

SAFE HEALTH *REPORT*

Scientific Data ... Informed Choice ... Actionable

March 2023

Official Newsletter for MrGineaPig

Issue 8

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

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In Search of Best Diet
Part 3: Okinawa,
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In Search of Best Diet: Part 2

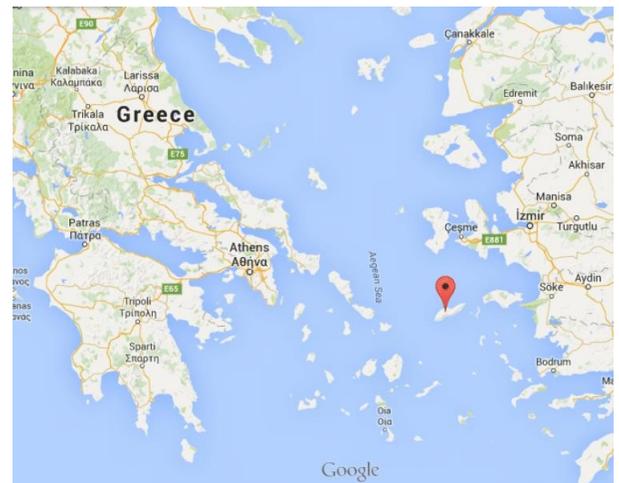
Your Ticket to Exuberant Health for the next 5 years

In the previous issue of this newsletter, we discussed the excellent diet of the Barbagia region of Sardinia, Italy. In this issue, we are paying a visit to the island of Ikaria in Greece to investigate the dietary habits from an evolutionary perspective. Ikaria has had a long, tumultuous history, with the island being ruled by the Persian Empire, the Delian League of Greek city states, the Romans, the Byzantine Empire, the Republic of Genoa, and the Knights of St John between 500 BCE and 1521, then by the Ottoman Empire for 300 years. With limited resources to resist



**Ike Kim,
Editor**

the various invaders, the Ikarrians retreated to the mountains, developing a unique culture that isolated them from the rest of the world. Once again, the situation in Ikaria is similar to what has happened in Barbagia, Sardinia, but to an

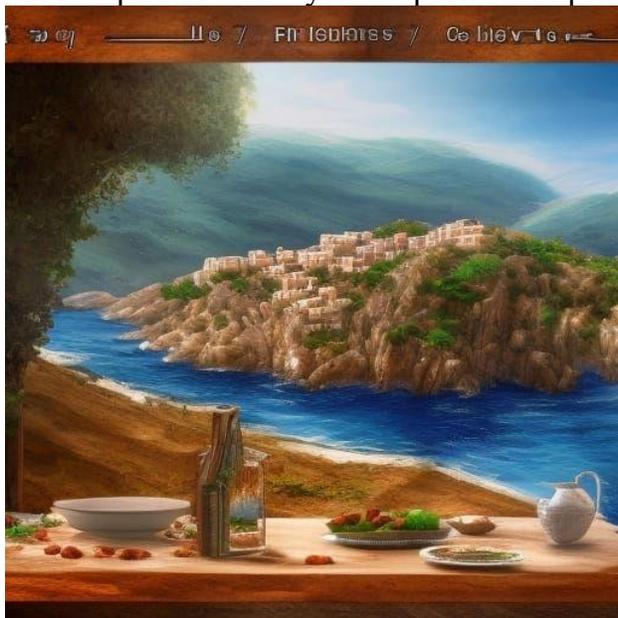


even greater extent. This meant not only the people of Ikaria had to retreat to their mountain hideouts for safety but also learn to sustain themselves with limited resources. They relied almost exclusively on what they could grow in their gardens and what they could harvest locally by foraging nearby

forest. This practice is still seen in many households on the island today. Naturally, their diet is characterized by seasonality, simplicity, moderation and very sparing use of meat and fish.

Is This the End of Dinner?

