance companies still use the term. The correct term is *persistent concussion symptoms*, but even that isn't a true diagnosis. It simply means that a brain injury has occurred and that the person is experiencing various symptoms. The key is to identify the specific conditions affecting the individual rather than grouping them under a general umbrella.

Another misconception is the belief that concussions require objective testing—like MRIs, CT scans, or blood tests—for proper diagnosis. However, concussions are clinical diagnoses, much like headaches. We diagnose and treat them based on symptoms rather than relying on imaging or lab tests. Unfortunately, insurance companies and legal systems still focus on methods, looking for structural damage rather than understanding the functional changes that concussions cause.



Once people understand these misconceptions, they gain a clearer perspective on their condition and how to manage it effectively.



**Magazica:** That's very insightful. The way you explain it makes so much sense, but sometimes the overall perspective seems stuck in a traditional framework.

**Dr. Taher Chugh:** Yeah, exactly.

**Magazica:** Your background includes training in both sports medicine and psychotherapy. How do these two seemingly different fields intersect when it comes to helping individuals recover from injuries and improve their overall health?

**Dr. Taher Chugh:** I don't see them as that different—I view them as two sides of the same coin. If you look at professional athletes, psychology is a crucial part of their training. My

focus has been on functional rehabilitation, helping people align their performance with their personal goals.

When treating back injuries, for example, we start by analyzing biomechanics and teaching patients the foundational movements that prevent further injury. However, many people also experience fear around movement due to preconceived notions of pain and consequences. Helping them shift their psychological perspective can be incredibly beneficial.

I remember in medical school at Sunnybrook, around 2004 or 2005, an orthopedic surgeon gave a talk. He had clinics in New York, California, and Toronto, and was highly experienced in treating back injuries. About

halfway through, I found myself confused and asked him, “Sir, are you a psychiatrist or an orthopedic surgeon?” He laughed and replied, “I’m an orthopedic surgeon, but psychology plays a major role in injury treatment.”

This interaction stuck with me. Take, for example, a patient with a disc herniation visible on an MRI—it doesn’t necessarily mean they will experience pain or disability. Conversely, someone with an unremarkable MRI may suffer from significant pain and impairment. This highlights the misconception that every medical condition can be diagnosed through imaging or lab tests. The brain functions across multiple dimensions, and understanding these complexities is key to effective treatment.

**Magazica:** That reminds me of a quote I once read: *We human beings are not a body with a mind; we are a mind with a body.* The mind is just as important as the body, and patient care must address both psychological and physiological aspects.

**Dr. Taher Chugh:** Absolutely. I remember working with a post-concussion patient who struggled with screen sensitivity. While there’s extensive physiological research on managing this, she had already returned to work, so pausing everything to focus solely on retraining wasn’t an option.

I decided to do a solution-focused session with her, guiding her to explore alternative strategies and leverage her personal strengths. Within a week, her resilience to screen exposure improved dramatically—not because I gave her specific instructions, but because she reframed

the challenge on a psychological level. It reinforced for me just how fundamental psychology is in recovery.

**Magazica:** That’s an inspiring example. You have a strong commitment to addressing healthcare inequalities. Can you tell us more about the importance of accessible care, particularly in post-concussion treatment and related mental health support?

**Dr. Taher Chugh:** That’s a big question—I could go in many directions, but I’ll keep it straightforward.

“

**RECOVERY ISN’T ABOUT  
MANAGING SYMPTOMS—IT’S  
ABOUT TRAINING YOUR BODY  
AND MIND TO FUNCTION  
OPTIMALLY.”**

”

Take *persistent concussion symptoms*, for example. The Ontario Neurotrauma Foundation provides excellent guidelines that are internationally recognized, but patients in Ontario often struggle to access that care.

Or consider insomnia—it’s widely discussed now, especially with high-profile figures like Bryan Johnson promoting sleep research. About 10% of the population experiences chronic insomnia, and 40% face occasional sleep disturbances. We know the gold standard

for treatment is Cognitive Behavioral Therapy for Insomnia (CBT-I), yet most people have never heard of it. While doctors understand it's the recommended approach, many patients are still prescribed sleeping pills that provide short-term relief but don't address the root cause.

This is where my interest lies—ensuring people receive treatments that train their physiology rather than just manage symptoms. True recovery comes from strengthening the body and mind rather

than relying solely on medication.

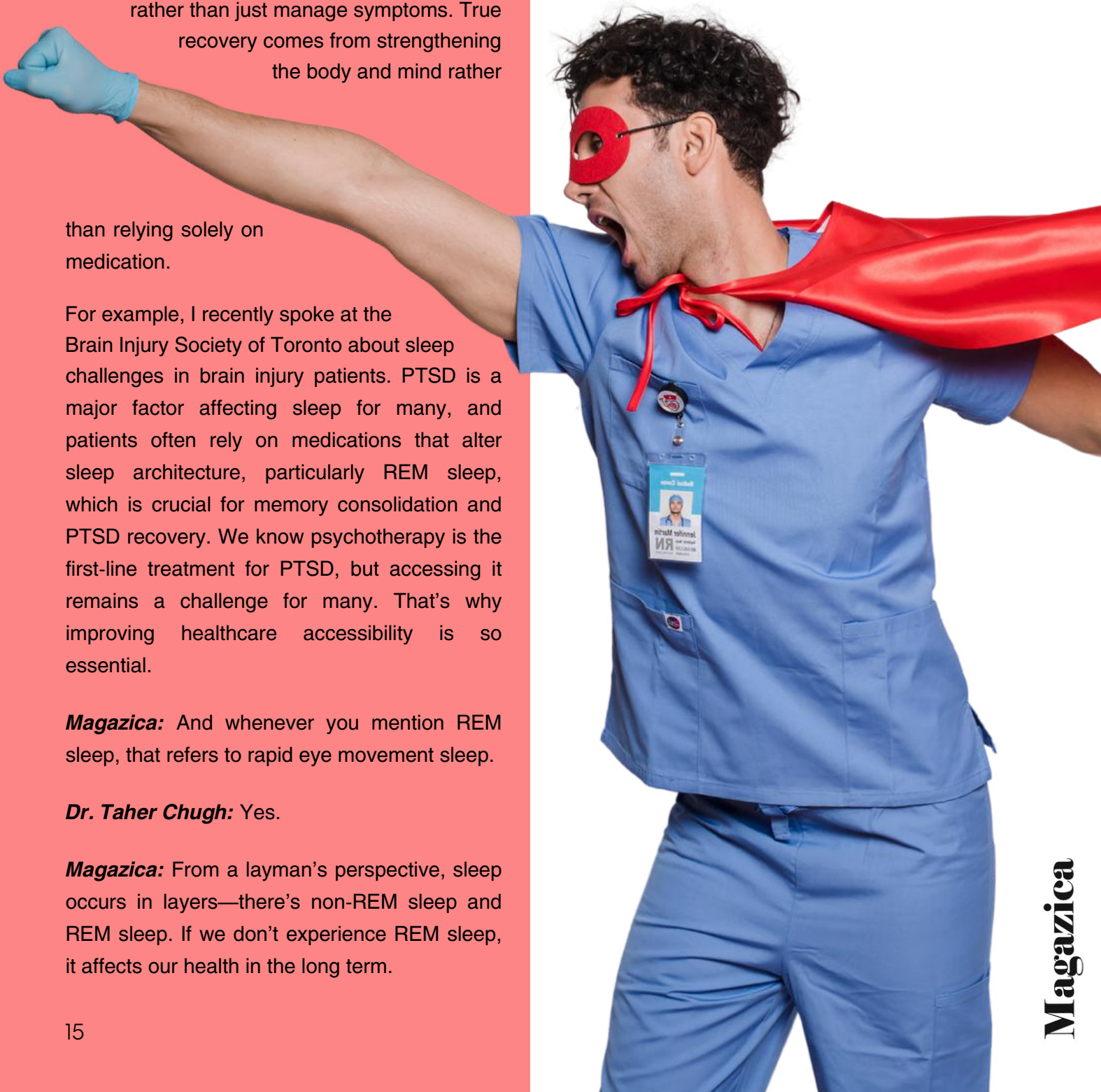
For example, I recently spoke at the Brain Injury Society of Toronto about sleep challenges in brain injury patients. PTSD is a major factor affecting sleep for many, and patients often rely on medications that alter sleep architecture, particularly REM sleep, which is crucial for memory consolidation and PTSD recovery. We know psychotherapy is the first-line treatment for PTSD, but accessing it remains a challenge for many. That's why improving healthcare accessibility is so essential.

