

Health Newsletter

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Midsummer July: A Refreshing Guide for Your Body and Mind

As July brings the sweltering heat, midsummer has officially arrived. With the climbing temperatures comes the most vibrant and highly anticipated time of the year: summer vacation. However, the scorching weather, disrupted daily routines, and shifted family dynamics also bring new challenges to our physical and mental well-being. In this issue of *Health Monthly*, we present you with an exclusive "Summer Cooling Guide," safeguarding your summer days comprehensively, from physical nutrition to psychological healing.

While the summer sun is delightful, our article ***Should You Take Vitamin D Supplements in Summer?*** reminds you that certain groups still need to be wary of Vitamin D deficiency. Moreover, coinciding with World Zoonoses Day on July 6th, we share scientific ways to prevent such diseases, helping you build a solid health defense while getting close to nature and your furry friends.

Weight management is always a hot topic during the summer. Regarding the highly discussed ***New GLP Drugs for Glycemic Control and Weight Loss***, we have prepared a professional analysis of their mechanisms. If you have ever been trapped in the vicious cycle of emotional eating when feeling down, our psychology column ***Emotional Eating*** will teach you how to replace self-blame with "self-compassion." Meanwhile, summer vacations often cause parent-child conflicts to heat up. In ***Summer Vacation is Here: How Can We Cool Down "Parent-Child Conflicts"?***, we will guide you through the three-step strategy of "Stop, Listen, and Do" to easily defuse the tension at home.

GCL wishes you a refreshing, peaceful, and healthy summer!



World Zoonoses Day: Harmonious Coexistence Between Humans and Animals

July 6 of every year is designated as World Zoonoses Day, aiming to raise global public awareness of the prevention and control of zoonoses. It commemorates July 6, 1885, when the famous French microbiologist Louis Pasteur successfully administered the world's first rabies vaccine to humans.

Zoonoses are infectious diseases that can be naturally transmitted between humans and vertebrate animals. Relevant data show that more than 70% of emerging human infectious diseases originate from animals. Ebola hemorrhagic fever, avian influenza and rabies are all typical zoonoses recognized worldwide. In recent years, the domestic pet-raising boom has continued to rise, and the number of pet dogs and cats in urban households has been increased. However, the popularization rate of zoonosis prevention knowledge among the public is low, and people generally have many cognitive misunderstandings in pet raising and epidemic prevention.

Common Misunderstandings and Health Risks of Zoonoses

Rabies Misunderstanding: Official data shows that **there were 244 rabies cases and 233 deaths in China in 2025, with the death toll rising by 50% compared with 2024**. Delayed treatment and failure to receive rabies vaccine in time after pet scratches and bites are the potential causes of rabies death.

Toxoplasmosis Infection Misunderstanding: The public has certain cognitive bias, overestimates the probability of toxoplasmosis transmission through contact with cats and dogs, and overly fears domestic pets. They completely ignore **eating raw meat and contacting contaminated soil**, the two core high-risk ways of human toxoplasmosis infection.

Cross-Infection from Pet Skin Diseases: Many people mistakenly believe that pet skin diseases only affect pets themselves, ignoring that pet skin diseases caused by **scabies mites, skin fungi and external parasites are highly contagious between humans and pets**.

Risk of Digestive Tract Pathogen Transmission: The public may ignore pathogenic microorganisms such as Salmonella and Escherichia coli carried in pet saliva and feces. Long-term bad habits such as **sharing tableware and beds with pets and failing to wash hands in time** after contacting pets greatly increase the infection probability of zoonotic digestive tract infectious diseases.

Risk of Exposure Outdoors:

When going out and traveling outdoors, people tend to randomly contact and feed stray cats, dogs or wild animals, ignoring various unknown pathogens carried by wild animals.





Scientific Health Prevention Suggestions

Rabies Prevention: Regularly vaccinate pets with **rabies vaccine and multi-valent core vaccines**, and complete in strict accordance with the epidemic prevention cycle to cut off pathogen transmission routes from the source. In case of accidental scratches or bites by cats and dogs, **flush the wound alternately with soap and running clean water for more than 15 minutes**, thoroughly disinfect the wound surface with iodophor, and go to a regular medical institution for **rabies vaccination within 24 hours**.

