

# Senior Savvy 2026



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# Thank You!

**By Gretchen Hook**

*Little Elm Residential Care Home*

We want to start the New Year by saying a big Thank You for voting Little Elm Residential Care Home the best in Bell County for the second year in a row. This means so much to us and reaffirms that our mission is on the right track.

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You voted us the best in Bell County twice, for a reason. If you've heard of us through word of mouth and haven't called or visited, let's fix that and meet. If you've met us, then you know why Little Elm RCH is the best, and we thank you for your confidence and your vote. If you've referred us to others, another HUGE thank you!! We can't do this alone and strive to be the best every day! 2026 is going to be an amazing year, and we can't wait to see how God blesses us! We hope to pass those blessings on to you and yours as well! Again, THANK YOU!!

# Did you know?

**Though experts may insist that it's never too late to change jobs, data indicates it's increasingly less likely after reaching age 55.**

According to an analysis from USAFacts — How Long Americans Stay, workers between the ages of 25 and 34 hold positions for a median tenure ranging from 2.7 years to 3.2 years. Among professionals between the ages of 55 and 64, the median tenure increases to 9.6 years. Seniority at a current employer and compensation levels reflecting decades of experience may make workers 55 and older less willing to take a new job. Despite that analysis, the AARP noted in a 2023 report that older workers who have changed jobs, which the organization defines as professionals 45 and older, reported positive outcomes after making the switch. Indeed, 50 percent of such workers said switching jobs had a positive impact on their mental health and 48 percent indicated they earned more as a result of switching employers.



## 2026 Will be a long year full of “Firsts” for grieving hearts

**By Jason Harris**

If the title grabbed your attention, you are likely one of those grieving hearts. You may have just had your very first Thanksgiving and Christmas without that loved one. A spouse? Son or daughter? Brother or sister? Grandma, Nanna, Pops, Papaw, Uncle, friend?

My name is Jason Harris. I have been speaking at funerals for over three decades. A few years ago, I was certified as a funeral celebrant and now I am told by multiple funeral directors, “We have never heard so much laughter coming out of our chapel than when you do services here.” I don’t tell jokes. I have a unique approach that is changing the landscape of traditional funeral/memorial services. You could say I “put the FUN in funeral.”

Every month at Young’s Daughter’s Funeral Home and Bereavement Center in Temple, beginning January 4 at 2:00 PM, I will be

sharing “The Five Questions That Will Change Your Life” and will be offering a free copy of my book, “Good Grief. Celebrate Your Life.” It is a seminar about grief, but people are often surprised at how much they laugh and smile throughout the seminar.

So who are you missing? Was your loss recent? Some people say the second year is even harder than the first. First birthday, anniversary, holidays, your loved one’s birthday, the anniversary of their passing. All of the “firsts” are hard. Let me help you navigate your journey. I want to meet you. Let’s have a conversation. I hope to see you this Sunday at 2 pm. If you can’t make it this Sunday, don’t worry. I live in Temple. We can talk one-on-one or you will have at least 11 more opportunities to hear my talk in 2026. I deeply care about your journey, and so does everyone at Young’s Daughters Funeral Home and Bereavement Center. I am excited to be a new addition to the team and family there. See you soon. Visit [www.YoungsDaughters.com](http://www.YoungsDaughters.com) for more information and dates.



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To help make information about Medicare easier to understand, UnitedHealthcare® also has an educational program called Medicare Made Clear®. This program provides general information about Medicare to help people better understand their choices.

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## Celebrating the Epiphany



The holiday season is full of faith and celebration. Even though people may believe this important time begins at the start of December, for millions of the Christians, the Twelve Days of Christmas begin with the birth of

Baby Jesus on December 25 and continue through the Epiphany on January 6.

