

# SAFE HEALTH *REPORT*

Scientific Data ... Informed Choice ... Actionable

January 2023

Official Newsletter for MrGineaPig

Issue 6

Please repeat once before proceeding: **He Can Do It, She Can Do It, I Can Do It!**

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## Blood Thinners: Risk of Bleed

Your Ticket to Exuberant Health for the next 5 years

Direct oral anti-coagulants (DOACs) are a class of oral anti-coagulants approved by the FDA for the treatment of non-valvular atrial fibrillation and venous thromboembolism. DOACs have largely replaced warfarin due to similar efficacy but with lower bleeding risks and decreased monitoring compared with warfarin therapy.

Indeed, Naver et al evaluated the trend in DOAC and warfarin usage from 2011 to 2020 among adults with AF at risk for stroke. The authors reported in the November 2022 edition of AJHA that “DOAC use increased steadily (from 4.7% to 47.9%), while warfarin use declined (from 52.4% to 17.7%)”.



**Ike Kim,  
Editor**

While DOACs are noninferior to warfarin in stroke prevention and have lower risk for bleeding when compared to warfarin, no head-to-head trial data exists to guide the choice of DOAC from a safety standpoint.

### New Comparative Study for Safety Among Direct Oral Anticoagulants

Lau et al compared the effectiveness and safety between apixaban, rivaroxaban, edoxaban and dabigatran among patients with atrial fibrillation in a multinational population-based cohort study that was published in the November 2022 edition of the *Annals of Internal Medicine*. The authors found that apixaban was associated with lower risk for gastrointestinal (GI) bleed than dabigatran, edoxaban, and rivaroxaban, specifically lower GI bleed risk when compared to dabigatran (HR, 0.81 [95% CI, 0.70 to 0.94]), edoxaban (HR, 0.77 [CI, 0.66 to 0.91]), or rivaroxaban (HR, 0.72 [CI, 0.66 to 0.79]) with similar risks for ischemic stroke or

systemic embolism and intracranial hemorrhage. In this comparative study, the median follow-up period for a particular DOAC group ranged from 534 to 1612 days and “the proportion of patients aged 65 years or older ranged from 77% to 87% for apixaban, 75% to 83% for dabigatran, 79% to 86% for edoxaban, and 73% to 83% for rivaroxaban”. In short, apixaban stands out with lower hazard ratio for GI bleeding. This comparative study was for patients with non-valvular atrial fibrillation, the most common use for direct oral anti-coagulants.

### Take Home Lesson

- ✓ **Apixaban (Eliquis®) may be preferred with patients with risk of GI bleeding or history of recent GI bleeds.**

### 2022 Nobel Physics Prize: Enormous Implications in Religious Thought

If a tree falls in the forest even with no one's around to hear it, does it make sound? Einstein and his colleague(s) believed universe was real, and there would be the sound since small particles such as atoms and electrons have definite properties regardless of whether observer was present to measure the sound.

On the flipside, there were physicists such as Bohr and others who were anti-realists and believed that particles exist only in wave forms in possible potential state until measurement occurs, or observer is present to hear it.

What John Clauser, Alain Aspect and Anton Zeilinger has proved is that quantum mechanics is true. Namely, two quantum systems can be entangled and bound to each other in such a way that they influence each other instantaneously over any distance, a seeming violation of Einstein's theory of relativity, namely that no causal influence can travel faster than the speed of light. Well, the 3

physicists proved Einstein wrong through ingenious quantum entanglement experiments. Essentially, they proved the “sound” only exists in its potential wave form of sound and that there is no sound when no observer is present to measure the sound or to hear the sound. Please visit numerous YouTube videos explaining the experiments. It is fascinating!