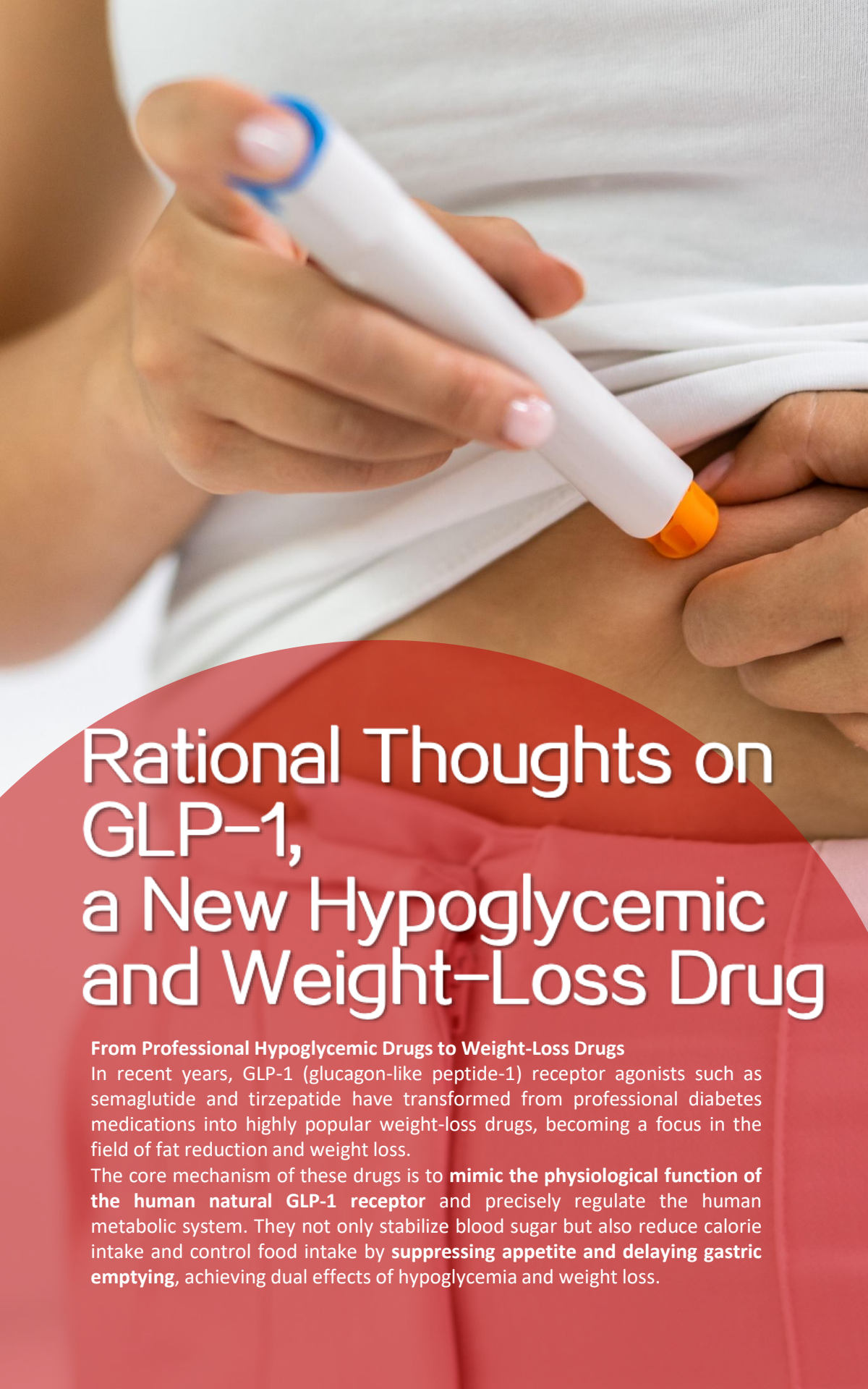
Rational Cognition Toxoplasmosis: Establish correct cognition that cats are only the definitive host of *Toxoplasma gondii*, and they only **excrete infectious oocysts after the first infection**. The focus of prevention and control is on human high-risk behaviors, **firmly refuse to eat raw or undercooked meat**, and wash hands in time after contacting soil and fresh ingredients.

Take Protective Measures to Prevent Skin Cross Infection: Regularly check the pet's fur and skin condition daily. In case of abnormal skin problems such as hair loss, itching, erythema and dandruff, send the pet to a veterinarian for diagnosis and treatment in time. **Clean hands in time after playing and interacting with pets**.