**Magazica:** And whenever you mention REM sleep, that refers to rapid eye movement sleep.

**Dr. Taher Chugh:** Yes.

**Magazica:** From a layman's perspective, sleep occurs in layers—there's non-REM sleep and REM sleep. If we don't experience REM sleep, it affects our health in the long term.

**Dr. Taher Chugh:** Absolutely. If you're not getting REM sleep, you're likely also missing out on deep sleep stages. Since sleep occurs in cycles, an incomplete cycle can lead to consequences such as memory problems, cognitive decline, cardiac issues, inflammation, immune system dysfunction, fatigue, and mental health struggles.



**Magazica:** That's concerning! For our readers interested in preventive health, are there proactive steps they can take in daily life to minimize the risk of concussion, whether they're athletes or not?

**Dr. Taher Chugh:** Well, I have four daughters, and one of the things I do is avoid putting them in sports with a high risk of concussion. I know this is controversial—some of my colleagues disagree—but I personally don't see the point unless they demonstrate extraordinary natural talent, like Messi or Ronaldo, and gravitate toward those sports. Otherwise, I encourage them to participate in lower-risk activities like running, swimming, and gymnastics.

Beyond that, general awareness of what causes brain injuries is crucial. As they say, an ounce of prevention is worth a pound of cure.

When I work with patients, I always take a history of how they sustained their injury. In cases of car accidents, for example, I've noticed that most crashes happen in similar ways. That awareness has made me more cautious—not anxious, just mindful—while driving, and I've avoided several accidents because of it. Spending some time understanding common mechanisms of concussion risk can make a significant difference in preventing injuries.

**Magazica:** That makes perfect sense. The recovery process for post-concussion health challenges can be a journey. What mental or emotional strategies do you encourage your patients to adopt to stay motivated, resilient, and focused?

**Dr. Taher Chugh:** This varies from person to person, but generally, the patients who recover best are the ones who stay relaxed.

Relaxed individuals don't over-focus on what they've lost or what they can't do. Instead, they think, *Okay, this is where I am today. What's one small step I can take to move closer to where I want to be?* When they focus on that, progress happens faster.

I recall meeting Andre De Grasse, Canada's most decorated Olympic athlete, after he won silver in 2016. Watching him compete, I was struck by how calm and composed he looked standing next to Usain Bolt, who had this huge, larger-than-life personality. Despite never having heard of De Grasse before, I noticed his poise, and sure enough, he performed brilliantly.

When I met him, I asked how he managed to stay so calm under pressure. He told me he simply focuses on *his* race—just the rhythm of each step. He doesn't think about anything else. That mindset, that ability to tune out external noise and focus only on the next step, is what allows athletes like him to perform at the highest level.

I found that fascinating because when we watch Olympic races, we think the athletes are caught up in the thrill, pushing harder and harder. But in reality, they're just staying present, taking the next step with precision.

**Magazica:** That's a fantastic insight! You've been practicing medicine for over a decade, having graduated from the University of

Toronto in 2006. (I'm happy to share that I'm also a U of T graduate!) What are some of the most significant advancements you've observed in concussion management and behavioral medicine during your career?

**Dr. Taher Chugh:** Neuroscience has been booming, and it has influenced a lot of medical decision-making. Patients are also more informed now—possibly due to social media—which has changed expectations.

People today are no longer content with just *managing* symptoms; they want freedom to live their lives on their own terms. That shift calls for a functional approach to help individuals optimize their performance.

When I was in medical school, treatments like cognitive behavioral therapy for insomnia weren't widely discussed, nor was brain injury rehabilitation. These topics received very little attention. But now, functional treatments that help patients *train* their way to recovery are gaining momentum.

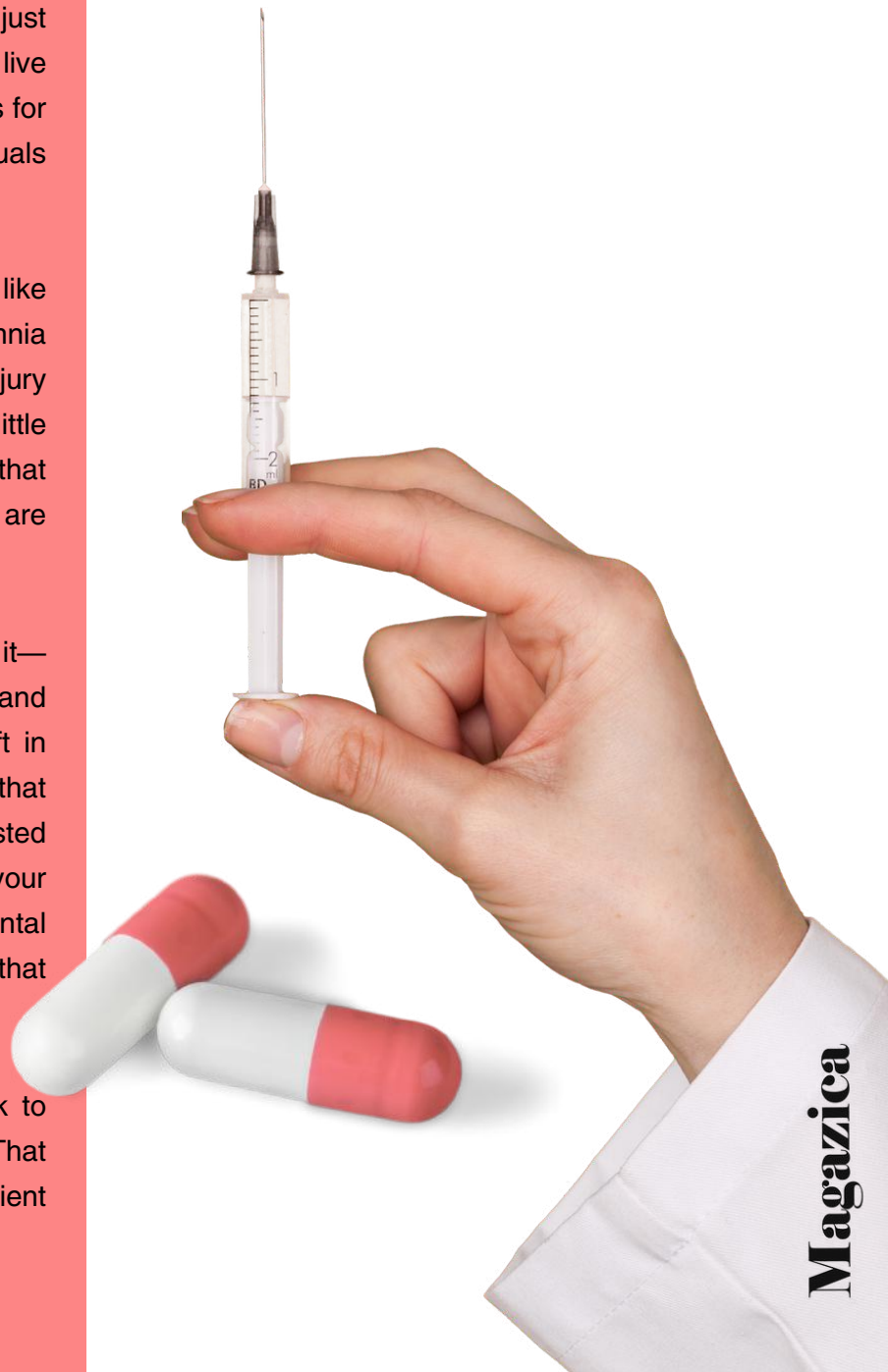
**Magazica:** I really appreciate how you put it—that today's patients want *freedom* and *functional solutions*. That captures the shift in public expectations so well. To unpack that idea further, many of our readers are interested in adopting a healthier lifestyle. From your expertise, what are one or two fundamental principles of health—physical or mental—that you believe everyone should prioritize?