This solves the perennial philosophical riddle of whether tree makes sound in the forest in the absence of observer, which had bothered philosophers, mathematicians, and physicists for very long time. Well, we have the answer finally. This is the moment where science, philosophy and religions converge together. Essentially, when your sensory organs (measuring instruments) and mind is not present, there is no universe. **As far as an individual is concerned, there is no universe when you are not there.** It follows visible God should exist when observer is present. But we all know, even if all 8 billion of us looked around simultaneously, that there is no visible creator. This conforms that God only exists in our mind and in invisible form as

suspected. Just as deceased loved one never answers back, God also does not respond in physical realm no matter how badly you want to believe. Both deceased soul and God exists in only spiritual realm, contrary to what major world religions would like you to believe.

This has enormous implications for thousands of religious pundits and followers who try to convince us that you can meet God in churches, mosques, temples. Some of us change our religions and become Hindus, Buddhists and other forms of belief system and vice versa. There is no need for any of these conversions. It's all the same, only in different forms and concepts. They have wasted their entire lives in worshipping that which does not exist in a visible form for thousands of years.

Strong faith is a good thing since it forms a foundation for strong mind. Essentially, one become like one thinks. And there is no question religious faith and activity is comforting to the human mind. Praying and associated activities are valid so long as "I AM" concept (observer) is present since we start every conversation with "I" and every perception with "I".

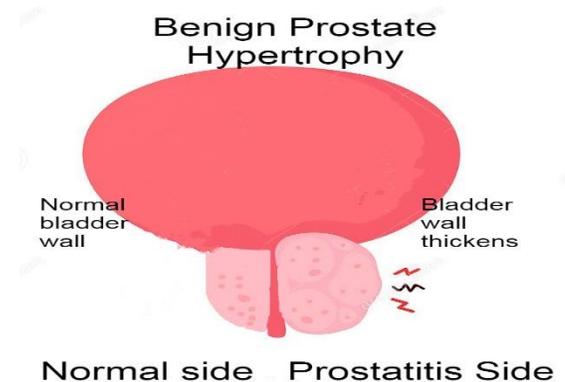
Since everyone is focused continuously on external objects while comparing oneself to others, everyone is miserable. The old adage, "Comparison brings misery" is true. Therefore, we should not focus on "I AM" so much. We already do this with every perception, thought, conversation, and activity. Perhaps, one should direct one's awareness to "I AM NOT"- the individual soul, in order to keep our mental chatter box quiet. While some readers may not agree with author's interpretation of quantum entanglement experiments, we believe it will prove to be helpful in getting rid of mental anxieties or mental depressions. We look at this only from a safe health perspective.

**Recommendations:**

- ✓ **Newly awarded physics Nobel prize was a shot across the globe alerting us there is no sound if a tree falls in a forest when no observer is present.**
- ✓ **In order to maintain mental chatter box in check, one should repeat "I AM NOT" and keep one's awareness inward.**
- ✓ **You are chosen before birth. You are important as an observer and discoverer (see August Issue).**
- ✓ **You are NOT a sinner. If you believe you are a sinner, you may indeed commit sins just as some church elders do.**

**Benign Prostate Hypertrophy (BPH)**

BPH refers to the nonmalignant enlargement of prostate tissue which causes constriction of urethra with various urinary tract symptoms in males. Prostate growth spurt occurs during puberty when prostate



volume doubles and then gradual increase in prostate size after age 25. Prostate growth after age 45 is variable.

Loeb et al in 2009 found prostate size increased in 61.9% of men older than 58 years of age while it remained stable or decreased in 38.1% of study subjects. They

found there was 2.5% of prostate volume increase in 4.3 year follow up in their MRI study of prostate volume. The prevalence of BPH definitely increases with age.

In those patients with prostate enlargement, the gland presses against and pinches the urethra. The resulting partial urinary obstruction, i.e., sluggish urination, due to BPH causes epithelial and fibro-elastic hyperplasia in bladder smooth muscle. As a result, the bladder wall becomes thicker, and eventually, the bladder weakens and lose the ability to empty completely, leaving some urine in the bladder post-void. The narrowing of the urethra and urinary retention—the inability to empty the bladder completely—cause many of the problems associated with BPH.