The Epiphany, also known as Three Kings Day, is a Christian feast day that ‘celebrates the revelation of God in His Son as human in Jesus Christ,’ says The National Shrine of Saint Jude. The Epiphany is celebrated on January 6 each year and gets its name from the Greek word meaning ‘to reveal, or manifestation,’ a nod to the idea that this was the day Jesus was revealed to the world.

On the Epiphany, three Magi visited the Christ child to pay homage. These wise men were the first to greet Jesus after his parents. The Magi followed a star to Bethlehem, having faith that the Child’s location would be accurate. The unlikely royal visitors bestowed gifts of gold, frankin-

cense and myrrh. These herbs are typically used in burial ceremonies, and their offering may have potentially foreshadowed Jesus’ destiny.

According to Father Hezekias Carnazzo, a Melkite Catholic priest and founding executive director of the Virginia-based Institute of Catholic Culture, the Feast of the Epiphany is one of the earliest feasts and actually predates the celebration of Christmas.

Although the Epiphany is an important date for Christians and many celebrate it, celebrants in Spain and Latin America consider it as important as Christmas Day. Within these nations D’a de los Reyes (Three Kings Day) is a time for serving Rosca de Reyes, an oval-shaped treat that has a small doll inside to represent Baby Jesus. The figurine symbolizes the hiding of the infant Jesus

from King Herod’s troops. Children also receive the majority of their gifts on Three Kings Day. It is customary for kids to place their old shoes with a wish list on them for the Three Kings. On the morning of January 6, the shoes are filled with toys and gifts.

The Epiphany is celebrated in various ways around the world. In the Czech Republic, people swim in the freezing cold Vltava River and men dress up as the Magi before riding camels through Prague’s city center. Three Kings Bread, similar to the Rosca de Reyes and called Dreikšnigskuchen, is prepared and consumed in Germany and Switzerland.

Christmas fanfare does not cease when the calendar turns from December 25 to 26. The Epiphany on January 6 also is an important day of celebration.



## A brief history of Braille

Braille is a universally accepted system of reading and writing for the blind. Much in the way sign language was established as a method of communication for the deaf, Braille helped to open entire worlds of possibility for those with partial or complete vision loss.



Consisting of raised dots that represent the letters of the alphabet and equivalents for punctuation marks and letter groupings, Braille consists of 63 characters, each made up of one to six raised dots arranged in a six-position matrix or cell. Individuals read Braille by passing fingertips over the characters. The American Council of the Blind says the average reading speed is about 125 words per minute, but greater speeds are possible. Although Braille can be written using a stylus to punch dots through paper, a Braille writer, which is similar to a typewriter, uses a pointed stylus to achieve a similar technique using a Braille slate. Braille has been adapted to almost every known language. If not for the efforts of one individual, the world may never have had such a useful resource for the blind.

Braille gets its name from Louis Braille, a Frenchman who accidentally blinded himself in one eye with a stitching awl he found from his father's leather workshop, indicates the National Library of Medicine. His other eye eventually went blind due to a condition

called sympathetic ophthalmia.

Louis Braille was age 11 when he realized a secret code the military used called 'night writing,' which enabled soldiers to communicate after dark, could be adapted to help the blind communicate. The problem with the military code was the human fingertip could not read all of the dots in that code's cells at once since there were 12 dots. Therefore, Braille created his own system at age 15 that was a smaller six-dot size and more easily read. It eventually went on to be used across the globe. Over time, Braille has largely remained unchanged, except for some modifications to the system with contractions representing groups of letters or whole words to reduce the size of Braille books and lead to faster reading.

Louis Braille published his first book, 'Method of Writing Words, Music and Plain Songs by Means of Dots, for Use by the Blind and Arranged for Them,' at age 20. He also developed a Braille musical codification, as he was an accomplished musician. As an adult, Louis Braille taught at the New School for the Blind in Paris, France.

Without the innovation and dedication of Louis Braille, millions of blind individuals may not be able to read and write as effectively as they can today.