**Dr. Taher Chugh:** Actually, can I go back to the previous question for a moment? That discussion got me thinking—while patient

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**HEALING ISN'T PASSIVE;  
IT'S AN ACTIVE PROCESS  
OF REBUILDING YOUR  
PHYSIOLOGY, NOT JUST  
MASKING PAIN.”**

”





preferences and goals have evolved, many of the strategies we use today have been around for a long time but were overlooked for various reasons.

For instance, in the 1970s, *assertiveness training* was considered a first-line therapy used to address a variety of challenges. However, it gradually fell out of favor as cognitive behavioral therapy (CBT) gained traction. Since CBT became widely recognized as evidence-based, everyone focused on it, and assertiveness training faded into the background.

But recently, there has been a resurgence in its use. Studies have shown that assertiveness training offers benefits across multiple

diagnoses—it's *transdiagnostic*, meaning it helps with a range of conditions while actively investing in brain function.

I recall working with a patient who was struggling with depression, and through our conversations, it became clear that his main frustration stemmed from his desire to get into dental school. He had been rejected twice, and his self-confidence had taken a hit. Rather than focusing solely on managing his emotions, we worked on his communication skills and assertiveness training so he could perform better in interviews.

When he had a third interview, he practiced the assertiveness techniques we had worked on—and he got in. Years later, he sent me an email telling me his life had changed significantly, expressing gratitude for our work together. He even invited me to stay with him if I was ever in town.

This experience reinforced the idea that valuable therapeutic approaches often fade from mainstream attention due to cultural and political shifts. Some of the most effective strategies aren't new—we just need to rediscover them.

**Magazica:** That's a fantastic reflection, and the story is truly inspiring. Now, returning to my question—what are one or two fundamental principles of health, whether physical or mental, that you believe everyone should prioritize?

**Dr. Taher Chugh:** If you ask most people, they'd probably say sleep, diet, exercise, and stress management. And I agree those are

important, but if I had to pick just one or two, I'd choose:

1. **Exercise** – Because when you prioritize movement, so many other aspects of health tend to improve naturally. Your diet tends to improve, your sleep gets better, your mood stabilizes—it's a foundational piece of overall wellness.
2. **Self-awareness and self-care** – I think it's essential to spend time truly understanding and appreciating yourself—what brings you joy, what's important to you, and how you want to invest in yourself. Even reflecting on how you want to be remembered after you're gone can provide a meaningful perspective. Some call this *spiritual wellness*, but at its core, it's about building a strong, positive relationship with yourself.

**Magazica:** That's beautifully put—having a strong relationship with yourself and understanding what truly matters. For individuals who feel lost or overwhelmed in their health journeys—whether recovering from an illness or struggling with personal challenges—what is one piece of advice you would offer to help them take the first step toward positive change?

**Dr. Taher Chugh:** I'd share my personal story. Early in my career, I was always athletic, but in my twenties, I suffered a serious lumbar disc herniation. For over a year and a half, my health declined dramatically—I dropped from 210 pounds to 170 pounds, and it affected my life in every way.

I sought medical advice, tried physiotherapy,

and followed standard recommendations, but I wasn't getting better. At the time, I wasn't a sports doctor, but this experience is what ultimately led me into sports medicine.

I reached out to Dr. Stuart McGill, a biomechanics expert at the University of Waterloo, and though we didn't speak much, his insights helped me rebuild my strength, biomechanics, and overall physiology. Thanks to these principles, I've fully recovered. I'm now 45 years old, and I can still kettlebell swing 48 kg without issues—despite not exercising rigorously. The key was *training my body to function optimally* rather than just managing symptoms.

From my personal experience, I'd emphasize two things:

1. **Ask for help** – Seeking guidance is important. Don't try to tackle everything alone.
2. **Take accountability** – While experts can guide you, recovery is ultimately your responsibility. You have to do the work.

**Magazica:** That's an incredibly inspiring takeaway—asking for help, but also taking ownership of your health. That truly covers a lot of ground.

As we near the end of our conversation, I'd like to ask you one final question: Your dedication to continuous learning and improving clinical practices is evident. What inspires this ongoing pursuit of knowledge, and how does it ultimately benefit your patients?

Your previous story is a perfect segue into this final question.

**Dr. Taher Chugh:** Exactly—experiences like that changed my life, and I just want to share that knowledge with others.

I see the spirit of medicine as a field dedicated to empowering people with knowledge and the freedom to live life on their own terms. My goal is to be a part of that mission.

**Magazica:** That's a powerful perspective. On a related note, we live in a fast-paced world—people are often sleep-deprived, overworked, and dealing with trauma. Some individuals who have experienced trauma have unlocked new abilities, such as heightened language or mathematical skills. How can they best navigate their past experiences while moving forward?

**Dr. Taher Chugh:** Oh, like post-traumatic stress disorder?

**Magazica:** Yes, something like that.

**Dr. Taher Chugh:** There are effective treatments available for PTSD, including cognitive processing therapy and prolonged exposure therapy. However, even privately, these services can be difficult to access, which is unfortunate because so many people need them.

Let me share a personal story.

Years ago, my eldest daughter received a dire diagnosis with a poor prognosis. It affected me deeply and impacted my mental health—something I hadn't fully understood before, even as a physician. That experience led me into psychotherapy.

For two years, I wasn't consciously avoiding the issue, but I wasn't addressing it either. It affected my relationships and my overall well-being. One day, I was watching my daughter—she was two years old at the time, playing with her toy kitchenette. She turned around and, realizing her mother wasn't nearby, panicked as though I was someone to fear.

It was a moment of clarity for me. She wasn't passive-aggressively trying to make me feel bad—she was genuinely afraid. That realization hit hard.

From that moment on, I shifted my focus. Instead of dwelling on the problem, I started asking myself, *What do I want?* Given the reality I was living in, *what matters most?*

I didn't want our experience to define our relationship negatively. I didn't want to look back and realize I had wasted an opportunity to truly be present for her.