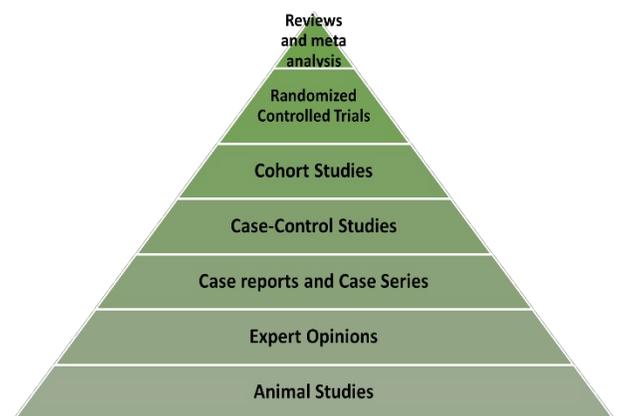
Although dihydrotestosterone (DHT), a metabolite of the hormone testosterone, does not cause BPH directly, it is required since BPH does not develop in men whose testicles were removed before puberty. As men age, the amount of active testosterone in their blood decreases, which leaves a higher proportion of estrogen to testosterone ratio. Estrogen receptors alpha and beta ( $ER\alpha$  and  $ER\beta$ ) has been identified in prostate tissue with potential therapeutic target of therapy with phytoestrogens.

While common risk factors for BPH include aging, metabolic syndrome, systemic inflammation, altered hormone levels and/or sensitivity, there are two recent findings that appears to be significant. Many studies discussed here are pre-clinical **animal studies** and needs to be looked at with a grain of salt (see the below figure for the level of evidence).

First is the effect of freeze-dried cranberry powders on laboratory mice or rats. An et al in their 2020 December issue of Journal of Medicinal Food showed that BPH-induced

rats had a significant decrease in prostate weight (by 33%), dihydrotestosterone (DHT) levels (by 18% in serum and 28% in prostate), 5-alpha reductase levels (18% reduction of type 1 and 35% of type) when the rats were supplemented with dried cranberry powder for 8 weeks and concluded cranberry powder attenuates BPH hyperplasia in rats.

Fig.1 Level of Medical Evidence



Second study, as published in October 2022 edition in the Frontiers of Clinical Nutrition, found TG/HDL-is a strong risk factor for BPH. Zhu et al followed 24,962 Chinese males in age 55–64 years for two years in the observational **cohort (follow-up) study** and found triglyceride(TG)/HDL-C and TG/HDL-C were associated with a risk of BPH (odds ratio [OR] = 2.11; 95% confidence interval [CI]: 1.89, 2.36;  $P$ -trend < 0.001; and OR = 1.67; 95% CI: 1.50, 1.85;  $P$ -trend < 0.001, respectively) in multivariate analysis. The authors suggested lipid-lowering therapy may help to reduce the BPH risk for male subjects with higher TG/HDL-C and possibly lifestyle changes.

In addition to above two studies, new research is beginning to shine on the role of urobiome, microbiome in the urinary tract,

in the pathophysiology of BPH. Traditionally, urine in the urinary tract was considered to be sterile devoid of bacteria, but recent studies using more advanced EQUC and 16S rRNA sequencing, revealed evidence of live bacterial presence in human urine in the absence of clinical infections. In women, there is more definitive association between urinary tract microbiota with lower urinary tract symptoms (LUTS).

While the association of urobiome and men with LUTS with BPH has not been established, cranberry powder or extract has been studied in recurrent urinary tract infections in men with BPH. A urinary tract infection (UTI) can cause bacterial prostatitis since urine can reflux into prostatic ducts during voiding. Although not specific to prostatitis, the proanthocyanidins contained in cranberries (*Vaccinium macrocarpon*) can prevent *Pseudomonas aeruginosa*, *E. coli* and *Proteius spp* from adhering to urothelial mucosa. *E. coli* is the most common cause of bacterial prostatitis.