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## Chase away chills (and sniffles) with soup

Soup is a staple anytime the weather is chilly or when a person feels like they are coming down with a cold. The warm, therapeutic effects of a delicious bowl of soup are hard to dismiss, and may sometimes work as well as the best medicines available.

While zucchini may be known as a summer vegetable, this popular squash is at home in a tasty soup any time of year. Top with giant, cheesy croutons for a filling and scrumptious crowd-pleaser.

This recipe for 'Zucchini Soup with Cheddar Rusks' from 'The Culinary Institute of America Book of Soups' (Lebhar-Friedman Books) by The Culinary Institute of America makes for a warming winter meal.

### Zucchini Soup with Cheddar Rusks

Makes 8 servings

- 4 bacon strips, minced
- 2 onions, diced (about 2 1/2 cups)
- 4 garlic cloves, minced (about 2 teaspoons)
- 4 medium zucchini, diced (7 to 8 cups)
- 6 cups chicken broth
- 4 plum tomatoes, peeled, seeded and chopped, (about 1 cup)
- 1/2 cup tomato puree
- 4 tablespoons tarragon or cider vinegar
- 2 tablespoons minced fresh basil
- 1/2 teaspoon salt, or to taste
- 1/4 teaspoon freshly ground black pepper, or to taste
- 8 cheddar rusks (see below)

Cook the bacon in a soup pot over medium heat until the fat is released and the bacon bits are crisp, 6 to 8 minutes.

Add the onions and garlic. Cook, stirring frequently, until the onions are a light golden brown, 8 to 10 minutes.

Add the zucchini, cover the pot and cook until the zucchini starts to become translucent, about 5 minutes.

Add the broth, tomatoes, tomato puree, and vinegar. Bring the soup to a simmer and cook until the vegetables are very tender and the soup has developed a good flavor, 15 to 20 minutes.

Add the basil to the soup, and season with salt and pepper. Serve in heated bowls, garnished with cheddar rusks.



### Cheddar Rusks

Makes 8

- 8 slices French or Italian bread (1 1/2-inch thick)
- 1 cup grated cheddar cheese

Toast the bread until golden brown on both sides.

Preheat the broiler. Scatter the cheese evenly over the toasted bread and broil until the cheese bubbles and begins to brown.





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# 10 things to know about cervical cancer

Cancer can affect any area of the body. Women may be susceptible to cervical cancer, which affects a part of the body involved with menstruation and reproduction.

The World Health Organization says cervical cancer is the fourth most common cancer among women across the globe, resulting in roughly 342,000 deaths in 2020. Nearly 90 percent of all new cases of cervical cancer in 2020 were in low- and middle-income countries.

Cervical cancer may be prevalent, but it is preventable in many cases. Prevention might be more likely when individuals learn the basics of cervical cancer. The following are 10 facts about the cervix and cervical



cancer that can be helpful.

**1. The cervix is at the base of the uterus.** Cancerous cells can begin on the surface of the cervix.

**2. People between the ages of 35 and 44 are most frequently diagnosed with cervical cancer.** The average age of diagnosis is 50, according to the Cleveland Clinic.

**3. The American Cancer Society notes that cervical cells do not suddenly change into cancer.** Normal cells gradually develop abnormal changes that are called pre-cancerous.

**4. Only some of the pre-cancers of the cervix will develop into cancer.** Many go away without any treatment. Treating cervical pre-cancers can prevent almost all cervical cancers.

**5. The two main types of cervical cancer are squamous cell carcinomas and adenocarcinomas.** About 80 to 90 percent of cervical cancers are squamous cell carcinomas.