Prevent Digestive Tract Pathogens: Develop good pet-raising hygiene habits. **Wash and disinfect hands in time after contacting pets**, touching their mouths and noses, and cleaning pet supplies. **Never share tableware and water cups with pets, and avoid sleeping in the same bed with pets**. Wear disposable gloves when cleaning pet feces daily, and thoroughly clean hands after operation.

Advice of Outdoor Activities and Travel

When going out, traveling and camping outdoors, actively stay away from all kinds of wild animals, and **do not touch or feed stray cats, dogs and small wild animals at will**. If bitten by mosquitoes or ticks, clean and disinfect the wound at the first time. Remove ticks in a standardized way if attached and seek medical treatment in time.



Rational Thoughts on GLP-1, a New Hypoglycemic and Weight-Loss Drug

From Professional Hypoglycemic Drugs to Weight-Loss Drugs

In recent years, GLP-1 (glucagon-like peptide-1) receptor agonists such as semaglutide and tirzepatide have transformed from professional diabetes medications into highly popular weight-loss drugs, becoming a focus in the field of fat reduction and weight loss.

The core mechanism of these drugs is to **mimic the physiological function of the human natural GLP-1 receptor** and precisely regulate the human metabolic system. They not only stabilize blood sugar but also reduce calorie intake and control food intake by **suppressing appetite and delaying gastric emptying**, achieving dual effects of hypoglycemia and weight loss.

How to Standardize the Use of GLP1 Medications

Strictly Follow the Indications: GLP-1 are **prescription therapeutic drugs** rather than public slimming products. Strictly follow clinical medication standards, and only allow overweight and obese people with qualified BMI or combined metabolic complications to **use the drugs under medical advice**. Self-medication for shaping and fat reduction by people with normal weight or slight overweight is strictly prohibited.

Standardize Application and Scientifically Monitoring : Fully popularize the side effects, contraindications and long-term impacts of GLP-1 drugs to break the misunderstanding. Users shall fully understand the **risks related to gastrointestinal discomfort, pancreatitis, gallbladder lesions and thyroid diseases**, conduct regular physical examinations during medication, and monitor physical

indicators. Meanwhile, ensure adequate protein intake, keep a reasonable diet to avoid muscle loss and metabolic decline, maintain stable weight after drug withdrawal, and avoid rapid rebound.

Adhere to Formal Drug Purchase Channels: Firmly abandon irregular drug purchase channels. All GLP-1 drugs must be purchased from official channels such as **formal medical institutions and compliant pharmacies** after evaluation by specialist, so as to eliminate the risk of counterfeit and inferior drugs from the source. At the same time, treat weight loss needs rationally. Unfit people shall not occupy medical drug resources, ensure the essential medication of patients with diabetes and severe obesity, and realize the fair and reasonable distribution of medical resources.



Common Risks and Misconceptions of GLP-1 Drug Application

Ignore the Indications of Drugs : Currently, many people take GLP-1 drugs blindly due to body image anxiety. Healthy people with normal weight or slight overweight randomly use GLP-1 drugs for fat reduction and body shaping, completely ignoring the medical nature and strict access indications of the drugs. Clinical regulations clearly stipulate that **such drugs are only applicable to obese people with BMI $\geq$ 30, or overweight people with BMI $\geq$ 27 combined with weight complications such as hypertension and hyperlipidemia.**

Potential Risks Exist in Drug Procurement Channels: Blind weight loss has generated a large number of medication demands, resulting in a shortage of GLP-1 drugs and uneven distribution of medical resources. Patients with diabetes, severe obesity and metabolic complications who truly need drug intervention face a shortage of medicines. At the same time, the short supply of drugs has given rise to irregular purchasing channels such as Wechat business and purchasing agents. The circulation of inferior counterfeit and expired drugs has greatly increased medication safety risks.



BINGE EATING AT NIGHT: YOU'RE NOT GREEDY, YOU'RE JUST EXHAUSTED

Have you ever experienced any of the following in your daily life?

- You're not actually hungry, but you feel compelled to stuff something in your mouth to soothe a restless stomach.
- You suddenly feel "emo" (down or overwhelmed), crave a sweet treat, and then completely lose control.
- You resolve to lose weight, but faced with a mountain of work, you start binge-eating while working late into the night.
- In the end, your mood hasn't improved, your stress hasn't lessened, and only the number on the scale has quietly crept up, dragging you right into the next emotional downward spiral...