#### **Recommendations:**

- ✓ **Lifestyle changes with exercise, dietary modifications and or addition of lipid lowering therapies are recommended in consultation with primary care providers.**
- ✓ **Cranberry powder or extracts may be beneficial in lowering the risk of benign prostate hypertrophy and possibly chronic bacterial prostatitis, which is often confused with as BPH symptoms.**

#### **Safety Tip: Covid 19 Update 12.20.2022**

With upcoming holidays, it appears we need to be more careful in light of new dominant strains of omicron subvariants, BQ.1 (30.7%), BQ.1.1(38.4%), XBB (7.2%)

accounting for 76.2% of all new infections in the U.S., according to data from the Centers for Disease Control as of 12.20.2022. Wang et al found and published their results in the December 14<sup>th</sup> edition of *Cell* that “antibody titers produced by vaccines (including new bivalent mRNA vaccine) against BQ and XBB subvariants were lower by 13-81-fold and 66-155-fold, respectively” essentially implying new variants are barely susceptible to neutralization by the vaccines. Additionally, BQ.1.1 and XBB variants appear to render the monoclonal antibodies **bebtelovimab** and **Evusheld** completely ineffective; these two antibodies have been important in helping protect those with weakened immune systems (transplant patients, cancer patients and anyone on immunosuppressive therapy) from COVID-19.

What implications does this new finding have for us? While obesity, diabetes, heart disease, and other health problems increase the risk of serious complications of Covid-19, we should not forget that those over 65 of age have accounted for **more than 90%** of omicron-related deaths. This means **Nirmatrelvir/Ritonavir (Paxlovid)** will play even more important role in post-exposure treatment of Covid-19 infections as discussed in December Issue. Patients with any life-threatening signs and symptoms should be admitted immediately to nearby hospitals.

#### **Recommendations:**

- ✓ **Get Paxlovid immediately after Covid-19 virus exposure.**
- ✓ **Check into hospital for severe signs and symptoms of Covid-19.**
- ✓ **Wear a mask especially those over the age of 65 during holiday parties.**
- ✓ **Do get bivalent vaccine if over >65.**

## FDA Medication/Food December Recall

<b>Brand Name(s)</b>	<b>Product Description</b>	<b>Product Type</b>	<b>Recall Reason Description</b>	<b>Company Name</b>
<u>Lukai</u>	Sweetened Jujube	Food & Beverages	Undeclared Sulfites	Northern Food I/E Inc.
<u>James Farm</u>	Frozen Raspberries	Food & Beverages, Foodborne Illness, Fruit/Fruit Product	Hepatitis A	Exportadora Compramar
<u>ByHeart</u>	Whole Nutrition Infant Formula, Milk Based Powder with Iron for 0-12months	Food & Beverages	Potential for cross-contamination with Cronobacter sakazakii	<u>ByHeart</u>
<u>Detect</u>	Over the counter Covid-19 Test	Medical Devices, Laboratory Tests	There is an increased chance that the tests from certain lot numbers may give false negative results	Detect, Inc.
<u>Utopia Foods Inc</u>	Enoki Mushrooms	Food & Beverages	Listeria monocytogenes contamination	Utopia Foods Inc
<u>World Market</u>	Pepper Collection Gift Set	Food & Beverages	Mold (Aspergillus brasiliensis) and Ochratoxin A contamination	Something South African LLC
<u>HEB TEXAS PETS</u>	HEB TEXAS PETS Indoor Complete Dry Cat Food	Food & Beverages	Potential Salmonella contamination	TFP Nutrition
<u>Top of the Rockies</u>	Alfalfa Cubes	Animal & Veterinary, Livestock Feed	Potential to be contaminated with Clostridium botulinum	Manzanola Feeds

## Case Number 5: Alcoholic Steatohepatitis/Alcoholic Cirrhosis

### Can this 27-year-old male be saved next 3 months?

*Case examples are from real life patient cases in palliative care or hospice care settings. Frailty score is often considered when making major placement decisions to optimize patient care. It is also used to see whether patient can withstand major surgical interventions. It is due to poor frailty score that patients often do not survive 5 years after major health crisis.*