**6. Two human papillomavirus types are responsible for nearly 50 percent of high grade cervical pre-cancers.**

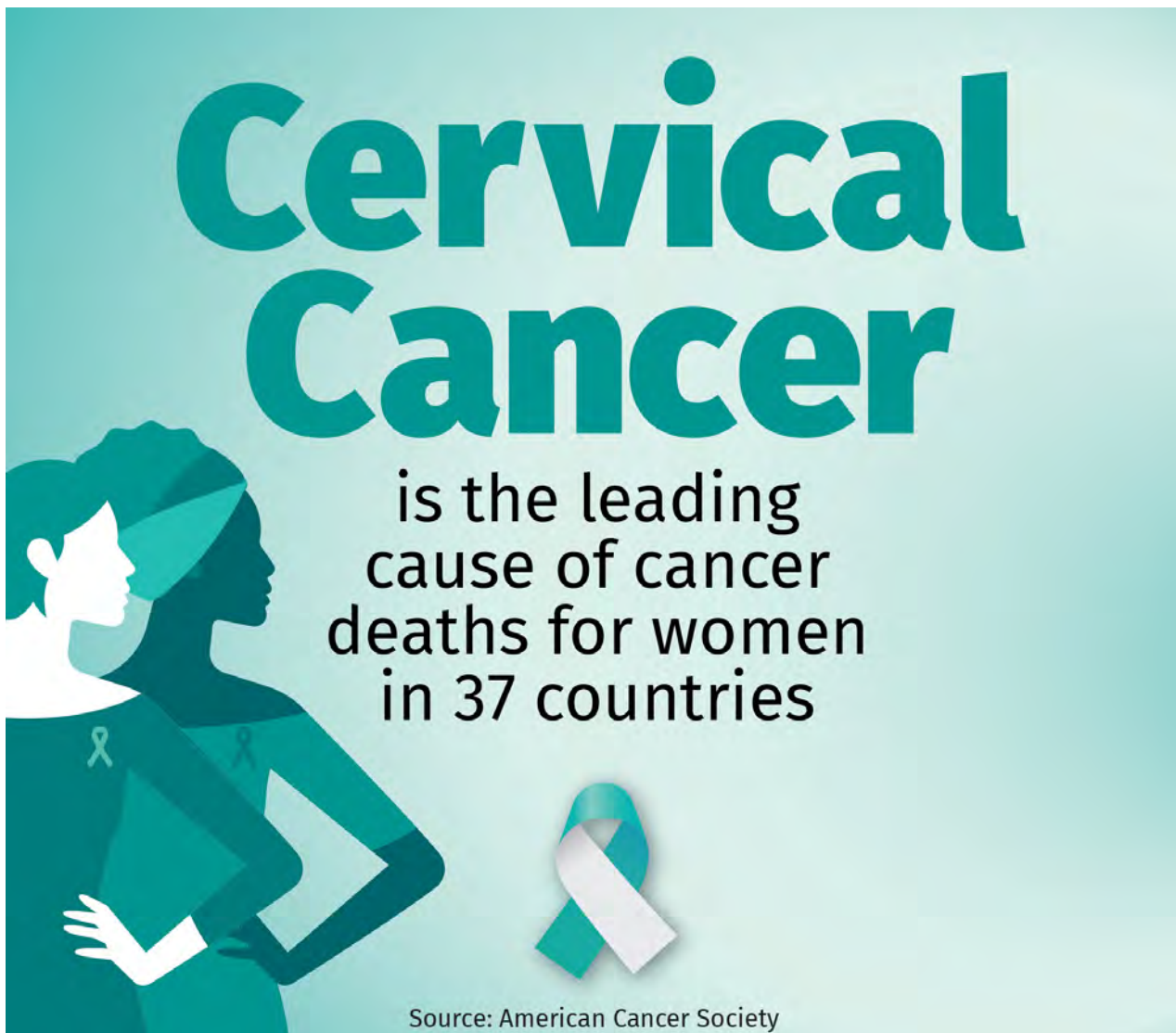
**7. Vaccination against HPV can help prevent cervical cancer.**

**8. HPV spreads through sexual contact.** Most people can fight the HPV infection without developing cancer. However, if the body doesn't fight the infection, it can cause cervical cells to change. Practicing safer sex can reduce incidences of HPV infection.

