Sometimes Your Biggest Weakness can become Your Biggest Strength

Once, there was a 10-year-old boy, who wished to study Judo despite the fact that he had lost his left arm in a car accident. He started having lessons with an old Japanese Judo master. The boy was doing well. But he couldn't understand the reason as to why, even after 3 months of training, the master had taught him only one move. One day, the boy asked the Sensei if he should be learning more moves, to which the Sensei replied that this was the only move he'll ever need to know. The young lad could not understand, but believing in his teacher, he kept training.

After several months of practice, the Sensei took the boy to his first tournament. The boy easily won his first 2 matches. The third match turned out to be more difficult, but after some time, his opponent started losing patience and charged. The boy cleverly used his one move and won the match. Surprised by his success, the boy reached the finals. The opponent was bigger, stronger and more experienced. The boy appeared to be overmatched. The referee was concerned that the boy might get hurt, and called a time-out. The Sensei intervened and requested to let the boy continue.

Soon after the match resumed, his opponent made a huge mistake and dropped his guard. The boy was quick to use his move to pin him. The boy won the match and the tournament. He was the champion.

On the way home, the boy and Sensei reviewed every move in all the matches. The boy curiously asked the Sensei how he won the tournament with just one move. The Sensei explained that he won because of two reasons. First, he had almost mastered one of the most difficult throws in all of judo. And second, the only known defense for that move is for the opponent to grip your left arm.

The boy's biggest weakness had now become his biggest strength.

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Fatigue, Depression Common in Early Multiple Sclerosis

According to a new preprint study, published in medRxiv.org, there appears to be a robust link between subjective fatigue and depression in early relapsing-remitting multiple sclerosis (RRMS).

The study included participants from Future MS, a national cohort of patients with newly diagnosed RRMS in Scotland. The study participants were assessed based on an array of clinical measures and structural brain magnetic resonance imaging (MRI) data. The validated Fatigue Severity Scale was used to evaluate subjective fatigue.

Investigators included data from 322 participants at baseline, when 49.5% of the cohort had clinically significant fatigue. Bivariate correlations revealed that fatigue severity had a significant correlation with all included measures of physical disability, affective disturbance, cognitive performance and sleep quality. However, it did not correspond with structural brain imaging variables, such as normalized lesion and gray matter volumes. Fatigue had strong correlations with depression, followed by Expanded Disability Status Scale in the network analysis. Weak links were noted with walking speed, subjective sleep quality and anxiety. On separately accounting for measurement of tiredness in the evaluation of depression, certain important depressive symptoms, such as anhedonia, subjective concentration deficits, subjective alteration in speed of movement and appetite, were still associated with fatigue… (*Medscape, January 24, 2022*)