Gilbert Faith is a 27-year-old Caucasian male with a 12-year history of generalized anxiety and 10-year history of drinking one handle of vodka per week and admitted with acute alcoholic hepatitis superimposed with decompensation from alcoholic cirrhosis transferred from outside hospital for urgent evaluation of liver transplant with both parents present at bedside. His vital signs and labs include blood pressure 91/60, heart rate 91 beats per min, respiratory rate 15, serum sodium 132, serum creatinine 3.5 mg/dl, total bilirubin 30, AST 300, ALT 350, Albumin 2.5, INR 2.5. His medications include lactulose 30 ml PO TID, rifaximin 550 mg BID, midodrine 20 mg TID, furosemide 40 mg PO daily (being held), spironolactone 100 mg daily (being held), and albumin 25% 50 GM BID used as osmotic diuretic. Of note, his weight changed from 150 to 190 pounds over the last 30 days. This patient is crouched in fetal position with both hands with noticeable tremors and rather dark greenish-yellow skin hyperpigmentation. A&Ox4 – awake, alert and oriented- refers to someone who is alert and oriented to person, place, time and event. His A&O is 1 out 4 as he can only state his name.

### Eye of the Tiger Test for Gilbert Faith

\*All patient data is fictional. Safe Health Report complies fully with US HIPPA regulations.

#### Clinical Frailty Score

- 1 – Very Fit: Very fit for their age with no disease symptoms, very active and exercise regularly- 5 days a week
- 2 – Fit: Still no active disease as in 1 but exercise only occasionally – three times a week or only seasonally
- 3 – Managing Ok: Disease symptoms are well managed. Not able to exercise at all other than walking.
- 4 – Very Mild Frailty: Symptomatic disease. Not dependent on others for daily activities but disease symptoms slow down their activities. May need cane for walking occasionally for example
- 5 – Mild Frailty: Symptomatic disease limit daily activities. Needs walkers. Needs help with walking and shopping.
- 6 – Moderate Frailty: Needs helps with walking, shopping, climbing stairs, bathing with disease progression.
- 7 – Severe Frailty: Completely dependent for personal care and daily activities but seem stable and at risk of death within the next 6 months.
- 8 – Very Severe Frailty: Same as 7 but unstable and even mild illness is likely to cause death.
- 9 – Terminally Ill: As in 8 but not likely to live next 3-6 month.

\*Adapted from [Rockwood & Theou 2020](#)

Gilbert Faith's ..... 7  
Frailty Score

Decompensated cirrhosis include jaundice, ascites, hepatic encephalopathy, hepatorenal syndrome, and variceal bleeding with the evidence of acute deterioration in biochemical markers such liver chemistry (ALT, bilirubin, INR, albumin). This patient has jaundice, ascites, hepatic encephalopathy and possible hepatorenal syndrome. One can have more than one decompensated feature, each decompensation episode will have additive risk of death.

Model for End-Stage Liver Disease (MELD) sodium score has been validated as predictor of survival in patients with cirrhosis, and is used in liver transplant organ allocation. Mr. Faith's MELD sodium score is 40 with estimated 71.3% 3-month mortality risk. Each decompensation as listed below adds another 10-20% risk of death during any given hospitalization, putting patient overall risk of death >90%.

**Gilbert Faith**

\*All patient data is fictional. Safe Health Report complies fully with US HIPPA regulations.