**9. Symptoms of cervical cancer include vaginal bleeding after intercourse, between periods or after menopause.** It also includes watery, bloody vaginal discharge, and pelvic pain or pain during intercourse.

**10. Gynecologists screen for cervical cancer using Pap tests.** If the Pap test comes back as abnormal, further testing will be necessary. A biopsy could be necessary if cancer is suspected. An HPV test detects high-risk types of HPV infection that are most likely to cause cervical cancer.

Women should address questions about cervical cancer to their doctors. Through screening, vaccination and safe practices, rates of cervical cancer can be reduced by a significant margin.



Source: American Cancer Society

# Tips to stay the course with a New Year's resolution

The holiday season is steeped in tradition. Many of those traditions are rooted in celebrants' faith, but one of the last customs people embrace each year is largely secular.

The tradition of making New Year's resolutions is older than many people may realize. According to History.com, the ancient Babylonians are believed to be the first people to make New Year's resolutions when they began doing so roughly 4,000 years ago during a 12-day festival known as Akitu. That festival was religious in nature, but many people now make resolutions with a goal toward self-improvement unrelated to their faith. As people ponder their resolutions for the year ahead, the following strategies might help them stay the course over the next 12 months.

- **Give serious thought to a prospective resolution.** Statistics regarding New Year's resolutions vary, but a 2024 survey from the Pew Research Center found that 13 percent of adults polled indicated they kept none of their resolutions. Numerous variables can affect whether or not a person keeps a resolution, but giving a potential resolution little thought ahead of time can make achieving a goal unlikely. Give any potential

change ample thought before committing to a resolution. If you aspire to lose weight, identify the ways you're going to go about that. Find a local gym to join, identify ways to eat a more nutritious diet and, perhaps most importantly, study how you can make time to stay the course. A little legwork in advance of declaring a resolution can pay off in the long run.

- **Set periodic goals.** Small goals along the way to the larger goal can serve as motivation to keep going. If you aspire to watch less television and read more, resolve to read 100 pages per week and then gradually increase that total if you so desire. Small goals can provide a great means to measure incremental progress that will ultimately make achieving a larger goal more likely.
- **Be realistic.** Realistic goals are more likely to be achieved than ones that seem good on the surface but are too difficult to keep. For example, if you aspire to exercise for an hour each day but obligations to work and family leave little time for physical activity, then you may need to reduce those expectations in favor of a more realistic, achievable goal. Taking on too much will only discourage you when hurdles inevitably appear, and that is likely to compel you to abandon the resolution entirely. If your initial goal is realistic, then any challenges that arise are less likely to derail your efforts.
- **Don't go it alone.** Many people employ the buddy system as a means to stay motivated with fitness-related resolutions, and that approach can be applied to any goal you set at the beginning of the year. Having someone there to hold you accountable, and doing the same for a partner, increases the chances you'll stay the course.

New Year's resolutions are an ancient tradition, even if the majority tend to be abandoned rather quickly. But anyone can buck that trend and stay the course by employing a few simple, yet effective strategies.



# How to make bathrooms safer for seniors

Maintaining a sense of independence throughout retirement can inspire seniors to live their golden years to the fullest. For many seniors, nothing is more emblematic of their ability to stay independent than remaining in their homes. A number of variables can affect how long seniors stay in their homes, including the layout of the property and any potential safety threats that may arise as men and women age. Some small, safety-centric tweaks to a property can help men and women remain in their homes for as long as possible.