That mindset helped me push through the discomfort. It wasn't about magically erasing the pain—it was about channeling it into something meaningful. And fortunately, my daughter recovered. We recently celebrated her ninth birthday.

That journey reminded me of a saying by Mark Twain:

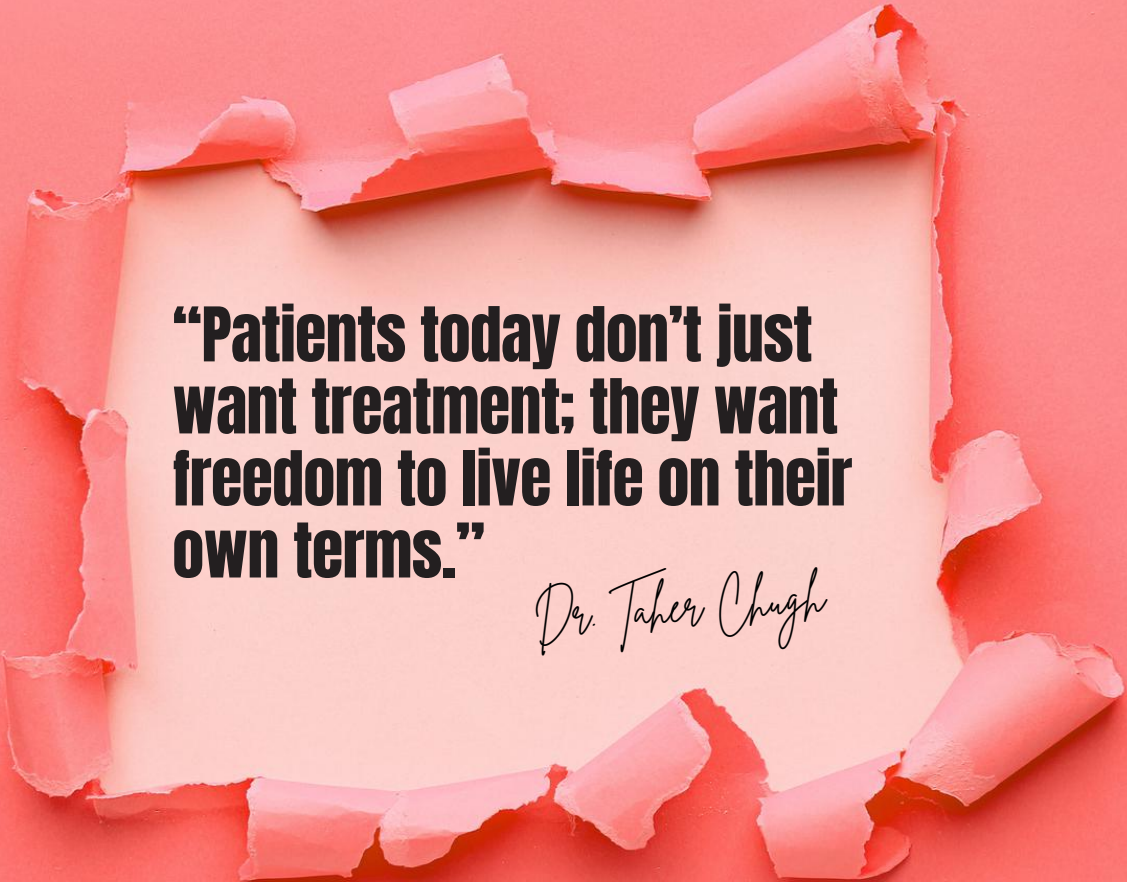
I Am an Old Man and Have Known a Great Many Troubles, But Most of Them Never Happened After that experience, I made a decision—I wouldn't let worry consume me anymore. It's the biggest thief. It takes everything and gives nothing in return.

But I also acknowledge that advice like this isn't always easy to hear, especially when someone is in the middle of trauma. Healing is a journey, and different phases require different approaches. If I could give one guiding thought, though, it would be this: *Identify what you want and start moving toward it.*

Circumstances may be beyond your control, but there's often something within reach—something meaningful that can still be shaped.

**Magazica:** That's an incredibly powerful and inspiring story. Thank you for sharing such a deeply personal experience with our readers and viewers. Dr. Taher Chugh, it has been an honor to have you with us today. Thank you so much.

**Dr. Taher Chugh:** My pleasure. Thanks for having me.



**“Patients today don’t just want treatment; they want freedom to live life on their own terms.”**

*Dr. Taher Chugh*

# SHARE YOUR STORY OF STRENGTH

At Magazica, we aim to highlight inspiring journeys of overcoming health challenges.

Have you faced a health crisis, battled illness, or adapted to a chronic condition?

Your story of resilience could inspire others and spark hope. We'll work with you to share your experience respectfully and authentically. Whether it's a physical triumph, emotional growth, or simply finding strength to persevere, your story matters.

Share your story at [editorial@magazica.com](mailto:editorial@magazica.com)

Let's inspire hope and healing together. Your voice could change someone's life.

# Magazica

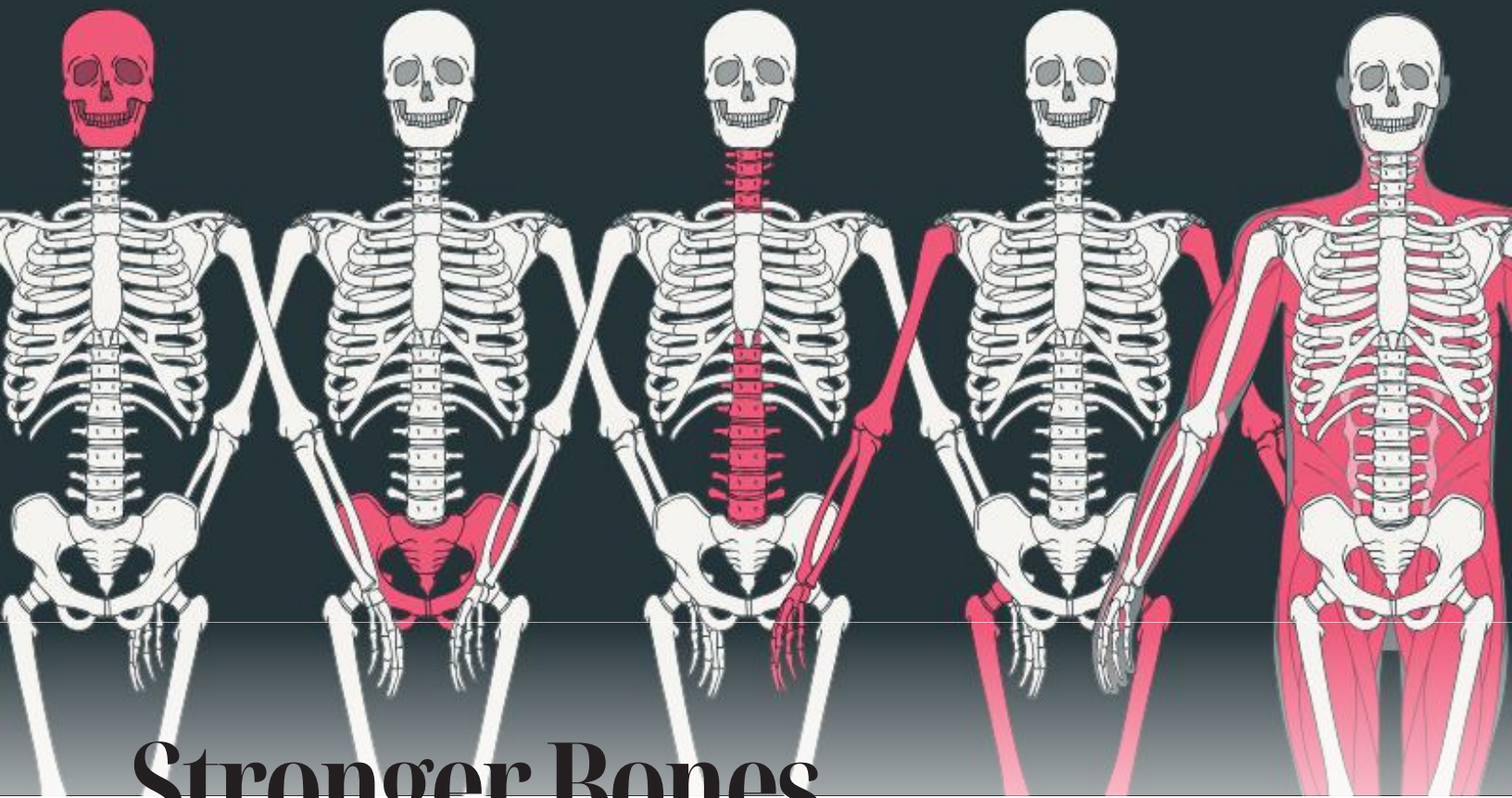
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“