Age: .....27  
 Sex: .....Male  
 Weight: .....190 pounds  
 Height: .....5 feet 10 inches

**Activities of Daily Living (ADL) components: transfer, bed mobility, toileting, and eating**

- **0 – Independent:** If the resident completed the activity with no help or oversight every time during the 7-day prior period.
- **1 – Supervision:** If oversight, encouragement, or cueing was provided three or more times during prior 7 days.
- **2 – Limited Assistance:** If resident was highly involved in the activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance three or more times during the last seven days.
- **3 – Extensive Assistance:** If resident performed part of the activity over the prior 7 days, help of the following type(s) was provided three or more times: ▪ Weight-bearing support provided three or more times. ▪ Full staff performance of activity during part, but not all, of the prior 7 days.
- **4 – Total Dependence:** If there was full staff performance of an activity with no participation by the resident for any aspect of the ADL activity. The resident must be unwilling or unable to perform any part of the activity over the entire prior 7-day period.
- **7 – Activity occurred only once or twice:** If the activity occurred but not 3 times or more. ▪
- 8 – Activity did not occur:** If, over the prior 7-day period, the ADL (or any part of the ADL) was not performed by the resident or staff at all. ADL support measures the most support provided by staff over the prior 7 days.

\*Adapted from Minnesota Department of Health Guideline

Thomas Gillin's ADL ..... 3  
 Score

Decompensated cirrhosis include jaundice, ascites, hepatic encephalopathy, hepatorenal syndrome, and variceal bleeding with the evidence of acute deterioration in biochemical markers such liver chemistry (ALT, bilirubin, INR, albumin). One can have more than one decompensated feature, each

decompensation episode will have additive risk of death by approximately 10-20% on top of MELD score.

While dose-dependent relationship has been described in the medical literature between alcohol intake and the risk of developing alcoholic liver disease, not everyone develops cirrhosis. Greater than 90% of heavy drinkers have steatosis – fatty liver disease, 10% to 35% have alcoholic hepatitis, and 10% to 15% have alcoholic cirrhosis. The prevalence of cirrhosis per amount of alcohol intake is 1% in persons drinking 30 to 60 g of alcohol a day and up to 5.7% in those consuming 120 g daily.

Table. Alcoholic Beverage Equivalence

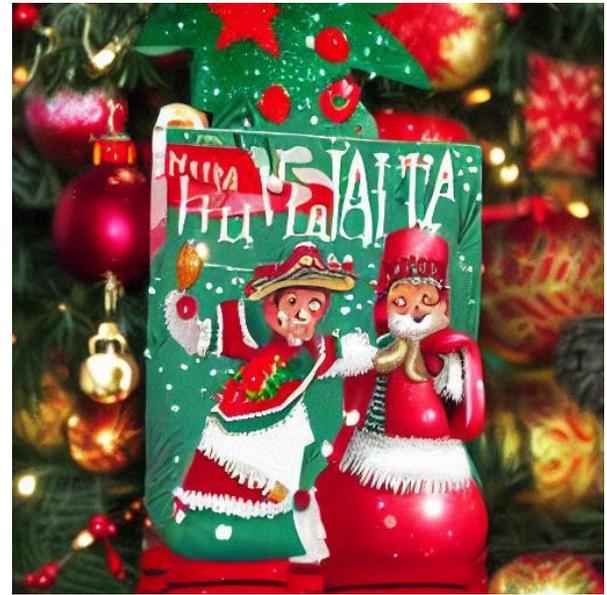
Below Drinks Contains 14 grams of Pure Alcohol for Reference
<ul style="list-style-type: none"> <li>• 5% - one 12 oz of <b>regular beer</b></li> <li>• 7% - 8–10 fl oz of <b>malt liquor or flavored malt beverages such as hard seltzer</b> (shown in a 12 oz glass)</li> <li>• 12% - 5 fl oz of <b>table wine</b></li> <li>• 17% - 3–4 fl oz of <b>fortified wine</b> (such as sherry or port; 3.5 oz)</li> <li>• 24% - 2–3 fl oz of <b>cordial, liqueur, or aperitif</b> (2.5 oz)</li> <li>• 40% - 1.5 fl oz of <b>brandy or cognac</b> (a single jigger)</li> <li>• 40% - 1.5 fl oz shot of <b>distilled spirits</b> (gin, rum, tequila, vodka, whiskey, etc.)</li> </ul>