Why is it so hard to control your appetite and lose weight?

It's not because you are too lazy, too gluttonous, or lack self-discipline. You eat this way simply because you are feeling overwhelmed and emotionally drained.



You Binge Because You Are Emotionally Drained

This highly relatable experience is known as **Emotional Eating**.

The concept of emotional eating was first proposed by Hilde Bruch in 1964: emotional eaters consume food based on their emotional state rather than physical hunger. The urge to eat is particularly intense when they are experiencing negative emotions. In 1995, Van Strien provided a clear definition: it is the use of eating behavior as a coping mechanism for negative emotions (such as anxiety, depression, anger, and loneliness).

Today, the core consensus is clear: **Emotional eating is about using food to cope with negative feelings. When in a negative emotional state, individuals relax their dietary self-control and eat more.**

Although still clinically debated and not yet included in the ICD-11, an increasing amount of research is highlighting this phenomenon. Because high-sugar foods can rapidly elevate mood in the short term, people tend to crave high-calorie, intensely flavored foods when feeling down. Studies show that intense external stress drives people to consume more high-fat, high-calorie foods.

Research indicates that emotional eating exists across all age groups, but it is **most severe among adolescents and college students**, and is more common in women than men. Studies suggest that over 60% of obese individuals are troubled by emotional eating, and their probability of hitting weight-loss targets (defined as a 10% weight reduction) is only half that of other obese individuals.



Emotions and Health Are Equally Important

A recent 4-year follow-up study of 7,388 adults, published this year in the *International Journal of Obesity*, found that life stressors—such as financial difficulties—increase BMI not only by reducing physical activity but also by exacerbating emotional eating.

However, it is important to note that this study does not prove emotional eating strictly *causes* obesity. As the researchers noted, "Our study mainly emphasizes the association; emotional eating should be considered in weight management and mental health strategies."

This highlights a common challenge in this field of research. Due to observational study designs, reliance on self-reported BMI and eating data, and a lack of clinical mental health measures, it is often difficult to definitively prove whether negative emotions cause abnormal eating, or if long-term unhealthy diets/obesity cause emotional deterioration.

Some researchers propose a third possibility: **Emotional eating acts as a "bridge" between anxiety/depressive symptoms and increased BMI, while weight gain conversely fuels further emotional eating and bad moods.**

The sadder you are, the more you eat; the more you eat, the sadder you become. There is likely a bidirectional vicious cycle between bad moods and bad diets.

Imagine this scenario: your work is already stressful, yet you force yourself to diet. The dieting makes you miserable, and feeling miserable makes you eat. Overeating stalls your weight loss, prompting you to blame yourself for being lazy and greedy. Ultimately, both your emotions and your weight spiral out of control.





Stop Tormenting Yourself in the Name of "Self-Discipline"

I eat because I'm sad, but eating makes me sadder. If only I were more disciplined!

As society becomes hyper-focused on weight, the internet increasingly equates body shape and diet with self-discipline. Catchphrases like "Self-discipline is the beginning of freedom" are everywhere. For someone already on the brink of an emotional eating breakdown, seeing such rhetoric while holding a burger can feel devastating.

But don't rush to blame yourself. Baumeister's model of ego depletion points out that **self-discipline is not simply a matter of willingness; it is a limited psychological resource**. Just like a muscle, self-control experiences temporary "ego depletion" from continuous use. It's not that you lack willpower; objectively speaking, your psychological energy is just drained.

Discipline maintained solely through sheer willpower and self-criticism rarely lasts. When "self-control" is tied to "self-punishment," individuals are far more likely to fall into anxiety, self-blame, and eventual surrender.

Dr. Hong Yun, a psychotherapist at the Cardiac Rehabilitation Center of Fuwai Hospital (Chinese Academy of Medical Sciences), notes that the weight-loss process is filled with external temptations that constantly drain your self-control reserves: "When self-control resources are exhausted, people easily fall into a cycle of 'compensatory eating' followed by 'post-binge regret'."

Therefore, the key to successful weight loss isn't just behavioral suppression. It is about maintaining a balanced self-regulation system over the long term—one where you can stick to your goals without excessive suppression.

To achieve this, psychologists have proposed a gentler, more sustainable concept: **Self-Compassionate Self-Control**.

Simply put, this is an attitude that blends "I want to improve" with "I understand myself." It allows you to maintain your sense of purpose while minimizing the self-blame that comes from temporary setbacks.