Inspiring health,  
Incubating hope,  
and instilling happiness  
through expert-driven  
content



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# Stronger Bones, Stronger Canada:

## Confronting Osteoporosis Together

By Editorial Team

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Silent but serious, osteoporosis affects over two million Canadians. Each year on October 20, World Osteoporosis Day encourages us to take a closer look at our bone health—and what we can do to protect it.

Osteoporosis causes bones to become weak and brittle, often resulting in fractures from

minor falls or everyday movements. Women over 50 are especially at risk, but the condition can affect anyone. Unfortunately, many don't realize they have it until a break occurs.

Osteoporosis Canada and other organizations are working to change that by promoting early screening, education, and prevention strategies. A diet rich in calcium and vitamin D,

regular weight-bearing exercise, and a smoke-free lifestyle can dramatically reduce risk. BMD (bone mineral density) scans are a key diagnostic tool for those at higher risk.

But prevention isn't just an individual responsibility. Canada's health system must also prioritize fracture prevention strategies and awareness programs across all provinces. Supporting healthy aging means supporting healthy bones—and giving Canadians the tools to stand strong for life.



# Article

*By a Certified  
Recovery and  
Family Coach*

*Sharlin Rahman*



Sharlin Rahiman, CCRC, RCP, RCPF is a Certified Recovery and Family Coach with more than 18 years of experience working in the human services field, including extensive work with individuals in addiction and recovery. Drawing from her own lived experience growing up with addiction and family violence, Sharlin brings a trauma-informed and deeply compassionate approach to supporting families, parents, and loved ones affected by addiction. Through her practice, Sharlin Rahiman Coaching, she empowers clients to move from surviving to thriving—helping them create safe, meaningful lives grounded in healing, connection, and purpose.



# Healing from Addiction:

## Insights on Recovery, Resilience, and Family Support

Imagine transforming deep personal challenges into a powerful force for good. For two decades, Sharlin Rahiman has walked alongside others, first in human services, then finding her true calling in addiction recovery coaching. Drawing on her own experience as an adult child survivor of addiction and family violence, she meets individuals exactly where they are, without judgment. This isn't just about stopping substance use; it's about navigating the complex reality of addiction as a disease,

building resilience through practical strategies, finding healing through holistic well-being, and understanding the vital, often overlooked, role of family support. Get ready to explore a compassionate path forward.

### My Journey and Inspirations

My journey began about 20 years ago when I started to work in the human service field. I always felt that there were other ways to

support individuals who were outside the box of regular care and support that individuals receive. About 10 years ago, I started working in the addiction recovery field. Some years down the road, I took the recovery coaching training with Still Here.

That is when I instantly fell in love with coaching, and I knew that it was my calling. To be able to walk alongside someone and meet them exactly where they are on their journey without judgment has been something I have always had a passion for. Recovery Coaching is very personal to me, as I am an adult child survivor of addiction and family violence.

### **Understanding Addiction Recovery**

- **“Addiction is a choice.”**

Truth: Addiction is a complex brain disease. While the initial use may be voluntary, addiction rewires the brain’s reward system, making it extremely difficult to stop without help.

- **“People with addiction just need more willpower.”**

Truth: Willpower alone is not enough. Addiction involves physical, psychological, and emotional dependence that requires comprehensive support, treatment, and healing.

- **“Only certain types of people become addicted.”**

Truth: Addiction does not discriminate. It can affect anyone, regardless of age, background, education, or income level.

- **“If someone relapses, treatment has failed.”**

Truth: Relapse is a common part of recovery. Like with other chronic conditions (e.g., diabetes, hypertension), setbacks can happen, but recovery is still possible.

- **“Addiction only affects the person using substances.”**

Truth: Addiction impacts families, children, workplaces, and communities — emotionally, financially, and socially.

- **“Treatment is a one-time solution.”**

Truth: Recovery is an ongoing process. Treatment and support may be needed long-term, and healing takes time and consistency.

- **“Medications for addiction are just substituting one drug for another.”**

Truth: Medications like methadone or buprenorphine help stabilize the brain and reduce cravings, improving the chances of successful recovery.

- **“People with addiction don’t want help.”**

Truth: Many people struggling with addiction desperately want help but feel trapped by stigma, shame, or fear of judgment.

- **“Addiction is a moral failing.”**

Truth: Addiction is not about morality — it’s about biology, environment, trauma, and coping mechanisms. Compassion is key.

- **“Addiction only refers to drugs and alcohol.”**

Truth: Addiction can involve behaviours too, like gambling, gaming, or food — anything that triggers compulsive behaviours despite harmful consequences

## The Role of Family in Recovery

- **The importance of family support** is that addiction not only affects the person in addiction, but it also affects the entire family dynamic. In such cases, families should learn how to care for themselves and build healthy boundaries, avoid blame and shame, offer support and enablement, and communicate compassionately. Too often, families can get lost in a codependent relationship with their loved one in addiction, which can become toxic for both sides. Unfortunately, there is not much support for family members affected by a loved one's addiction. That is why it is my mission to bring awareness to family support.
- **Balancing Parenting and Recovery:** Build a healthy community of support. Ask for help when needed. Continue to work on recovery. Learn about healthy attachment to the child. Take classes on parenting.

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**ADDICTION IMPACTS  
FAMILIES, CHILDREN,  
WORKPLACES, AND  
COMMUNITIES.**

”



## Spiritual Coaching and Holistic Well-being

I truly believe that for healing, we should work on our emotional, mental, spiritual, and physical selves. We cannot heal and live a fulfilled life if we don't work on our whole being. Spiritual healing can help us to learn coping skills, regulate ourselves, stay grounded, and have the strength to continue the journey by giving our pain and worries to our higher power.

- **Building Resilience.** It is a key theme in your work.

## Practical strategies to build resilience in their daily lives

- **Cultivate Self-Awareness.** Recognize your emotional triggers and responses.  
*Tool:* Daily reflection journaling.  
*Ask:* "What did I feel today? What challenged me? What did I learn?"
- **Practice Self-Compassion.** Speak to yourself as you would to a dear friend.  
*Tool:* Positive affirmations and self-kindness exercises.
- **Develop Healthy Coping Skills.** Replace harmful coping (like substance use or avoidance) with healthy outlets.  
*Tools:* Breathwork, mindfulness meditation, physical activity, creative expression.