- **Increase lighting in bathrooms throughout the home.** Lighting is easily overlooked as a safety measure, but a well-lit space is easier to navigate. Increasing lighting in the bathroom and upgrading existing features to LED lighting can make it easier for seniors to navigate bathrooms at night. That's a notable benefit, as seniors may need to make routine bathroom trips overnight.
- **Install grab bars.** Grab bars are often found in public restrooms, but they're equally useful in the bathrooms or private homes, particularly in seniors' residences. Grab bars can be installed on both sides of all toilets and in the bathtub/shower stall so seniors can get up and down easily and reinforce their stability on wet surfaces.
- **Invest in bathroom storage systems.** A cluttered bathroom is a potential safety hazard. Items in cluttered bathrooms can easily end up on the floor, and that goes for bathing items like shampoo and soap as well. A bathroom storage system for a vanity and an organizer for bathing items inside a shower or tub can decrease the chance that items end up on the floor, where they can pose an injury risk for seniors who might



struggle to bend over to pick them up or slip on fallen items when bathing.

- **Renovate your existing shower.** Seniors whose current bathrooms house a traditional shower setup that requires them to step over a tub can renovate the space and replace that feature with a walk-in shower. A walk-in shower does not require seniors step over a bathtub, greatly reducing the risk of falls while bathing. Some additional shower renovations include installing a bench so seniors can sit down while bathing, ideally while using a hand-held shower head.
- **Purchase non-slip materials for the bathroom.** Non-slip floor mats in a bathroom are essential for anyone, and especially beneficial for seniors. A non-slip vanity storage bin and toothbrush holder also can ensure daily accessories remain accessible.
- **Elevate toilet heights.** Elevating toilet heights in bathrooms throughout the home can make it easier for seniors to sit down and get up when going to the bathroom. Toilets compliant with the Americans with Disabilities Act (ADA) are roughly 18 inches taller than standard toilets, which can make a big difference for seniors.

These are just a handful of ways seniors can make their bathrooms safer as they aspire to stay in their homes longer.

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*January*

*January*


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	6
Zumba Class on T/Th is from 6-7 \$5/class No class on 1st/3rd Thurs,				1 Holiday	2 Holiday	3
4 Center Reopens Monday, Jan. 5	5 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	6 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting/12 Canasta 6 Zumba Class	7 9 Exercise 10:30 Bible Study 12 Bingo 1 Art s & Crafts	8 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta 6 Zumba	9 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	10
11	12 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	13 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting/12 Canasta 6 Zumba Class	14 9 Exercise 10:30 Bible Study 12 Bingo 1 Art Painting	15 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta 6:30 Dance	16 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	17 Dance 1/15/2026 6:30 p.m. with Bobby Dean.
18	19 Holiday Martin Luther King Day	20 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting/12 Canasta 6 Zumba Class	21 9 Exercise 10:30 Bible Study 12 Bingo 1 Arts & Crafts	22 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta 6 Zumba	23 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	24
25 Pot Luck on Mon., Jan. 26, 5:30, will be Trivia Night with the Belton Youth Adv. Com.	26 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42 5:30 Pot Luck	27 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting/12 Canasta 6 Zumba Class	28 9 Exercise 10:30 Bible Study 12 Bingo 1 Art Painting	29 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta 6:30 Dance	30 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	31 Dance 1/29/2026 6:30 p.m. with Good Ol' Boys

## Upcoming Events:

1. The Center is partnering with the City of Belton on offering a Zumba class on Tues. and Thurs. from 6-7 p.m., except for 1st and 3rd Thursdays when we have our regular dances. Cost is \$5 per class.
2. Dances - Thurs., Jan. 15, with Bobby Dean; and Thurs, Jan. 29, with Good Ol' Boys.
3. Pot Luck is Monday, Jan. 26, at 5:30 p.m. with Trivia Night, led by the City Youth Advisory Commission.
4. We are in need of quilters who would be availalbe on Tues. and Thurs. mornings 9-12, or work from home! Call Judy at 254-770-7958 if interested.
5. We would also like new bridge players if interested in playing or learning - Fridays from 12-3.