The people of Ikaria have a habit of going to bed late at night and rising late next morning, a carryover likely due to concerns about pirates in years past. Simple



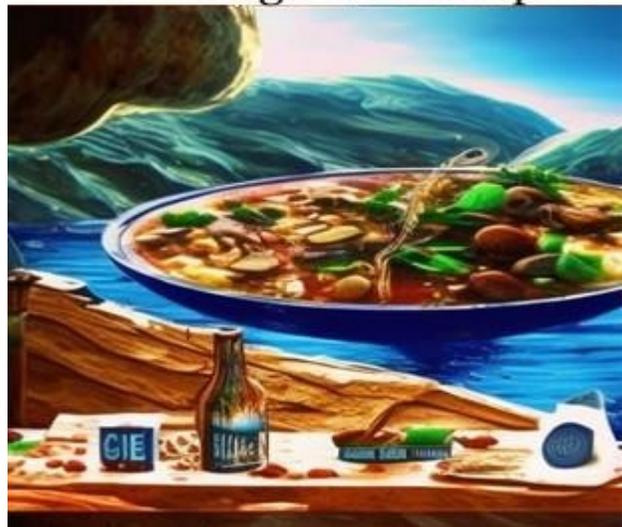
breakfast on the island typically begins around 10 a.m. and consists of goat's milk, goat yogurt, cheese, whole grain bread, fruit, and either coffee or a variety of herbal teas of marjoram, sage, mint, rosemary and dandelion depending on the season. Lunch usually begins at 1 or 2 p.m., followed by a light nap. Could this a retirement paradise? Lunch is the largest meal of the day and typically consists of beans, legumes, and potatoes, as well as fresh and seasonal fruits and vegetables. Olive oil, herbs, beans, and nuts are used in liberal quantities due to the fact that most Ikarian households have year-around gardens that the people tend to daily. Furthermore, they still forage the surrounding forests for wild, nutritionally

dense foods such as edible greens and weeds, berries, herbs, and mushrooms. In Ikaria, dinner is usually much lighter than a full meal, typically consisting of grain bread, olives, vegetables, and wine. Similar to the Barbagians of Sardinia, the people of Ikaria consume plenty of goat's milk and cheese, which are rich in omega-3 fatty acids. They also eat six times as much beans than found in a typical American diet. This diet more closely resembles that of the Neolithic period, which was from approximately 4300 BC to 2000 BC. Over thousands of years, the human body has evolved epigenetically to adapt to its environment.

Traditional Dishes of Ikaria

Soufico is a one-pot vegetarian stew made with tomatoes, potatoes, onions,

Ikaria Vegetable Soup



zucchini, bell peppers, eggplant, bay leaves, white wine, organic grape molasses (known as petimezi), and olive oil.

Pitarakia is another traditional dish with spinach, chard, red onions, dill, leeks, scallions, chervil, chopped fennel bulb, wild fennel, mint, and parsley all wrapped into filo.

What is the scientific evidence that backs the superior diet of Ikaria?

In the last issue of Safe Health Report, we reviewed important findings from the Takahashi research group, led by Accosta Rod-riquez from the University of Texas South-Western Medical Center. These findings cannot be over-emphasized, as their animal study revealed the following:

- When mice were allowed to have an unlimited amount of food and access to it 24 hours a day, they lived nearly 800 days median life.
- Restricting calories by 30-40% but having the food available 24/7 increased the lifespan to 875 days, a 10% increase.
- Restricting calories by 30-40% but having this diet available to only inactive period of the circadian cycle increased the lifespan to 959 days, a 20% increase.
- Restricting calories by 30-40% but having the diet available only during active period of the cycle increased the median lifespan to 1,068 days, an increase of 35% over the unrestricted diet controls.
- These increases were independent of animal's body weight.
- Epigenetic changes from reduced calories and circadian aligned feeding were confirmed with gene expression studies. Calorie restriction at night were associated with reduced markers of inflammation.
- Restricted calorie attenuated blood insulin levels as compared to unrestricted calorie group.

Based on the study, we have suggested that the optimal meal times for optimal health are 8-10 AM for the first meal, 2-3 PM for the second meal, and a light snack no later than 6 PM. Surprisingly, this is what the Ikarians have been doing for hundreds of years. They do not have a traditional dinner, but rather a much simpler snack. When nutrients are ingested while the body is not active, they are converted into fat, which increases the risk of premature death. Just changing mealtimes to active period may decrease the risk of **premature death**, the focus of this newsletter.