- **Build a Strong Support Network.** Surround yourself with people who uplift and understand you.  
*Tool:* Attend support groups, coaching sessions, or family circles.
- **Maintain Perspective.** Understand that setbacks are part of growth, not the end of the road.  
*Tool:* Reframing technique — ask: "What is this teaching me?"

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**ADDICTION IS A  
COMPLEX BRAIN  
DISEASE.**

”

- **Foster Flexibility and Adaptability.** Life is unpredictable. The ability to adapt builds resilience.  
*Tool:* Practice "Plan B thinking." Visualize alternatives to your initial plan.
- **Strengthening Problem-Solving Skills.** Approach challenges with curiosity, not fear.  
*Tool:* Break big problems into smaller, actionable steps.
- **Prioritize Self-Care.** Self-care isn't selfish — it's survival.  
*Tool:* Schedule regular time for rest, nutrition, hydration, and joyful activities.

- **Set Boundaries.** Protect your energy by setting clear limits. *Tool:* Role-play boundary-setting in coaching sessions.
- **Find Meaning and Purpose.** Connecting to something bigger than yourself builds resilience. *Tool:* Values mapping exercise — list your core values and align daily actions with them.
- **Navigating Stress and Anxiety:** Stress and anxiety are common issues that many of our readers face.

### Techniques or practices for managing stress and anxiety effectively

- **Grounding Techniques.** Bring yourself into the present moment to reduce overwhelm. **Try: 5-4-3-2-1 Technique:** Name 5 things you see, 4 things you feel, 3 things you hear, 2 things you smell, and 1 thing you taste.
- **Hold an object.** Feel its texture, temperature, and weight to anchor your senses.
- **Mindful Breathing.** Breath is a powerful, natural regulator of the nervous system. **Try:**
  - o Box Breathing: Inhale for 4 counts, hold for 4, exhale for 4, hold for 4.
  - o Extended Exhale: Inhale for 4, exhale for 6-8 counts to signal safety to your body.



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**HEALING IS POSSIBLE,  
AND YOU **MATTER!****

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- **Gentle Movement.** Movement helps release stress hormones.  
**Try:** Stretching or yoga.
  - o Walking outdoors — nature reduces cortisol!
  - o Even 2 minutes of shoulder rolls or light stretching at your desk.
- **Create a "Calm Kit."** Have calming items handy. Herbal tea, comforting scents (like lavender), a stress ball, or a calming playlist.
- **Limit Overwhelm.** Break tasks into manageable steps. Prioritize.  
**Try:** The “Rule of 3”: Focus on just 3 priorities each day.
- **Positive Self-Talk.** Reframe anxious thoughts with compassion.  
**Try:** Replace “What if I fail?” with “What if I succeed?”
- **Sleep Hygiene.** Prioritize rest — anxiety worsens with sleep deprivation.  
**Tips:** Avoid screens before bed. Keep a regular bedtime routine.
- **Connection.** Share your feelings with trusted friends, family, or a coach. Talking things through reduces isolation and restores perspective.
- **Guided Relaxation or Meditation.** Use apps like Calm or Insight Timer. Even 5 minutes daily can reduce anxiety.

- **Professional Support.** Don't hesitate to reach out for professional support — it's a sign of strength. Coaching, therapy, and support groups provide tools and compassionate guidance.

### Advice for Aspiring Coaches

It's about having compassion and understanding. Showing up for the person without biases or judgments. Having empathy and self-awareness. Know your limits. Check in with yourself. Continuous growth and learning.

### Balancing Professional and Personal Life

I am always checking in with myself to see how

I am feeling. I strive to have a balance—emotionally, mentally, spiritually, and physically. Meditation, grounding techniques, self-care, getting plenty of rest, journaling, and making sure I am not taking on too much.

### Future Goals and Aspirations

I am holding my first event, which will be a continuation of teaching how to support children who have been affected by addiction and family violence. My goal is to be aware. I am also planning on educating on mental health.

### Parting Insight...

Seek support. Keep going! Healing is possible, and you matter!





# Rethinking Neurodiversity:

Canada's Shift Toward Acceptance and Belonging

By Editorial Team

Every April 2, Canada joins the world in recognizing Autism Awareness Day. But while awareness is important, today's movement is focused on something deeper: acceptance, inclusion, and belonging for neurodivergent Canadians.

Neurodiversity—the idea that brain differences like autism, ADHD, and dyslexia are natural variations—has gained significant ground in the

public consciousness. Advocacy groups like Autism Canada and CASDA are shifting narratives from "disorder" to "difference," emphasizing that support, not correction, leads to meaningful inclusion.

In education, inclusive classrooms and personalized learning plans are becoming more common. At work, initiatives like Ready, Willing and Able help employers understand the value

of hiring neurodivergent talent. Still, barriers persist, from inadequate support services to social stigma.

Canada's National Autism Strategy, currently under development, aims to address these gaps through nationwide standards and funding. But the biggest change may come from culture itself. Acceptance begins in everyday places—schools, families, offices—where empathy, flexibility, and open minds can unlock potential.

By building systems around the strengths and needs of neurodiverse individuals, Canada can become a global leader in neuroinclusion—a society where every brain belongs.

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# Safety First:

## How Canada is Redefining Workplace Wellness

By Editorial Team

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Workplace safety once meant hard hats and fire drills. Today, it means much more. During North American Occupational Safety and Health (NAOSH) Week in May, Canada shines a spotlight not only on physical safety but on the emotional and mental well-being of workers.

The Canadian Centre for Occupational Health and Safety (CCOHS) has expanded its scope, supporting both hazard prevention and psychological wellness. With mental health

challenges responsible for nearly one-third of disability claims in Canada, employers are now expected to offer more than a first aid kit.

New technologies like real-time risk detection and VR-based training are enhancing safety protocols. Meanwhile, leaders are investing in mental health first aid training and support programs. Hybrid and remote work models also bring new safety challenges, such as isolation, burnout, and digital fatigue, requiring a different kind of vigilance.

The message is clear: wellness is foundational to productivity. By treating employees as whole people-body and mind-Canadian workplaces are becoming safer, more humane, and better prepared for the future of work.

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# Article

*Mahdi Khazaei*



*By a  
Financial  
Analyst*

Dr. Mahdi Khazaei is a financial analyst and assistant professor with a PhD in accounting and an MBA with a specialization in Information Technology. He has extensive industry experience, with a focus on corporate finance, financial reporting, and strategic analysis. His work bridges business and technology, drawing on his background in data-driven decision-making and applied financial modelling. Mahdi's research explores finance, accounting, and the use of emerging technologies in business environments.

# Gene Editing Cashes In:

## Casgevy's First Sales Signal the Commercial Dawn of DNA-Editing Technology

Nineteen-year-old Deshawn "DJ" Chow spent the opening weeks of 2025 at City of Hope in California while doctors harvested his bone-marrow stem cells, edited them with CRISPR, and after chemotherapy infused the altered cells back into his bloodstream. When he finally left the ward in late January, physicians told him he might never again suffer the pain crises that had dominated his childhood. DJ had received Casgevy, the one-time sickle-cell treatment from Vertex Pharmaceuticals and CRISPR Therapeutics that regulators cleared in December 2023. The procedure is complex and gruelling, yet patients and payers have begun to say yes.