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# Renowned Neuroscientist A Beacon of Hope for

In an era where neurological health challenges increasingly dominate public discourse, Dr. Keith N. Darrow of MyTinnitusNumber.org, a distinguished neuroscientist, professor, clinical audiologist, and Certified Dementia Practitioner, has released his latest work, *TinnituisTreatable.com*. This publication marks his third dedicated volume on the subject of tinnitus, building upon a career spanning over two decades at the intersection of brain science and auditory health. As the author of previous acclaimed titles exploring similar themes, Dr. Darrow continues to establish himself as a leading authority, offering evidence-based insights that challenge longstanding misconceptions and provide actionable pathways to relief.

*TinnituisTreatable.com* arrives at a critical juncture. With an estimated 70 million Americans and over one billion individuals globally experiencing tinnitus—a persistent perception of sound without an external source—the condition has evolved from a niche concern to a widespread neurological epidemic. Dr. Darrow's book systematically dismantles the outdated narrative that tinnitus is an untreatable annoyance and people suffering need to learn to live with it, instead framing it as a treatable signal from the brain that demands prompt, comprehensive intervention. Through a blend of clinical expertise, patient narratives, and the latest advancements in neuroscience, the text serves as a roadmap for those who have been dismissed by traditional medical approaches.

Dr. Darrow's credentials lend unparalleled weight to this endeavor. Holding a Ph.D. focused in neuroscience from M.I.T. and Harvard Medical School, being a tenured professor at Worcester State Massachusetts, and certified as a clinical audiologist (CCC-A), he has treated thousands of patients while contributing to research on auditory neurology and cognitive decline. His prior books have educated professionals and lay audiences alike on the links between hearing health and overall brain function, emphasizing preventive strategies against conditions like dementia. In *TinnituisTreatable.com*, he extends this foundation, introducing readers to breakthroughs in NeuroTechnology™—a term he employs to describe technologies that interact directly with the nervous system to modulate brain activity and alleviate symptoms.

The book's introduction sets a tone of empathy and urgency, acknowledging the deeply personal nature of tinnitus. "Tinnitus is a deeply personal experience," Dr. Darrow writes. "For some, it's a faint ringing in the background. For others, it's a constant, overwhelming noise that hijacks daily life. No matter the form, one truth remains: tinnitus is real—and it is treatable." This statement encapsulates the book's core message, countering the frequent dismissal patients encounter, such as being told to "just live with it." Drawing from his clinical practice, Dr. Darrow shares stories of individuals who, after years of frustration, found relief through structured, science-backed protocols.

Right from the start, this book delves into the prevalence of tinnitus, explaining why it affects so many in modern society. Dr. Darrow attributes the rise to factors including aging populations, pervasive noise pollution, prolonged use of personal audio devices, and systemic issues like neuroinflammation

from conditions such as diabetes and heart disease. He likens the auditory system to a sound engineering setup: the ears as microphones capturing frequencies, and the brain as the engineer processing the input. When signals degrade—due to damaged hair cells or neural synapses—the brain compensates by "turning up the gain," resulting in phantom sounds. This analogy, grounded in neuroscience, demystifies tinnitus as a brain-based response rather than a mere ear problem.

Importantly, Dr. Darrow highlights that tinnitus is not "normal" even if common. He cites global statistics, noting that over one in four U.S. adults reports symptoms, with rates increasing among younger demographics due to noise exposure. "Tinnitus is often the first sign that your hearing loss journey has begun" he quotes from colleague Dr. Ross O'Neill, reinforcing the need for proactive care.

Transitioning to the impacts of untreated tinnitus, this neurological condition is framed as a "big deal"—a warning system with far-reaching consequences. Dr. Darrow draws on functional MRI and EEG studies showing altered brain activity in tinnitus sufferers, including hyperconnectivity between auditory and emotional centers like the amygdala. This leads to a distress cycle: perception triggers emotion, which amplifies stress, perpetuating the sound. He discusses links to mental health issues, with over 50% of patients experiencing anxiety or depression, and an elevated risk of cognitive decline, including dementia.