Experimental studies already support this approach. When participants respond to a dietary slip-up with self-compassion rather than harsh self-criticism, their subsequent binge-eating behaviors decrease significantly.

"This approach breaks the vicious cycle of 'eat → feel guilty → eat again,' helping to restore rational self-control," says Dr. Hong.





SHOULD YOU TAKE VITAMIN D SUPPLEMENTS IN SUMMER?

Summer just feels like a healthier season – plenty of daylight after work to play soccer or picnic in the park, beach days, and a free boost of vitamin D from all that extra sunshine.

It's like a reset button for body and mind.

But when it comes to replenishing your vitamin D, depleted by so much indoor time and skin-covering layers over the winter, that extra time outside might not be enough.

A new study from Newcastle University in the UK, published in the European Journal of Clinical Nutrition, found that even during the brightest months of the year, vitamin D insufficiency remained stubbornly common for the majority of people tested.

"What's striking about these findings is that vitamin D levels didn't improve, even in the summer months when we would usually expect them to recover," says nutrition researcher Bernard Corfe.

Between December 2024 and August 2025, Corfe and his colleagues tested 299 people for vitamin D levels using a simple finger-prick blood test. About half of them were over 65, and the other half were people over 18 who had darker skin.

Among adults aged 65 and older, almost 55 percent had vitamin D levels below the recommended threshold. The picture was even more striking for adults with darker skin, where more than 72 percent fell below that level.

Despite testing beginning in winter and moving into spring and summer, those numbers barely changed.

That's a problem because vitamin D plays a key role in keeping bones healthy by helping the body absorb calcium, which is especially important for older adults. It's also involved in muscle function and immune health, and it may even affect mental health.

A large meta-analysis published in 2022 in Critical Reviews in Food Science and Nutrition linked higher vitamin D to fewer depressive symptoms in those diagnosed with depression.

There's plenty of disagreement about some of the health claims though, with some scientists calling studies linking vitamin D to lower cancer or diabetes risk overblown. Research is ongoing.



Unlike most vitamins, vitamin D is something we can both consume in our food and make ourselves.

Our skin manufactures vitamin D when it's exposed to ultraviolet B (UVB) rays from sunlight.

That's why deficiency is often thought of as a winter problem – shorter days and weaker sunshine leave our vitamin D factories running below capacity.

But the new study suggests that for some people, that summer boost simply doesn't arrive.

Why? There are three key reasons. First, age: As we get older, our skin becomes less efficient at producing vitamin D from sunlight. Older adults may also spend less time outdoors.

Skin pigmentation matters too. Melanin, which gives skin its color, acts like a natural sunscreen, blocking UV rays. While that can protect against skin damage, it also means people with darker skin generally need more sun exposure to produce the same amount of vitamin D as someone with lighter skin.

Geography also has a huge impact on how much sun you need to produce enough Vitamin D. Northern Britain, where this study was done, sits at a latitude where sunlight is relatively weak for much of the year, and even summer may not provide enough UVB exposure for everyone.

Even if you live at lower latitudes, it might not be safe to sunbathe for other reasons.

In sunny Valencia, Spain, researchers found you'd need to sit in the noon sun for 7 minutes in July – which sounds great until you realize it can be over 38 degrees Celsius (100 degrees Fahrenheit) in the sun in summertime Spain, which is both uncomfortable and potentially dangerous.



For comparison, it would take about 2 hours a day to get enough sunshine to meet vitamin D needs in the winter there. The authors of the new study say their findings challenge the common assumption that summer sun is enough.

They write plainly that year-round supplementation is "crucial." An important caveat of this study is that all 299 participants had low vitamin D levels to begin with, and those taking vitamin D supplements were excluded.

That means the results shouldn't be taken as evidence that half of all older Britons or nearly three-quarters of all ethnic minority adults are vitamin D insufficient, since many people do take those supplements.

But if not, the findings reinforce what many public health experts have suspected: for some groups, relying on sunshine alone simply isn't enough.

It's important to note that the study was wholly funded by BetterYou Ltd, a UK-based health and wellness company that makes and sells nutritional supplements.

Current UK guidance already recommends that everyone over the age of 4 consider taking a 400IU vitamin D supplement daily between October and March.

People at higher risk of deficiency – including many older adults and those with darker skin – may benefit from supplementation throughout the year.