Vertex's first-quarter numbers, published on 3 May, showed 14.2 million US dollars in Casgevy revenue. That total is a rounding error beside the 2.8 billion dollars the company earned from its cystic-fibrosis drugs, but it marks the moment gene editing moved from laboratory promise to ledger entry.

A reimbursement figure of roughly two million dollars per infusion demonstrates that insurers will pay a premium when the alternative is lifelong transfusions and organ damage. Still, the result fell short of the 17 million dollars many analysts had pencilled in, and Vertex shares slipped after brokers trimmed full-year forecasts. On the earnings call management said demand is not the problem; capacity is. Sixty-five US hospitals are authorised, yet each must train staff, build or refurbish clean-room suites, and negotiate one-off reimbursement agreements before treating its first patient. Those prerequisites turn every hospital launch into a multi-month renovation and paperwork exercise.

Competition is already lining up. Bluebird bio's lentiviral rival, Lyfgenia, won US approval on the same December day as Casgevy. Bluebird recorded its first commercial cell collection last autumn and expects initial paid infusions later this year, with about sixty American centres

ready to dose patients. Rather than cannibalising one another, the existence of two multi-million-dollar cures can reassure payers that treatment capacity will remain available even if one manufacturer encounters a supply hiccup, and parallel negotiations introduce welcome transparency on price.

Europe is moving even faster. On 31 January England's National Health Service said it would fund Casgevy for roughly fifty patients each year, the first time the NHS has agreed to underwrite a two-million-pound therapy. Many continental agencies benchmark against NHS England when setting reimbursement rules, so the decision could accelerate coverage approvals across Europe and shape value discussions with American insurers.

While Casgevy and Lyfgenia rely on ex-vivo editing, where cells are modified outside the body, the next wave aims to fix genes in situ. On 3 April Intellia Therapeutics dosed the first participant in its global Phase 3 study of nexion ziclumeran for hereditary transthyretin amyloidosis. If the trial succeeds, the drug could become the first systemically delivered CRISPR therapy administered as a single infusion that silences a toxic liver protein responsible for nerve and heart damage in roughly seventy-five thousand people in high-income markets.

Base-editing pioneer Beam Therapeutics is racing on another front. In mid-May the firm announced that it would present fresh data from seventeen patients treated with BEAM-101, a base-edited sickle-cell therapy, at the European Hematology Association congress in June and that it expects to treat

thirty participants by year-end. Base editing swaps a single nucleotide without cutting the DNA double helix, potentially offering a cleaner safety margin than the original CRISPR scissors, although the approach remains untested at scale. Investors will be watching Beam's presentation for signs that new editing tools can match or surpass the first generation.

Money is flowing almost as quickly as the science. Grand View Research estimates that genome-editing products and tools will generate about 11.8 billion US dollars this year and could swell to 25 billion dollars by 2030, a compound annual growth rate near sixteen per cent. Most observers expect therapeutics eventually to dominate because each successful one-and-done infusion displaces decades of chronic-care spending. Yet cash alone cannot propel the field. Physical capacity may prove the decisive near-term choke point; every Casgevy or Lyfgenia batch monopolises a manufacturing suite for weeks, so revenue cannot outpace clean-room construction. Payment models are evolving as well. Major US insurers are starting to demand money-back guarantees if patients relapse, while the NHS secured a confidential discount. Such risk-sharing could compress margins once additional players arrive. Safety will shadow the sector too. Regulators require fifteen-year patient registries to monitor off-target edits and secondary cancers, and a single late complication could rattle confidence across every programme built on the same molecular machinery.

None of these caveats dull the significance of this spring's milestone. Real cash from a

CRISPR therapy is now appearing in financial statements, taxpayers on both sides of the Atlantic are footing million-dollar invoices, and patients such as DJ Chow are walking out of hospital free of the genetic chains they were born with. The challenge ahead is to streamline manufacturing, widen access, and extend gene editing from rare blood disorders to heart, liver, and neurological diseases that affect millions. Investors willing to shoulder scientific and regulatory uncertainty may finally be looking at an industry that offers cash flow as well as promise, a clear sign that gene editing has crossed the bridge from laboratory marvel to commercial reality.

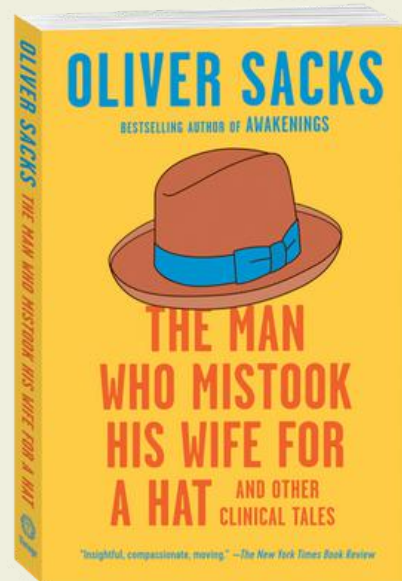
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# BOOK

## Review



# The Man Who Mistook His Wife for a Hat

by: Oliver Sacks

**"Journey into the Mind's Uncharted Territories: A Neurologist's Poignant Tales of Identity and Perception"**

Review By Suman Dhar

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## **The Labyrinth of the Mind: Where Reality Warps and Identity Shifts (with a Side of Profound Reflection)**

Enter with me a world in which the familiar is unfamiliar, where the senses mislead, and the definition of self is transformed. Join me in the inspiring clinical tales of Oliver Sacks, a neurologist who, in the manner of a wise sleuth, delves into the intricate and often confounding lives of his patients. This is a philosophical

inquiry that intersects with neurological investigation, if Sherlock Holmes had been studying the mysteries of the brain and the human spirit rather than crime.

## **The "Oh My God, Did That Just Happen?!" Moments**

- **Mixing up a Wife with a Hat:** Dr. P., a well-trained musician, could abstractly define objects but did not know faces, not even that of his wife, and even tried to pick her up and put her on his head, thinking she was his hat. He saw details but not the whole, mistaking fire hydrants for children's heads and his foot for a shoe.

- **A Man Lost in Time:** Jimmie G., the "Lost Mariner," was stuck in 1945, unable to form new memories, with a constant sense of disorientation, and horror when he was confronted with his older self. He was unable to comprehend new events, such as space travel or modern aircraft carriers, and he exhibited genuine astonishment.
- **Feeling Disembodied:** Christina, a healthy young woman, suddenly lost her "sixth sense" of proprioception, feeling "disembodied" and lacking control of her limbs without constant visual feedback.
- **The Alien Leg:** A patient who awoke from a nap, thinking his leg was a severed cadaver leg that had been placed in his bed as a prank, tried to tear it off violently.
- **Half a World Forgotten:** Mrs. S., who suffered a massive stroke, completely lost the idea of "left," only eating from the right side of her plate and making up half of her face. She would turn herself in circles to make the "missing" half of her world appear.
- **The Compulsive Mimic:** A female with severe Tourette's syndrome, who would caricature simultaneously, involuntarily, and in convulsions each individual she met in the street, creating a perplexing "interaction".
- **The Smell-World:** Stephen D., a medical student, experienced a hyper-vigorous, almost hallucinatory enhancement of his sense of smell that allowed him to identify friends and even their moods by scent, and navigate New York by smell, like a canine.