A poignant section recounts the tragic story of Kent Taylor, founder of Texas Roadhouse, whose post-COVID tinnitus escalated to unbearable levels, contributing to his suicide in 2021. Dr. Darrow uses this public case to illustrate tinnitus's potential lethality through sleep deprivation and emotional exhaustion. "Tinnitus is not merely a symptom to manage,"

# Unveils Third Book on Tinnitus: Millions Suffering in Silence

he asserts, "but a signal to act because it is a neurological disorder that warrants clinical attention." The chapter reframes tinnitus as a biomarker for broader brain health, urging readers to view it with the urgency afforded to precursors of heart disease or stroke.

For many living with tinnitus, the journey begins with frustration: being told their hearing is "normal," despite the very real challenges they face each day. Standard hearing tests (aka the audiogram), developed nearly a century ago, are limited. They measure volume thresholds up through only about half of the ear, but overlook the subtleties of neural degradation, clarity loss, and damage in the most sensitive part of our hearing range. Dr. Darrow explains how the real culprit is often cochlear synaptopathy, or "hidden hearing loss," where the connections between hair cells and auditory nerves deteriorate. These silent disruptions distort the way signals are delivered to the brain, explaining why a person can pass a hearing test yet still experience tinnitus, difficulty understanding speech in noise, and the exhausting fatigue that comes with it.

Research now supports what patients have known all along: relief is possible even when tests say otherwise. Studies such as Suzuki et al. (2021) demonstrate that individuals with near-normal hearing can experience significant reductions in tinnitus when fitted with specialized hearing technology. Waechter et al. (2023) confirmed that treatment can be effective regardless of traditional audiometric loss. A case that illustrates this well is Brandy, a 45-year-old clinic coordinator who had "normal" hearing scores yet lived with constant ringing. Her Tinnitus Handicap Inventory score revealed a measurable burden, which was alleviated after being fit with prescriptive NeuroTechnology™. Advanced diagnostics—extended high-frequency testing, otoacoustic emissions, and speech-in-noise

assessments—allow clinicians to uncover what the outdated tests miss and offer solutions that truly change lives.

Beyond diagnostics, Dr. Darrow presents practical strategies for patients to measure and track their progress. One such tool is "MyTinnitusNumber.org," a personalized scoring system that quantifies severity and offers a clear starting point for recovery. From there, he outlines a structured, seven-step treatment approach designed to retrain the brain, reduce neural strain, and restore quality of life. At the heart of this program is Prescription NeuroTechnology™—customized devices that deliver targeted stimulation to the auditory pathway. By encouraging adaptive neuroplasticity, these systems lower the intensity of tinnitus while strengthening the brain's processing of sound.

Other therapies play an important role as well. Cognitive behavioral strategies, biometric monitoring, mindfulness, regular movement, and improved sleep all reinforce recovery by calming the nervous system and building cognitive reserve. Together, these interventions reduce stress, promote resilience, and help restore a sense of control. The book also highlights how treating tinnitus protects long-term brain health, with evidence linking auditory enrichment to reduced risk of decline and dementia. Patient stories—like Mark, a 58-year-old firefighter whose "normal" test concealed significant auditory stress—show how the program brings relief that is practical, not miraculous.

What distinguishes this work is its balance of science and compassion. The recommendations are rooted in peer-reviewed research, yet presented in a way that empowers patients to take the next step. The book also critiques outdated protocols and systemic barriers that leave too many people dismissed or untreated, urging a shift toward modern, evidence-based care.

Ultimately, TinnitusTreatable.com is both a scientific guide and a message of hope. For those ready to take the first step, resources like MyTinnitusNumber.org provide a way to measure progress and begin the journey toward relief. It validates the lived experiences of millions while offering a pathway forward. In Dr. Darrow's words: "This book is for everyone living with tinnitus who deserves more than hollow reassurances. They deserve options. They deserve treatment. And above all, they deserve hope, rooted in evidence—not guesswork."

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