Looking at both Eye of the Tiger Frailty Score and MELD-Na Score, Mr. Gilbert's survival for next 3 months is fairly poor. In fact, it is not likely he will survive next 4-6 weeks unless he receives urgent liver transplantation. However, due to his active drinking right up until current hospital admission, he was denied for liver transplantation at this time. This patient is literally drowning in his own body fluids in volume overload state. To make matters worse, he is not hemodialysis candidate! Since the risk of death is such sensitive and emotionally devastating topic for everyone involved including care providers, it is difficult to present or discuss the risk of death up front with patients and patient's family members. Often, it is deferred for later discussion in the course hospital stay or when the opportunity for such discussion is more appropriate or inevitable.

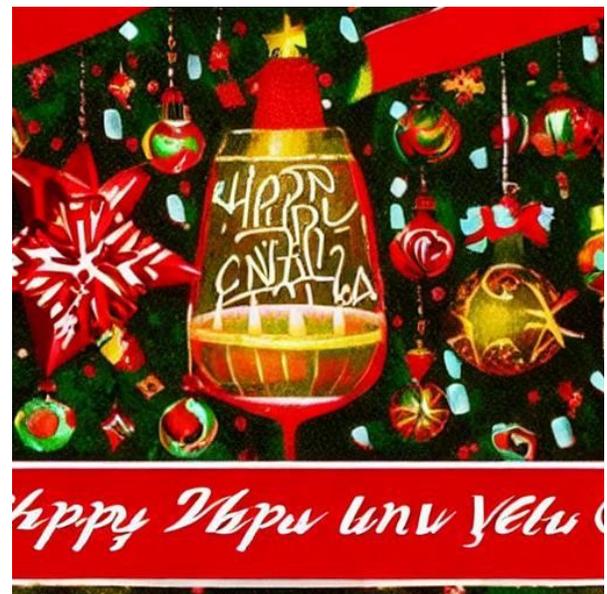
I implore you to moderate alcohol intake with holiday libations. We all feel invincible we are not sick. Please moderate alcoholic intake if you are a drinker. We need you to remain in active workforce at least in the US for the survival of Social Security system!

#### Recommendations:

- ✓ **No matter what your age, please moderate alcohol intake. If signs and symptoms of addiction are present, please seek addiction treatment. This is a matter life and death even if you are relatively young.**
- ✓ **Females should only drink 2/3 or 1/2 of their male counterpart on a night out. Females lack alcohol dehydrogenase in the intestinal tract thereby decreasing alcohol metabolism. As with all animal species, males might have an ulterior motive!**
- ✓ **Feliz Navidad, Everyone!**



**And Happy New Year!**



## MrGineaPig's Core Long-Term Trial

LONG-TERM TRIAL	SUPPLEMENT	START DATE	
Muscle Weakness	Hyaluronic Acid	07/01/2019	50 mg-1 capsule daily
Digestive Aid	Bacillus coagulans	10/4/2022	take one gummy bear daily after dinner
Back Pain	Pantothenic acid	09/1/202	500 mg 1 capsule daily
	Pantethine	09/01/2022	450 mg 1 capsule daily
BPH/ prostatitis Prevention	Cranberry Extract 300 mg	12/20/2022	2 capsules three times a day

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If you have a medical emergency, call your doctor or 911 immediately.

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## Format of Safe Health Report

Section 1: Conditions or internal environment that increases the risk of premature death or pose immediate danger to your health (both mental and physical) as in avalanche.

Section 2: External environment that increases the premature death, FDA recalls.

Section 3: Case examples of premature death. If you are in similar situation, remove yourself out of harm's way! Can we extend our expiration date when in the eye of the hurricane?

## Purpose of Safe Health Report

If you feel you are used by someone or somebody or institution or institutionalized philosophy or even by your parents or siblings or your coworkers or even your boss, you are a GineaPig. This newsletter is designed to empower GineaPigs in the area of human health.

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