- **A Killing Remembered:** Donald, without recalling having murdered under PCP, recovered each minute, gruesome detail of the crime in hallucinatory vividness following a head blow.
- **The Musical Savants:** The Twins, John and Michael, who were both severely cognitively disabled, could both identify prime numbers up to twenty digits in length with a "singular, purely numerical, converse" that was reportedly bringing them immense joy and calm.

#### Available Analogies for When Work Makes You Want to Question Everything

- **The Brain as an "Enchanted Loom":** Sacks suggests that while classical neurology thinks of the brain as a 'machine' or 'computer' interested in deficits and functions, it's also a creative weaver of 'patterns of meaning' and 'iconic' representations – the very "thread and stuff of life." This is contrary to the mechanistic view of the brain dominant in classical neurology.
- **Patient as "Humean Being":** Patients such as Jimmie G. and the "super-Touretter" are occasionally characterized as being diminished to a "bundle or collection of various sensations" without an enduring self, as in David Hume's philosophical theory, emphasizing the tenuousness of identity in the absence of memory or self-possession.



*Oliver Sacks*

THE MAN WHO  
MISTOOK HIS WIFE  
FOR A HAT



EVERYMAN'S LIBRARY

INTRODUCTION BY ATUL GAWANDE

**Discussion Questions to Stir the Pot at Book Club**

1. Sacks rejects the classical neurological focus on "deficits" through the examination of "excesses" and "transports." How do cases like Tourette's syndrome or musical memories represent these "excesses," and what do they show us about human experience outside the pathology?
2. The book recurrently juxtaposes "classical science" and "romantic science" in neurology. How does Sacks embody the "romantic science" approach, and what are the consequences for the understanding and treatment of neurological disease?
3. Describe the phenomenon of "anosagnosia" – the failure of the patient to appreciate his state – in Dr. P., Jimmie G., and other cases. How does it challenge our current explanation of consciousness and self-awareness?
4. Certain patients find meaning, comfort, or even creativity in non-verbal forms, such as music, drawing, or a feeling of community with nature. What does this reveal about brain compensation and human identity?
5. Sacks argues that classical neurology's fixation with disembodied, computational representations of the brain neglects the "personal, Proustian quality of reminiscence of the mind, of life". How do vivid, often emotional, "experiential hallucinations" triggered by stimulation of the temporal lobe give credence to this argument?

## Why This Book Hurts So Good

Sacks's genius is his skill at transforming challenging neurological cases into rich human stories that resonate profoundly.

He exposes the fragility of perception and identity, making you question the very building blocks of your own "normal" reality.

The book reveals the limits of purely mechanistic neuroscience in describing the brain, passionately promoting a "neurology of identity" that sees patients not as collections of symptoms, but as threatened human beings struggling to hold on to their selves.

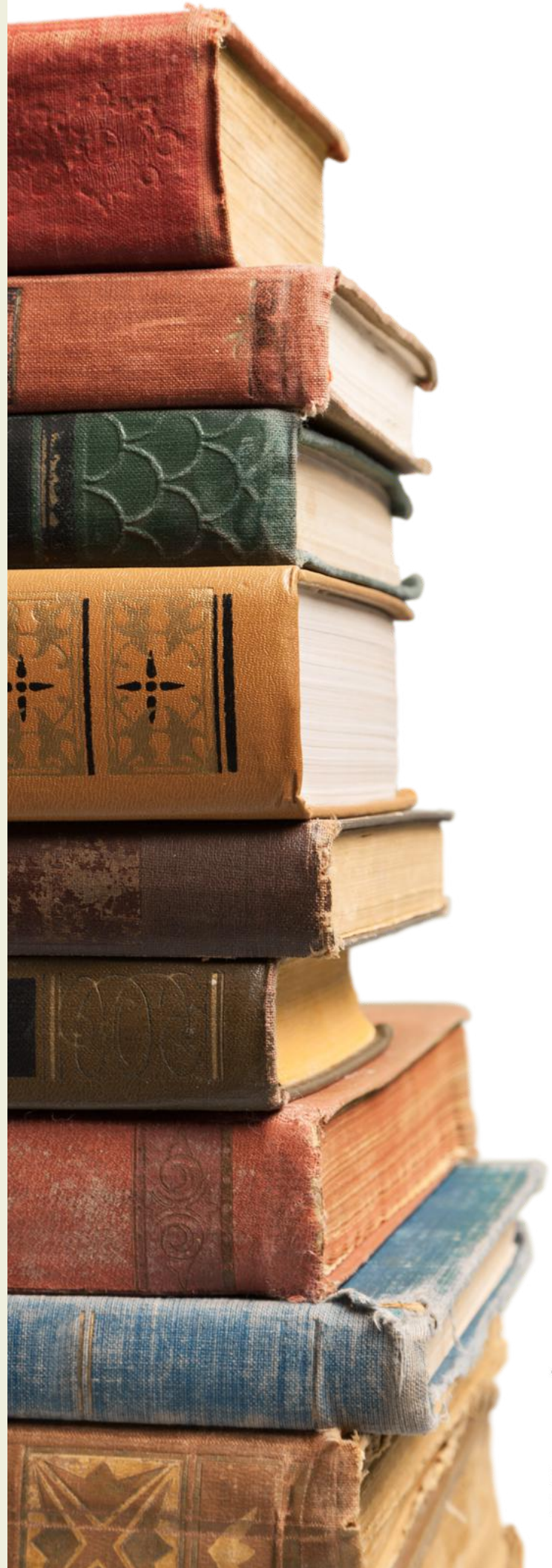
Whereas others get left hauntingly lost in their states, still others have a mind-boggling resilience and adaptability, using innovative skills to exist and even thrive. It's an unromanticized, candid, and often wondrously bizarre odyssey that forces us to struggle with the mysteries of the brain and the underlying humanity in even the most extreme neurological disorders.

**The Verdict:** A Prescription for Wonder and Empathy ★ ★ ★ ★ ★

### Hot Take for the Group Chat:

"Are we merely all confabulating our lives, or does Sacks unlock the brain's deepest secrets? Discuss – preferably while staring into a mirror."

*P.S. Keep this book away from anyone who thinks that their smartphone is the most complex thing in the universe. Just maybe skip the chapter on the 'disembodied lady' if you are somebody who tends to have existential breakdowns.*





# Period Power:

## Canada's Movement to End Menstrual Inequity

By Editorial Team

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In Canada, a quiet revolution is happening—and it centers on something half the population experiences monthly: menstruation. For decades, menstrual health was a hushed topic, rarely addressed openly in policy or public discourse. But in recent years, awareness days like Menstrual Hygiene Day (May 28) have sparked national conversations around access, education, and equity.

Period poverty—the lack of access to

menstrual products due to financial hardship—affects countless Canadians. A study by Plan International Canada found that 1 in 3 women under 25 has struggled to afford menstrual products. Beyond discomfort, this can lead to missed school and work, reduced self-esteem, and avoidable health risks.

Recognizing this, various provincial governments have begun supplying free menstrual products in schools, and the federal

government has mandated free access in federally regulated workplaces. Organizations such as The Period Purse and Moon Time Sisters are leading education and donation efforts, reaching remote and underserved communities with vital support.

But equity goes beyond access. True menstrual health means empowering people with education, safe spaces for dialogue, and policies that treat menstruation as a health priority. Canada is moving forward, but to fully break the stigma, we need sustained investment, diverse voices, and inclusive solutions for everyone who menstruates.

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With a strong presence in North America, particularly Canada, Magazica hosts global experts to share valuable knowledge with the Canadian community.

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