In the US, the guidance is 600 IU of vitamin D for children and adults, and 800 IU for those aged 70 and over.

Unlike some vitamins, though, where excess just gets flushed through your body, you can take too much vitamin D.



Summer Vacation is Here: How Can We Cool Down "Parent-Child Conflicts"?

With summer vacation approaching, it brings joy to some families and worries to others. Once the holidays begin, some families enjoy wonderful quality time together, while others experience a frequent outbreak of parent-child conflicts.

Many parents feel a severe headache just thinking about spending such concentrated and deep time with their children. Parents are dissatisfied with their children's irregular routines, constant attachment to smartphones and iPads, and procrastination in doing homework.

So, what exactly can be done to reduce parent-child conflicts in the family? The "Emotion Coaching method" is a highly effective strategy.

The Emotion Coaching method was summarized by American psychologist John Gottman through long-term research (Gottman, 2014). This method hopes that parents can perceive their children's emotions, understand the true reasons behind them, and accept and empathize with their children's feelings. At the same time, it also helps establish boundaries for inappropriate behavior, teaching children how to regulate their emotions and solve problems. Simply put, it is divided into three steps: Stop, Listen, and Do.



Step 1: Stop

The "Stop" in the first step is not just about stopping preaching to the child. The most important and difficult part is to stop your own emotions and avoid solving problems when you are angry.

Anger never solves problems; it only leads to escalating conflicts. When you feel like losing your temper, take a few deep breaths to calm yourself down, and tell yourself that when a child is crying unreasonably, it is a great opportunity to teach them how to handle emotions.

After calming down, parents should carefully observe the child's emotions and think about the reasons behind the child's feelings and behaviors, rather than simply treating the behavior itself as the problem. "There are no unprovoked emotions in the world; every emotion deserves to be listened to, rather than eliminated." The best way is to put yourself in the child's shoes and observe the world through their eyes.

The real problems you need to solve might be "how to help the child overcome difficulties in learning and homework" or "how to teach the child better time management," rather than simply stopping their gaming behavior.

Alternatively, you can also ask the child how the game is played, or even let them teach you, to experience their feelings while gaming. This will make the child feel that what they are doing is accepted by you, reducing the conflict between you and helping to rebuild your relationship.

During the thinking process of this step, parents need to learn to distinguish between the child's "emotions" and "behaviors". The child's emotions are allowed and can be accepted unconditionally, but their behaviors need to be accepted conditionally.



Step 2: Speak

Describe the emotions, which means using specific vocabulary to describe the child's mood, while also expressing the parent's understanding and acceptance of these emotions. The content expressed can follow a framework: objectively describing the event, describing the emotions observed by the parent, and the possible reasons behind those emotions.

The framework is as follows: "I saw that you did XXX (event), you feel very XXX (emotion), is it because of XX (reason)?"

For example: "I see that you can't stop playing on your phone (event), and when I remind you to do your homework, you get very irritable (emotion). Is it because the homework is too hard and there's something you haven't grasped? Or is it because you've been studying all day and are a bit too tired? (reason)"

Wait for the child's response after speaking. Generally, if parents can communicate with their children calmly, the children will also calm down and be willing to have a conversation with their parents. The following methods can be used for communication next:

Parents can use comforting words to respond non-judgmentally to everything they hear, truly feeling what the child is experiencing.

Parents can respond by repeating what the child says, letting the child know that they are listening attentively.

Parents can also tell their own stories, such as, "When I was little, I used to get super angry if my parents didn't let me play games." This will help the child understand that their emotions are normal and can be validated. Once the child feels validated, they will be more willing to accept the ensuing conversation.



Step 3: Do

When parents spend time listening to their child's feelings and help the child observe and understand their own emotions, it naturally leads to the final stage: resolving emotional issues.

For children, solving problems often starts with drawing a line between correct and inappropriate behaviors. Parents need to make children understand that some ways of expressing emotions are improper and unacceptable. Parents can tell the child that they have the right to experience all kinds of emotions, but there are various ways to express them.

Parents can lead their children in brainstorming to think about and discuss together what ways of expressing emotions exist when the child encounters negative emotions, which ones are reasonable, and which ones need to be adjusted.

As mentioned at the beginning, summer vacation might give parents a headache, but it can also be a great opportunity to enhance the parent-child relationship. We hope that every family can master the method of emotion coaching, find the right way to get along with their children, and spend a joyful and refreshing holiday!





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