Detailed look at health status of centenarians of Ikaria

In 2019, a study by Legrand et al looked at the health of Ikarian centenarians in more detail. Surprisingly, only 42.2% of participants were within the normal weight range, with 40.6% being overweight and 17.2% being obese. The study included 71 individuals, 37 of whom were female and 34 of whom were male, and their average age was 94.1 years. 70.4% had hypertension, with mean systolic blood pressure of 133 ± 17.4 mm Hg and mean diastolic blood pressure of 70.7 ± 9.7 mm Hg, 19.7% had diabetes, and 12.7% had dyslipidemia. Even though only 37.5% of the study participants were free from any disease, they were still aging well, since most of them perceived their health to be good or very good.

The Cleo Project, an ongoing microbiome study of centenarians from the Greek island of Ikaria, is currently in progress and is set to report its findings. The study began in 2022 and is expected to provide valuable insights into the health and longevity of these individuals. We look forward to learning more about the results of the Cleo Project in the near future.

Actionable Recommendation:

- ✓ **Less is more. Stick with two meals a day during the active hours and substitute dinner with a snack.**
- ✓ **Start your own garden like inhabitants of Barbagia, Sardinia and Ikaria, Greece or Japanese island of Okinawa.**
- ✓ **Eating less might save your health as well as your grocery bills!**

Harmful Events During Hospital Stay

The New England Journal of Medicine reported on January 12, 2023, that one in four patients in 11 Boston-area hospitals experienced an adverse event during their hospital stay. Adverse events, which are defined as unintended physical injuries resulting from or contributed to by medical care that require further treatment or interventions or result in death, were categorized as blood-transfusion reactions, health care-associated infections, adverse drug events, events related to pregnancy or the perinatal period, events related to a surgical or other procedure, and patient-care events such as falls and pressure ulcers. Of the 978 total adverse events, 222 were medical errors, 191 of which were preventable. Additionally, 316 had a severity level of harm that required further treatments or interventions and 7 resulted in death. It was found that 40% of these adverse events were due to medications, while 30% were due to surgery and procedures. Only 10 of the 978 events were errors in diagnosis or misdiagnosis. Additionally, it was found that 22.9% of adverse events occurred in the 45-64 year age group, 28% in the 65-85 year age group, and 29.2% in those older than 85. Overall, approximately 80% of hospital harm occurred in patients older than 45. These

results serve as a stark reminder of the importance of hospital accreditation by the Joint Commission, as adverse events in hospital care are a core measure of accreditation.

Patients and their families should be aware that there are potential harmful events that can occur during a hospital stay. According to the New England Journal of Medicine article data, 103 cases of hypotension, 43 cases of mental status changes, 42 cases of acute kidney injury, and 30 cases of pressure ulcers have been reported. It is essential to stay close to your loved one while they are in the hospital and to monitor their blood pressure, oxygen levels, mental state, and urination closely. Inadequate hydration can lead to kidney issues, and an elevated serum creatinine level can be a sign of deteriorating renal function. Additionally, low blood pressure can increase the risk of falls. It is important to remember that nurses and nursing assistants often have more than 4-5 patients, and, as such, turning the patient from one side to the other often to prevent bed ulcers may not always be possible.

If your parents or grandparents are in the hospital, it is advisable to be present at the bedside in order to ensure their safety and well-being. Harmful events occur during a hospital stay, such as infections, falls, and medication errors, which can lead to a longer hospital stay and worse outcomes. It is important to pay attention to the care given to ensure your loved one is receiving the best possible care. If something does not seem right, it is important to speak up and ask questions. By being aware of the potential dangers, families can help prevent harm from occurring. Ask questions, be observant, and be an advocate for your loved one to

ensure they are receiving the best care in the hospital.

Actionable Recommendation:

- ✓ **If your parents or grandparents are hospitalized, it’s probably a good idea for you to be at the bedside.**
- ✓ **You should pay attention to vital signs (blood pressure, heart rate, oxygenation status). Check to make sure your loved is not disoriented mentally or not urinating normally.**
- ✓ **Remember entire medical team including physician, nurse, nursing assistant, pharmacist, dietitians, physical therapist) are there for the positive outcome, and you can be a vital part of that team as well!**

COVID 19 Update (February 8, 2023:

According to the US Centers for Disease Control, COVID-19 is still a major determinant of **premature death** across the globe. On February 8, 2023, the total US weekly cases were reported to be 280,911, compared to the 402,525 cases reported on December 28, 2022. Despite COVID-19 fatigue, this figure is still significant, as is the weekly death count of 3452. Additionally, there were 21,525 patients hospitalized due to COVID-19 during the week of January 23rd, 2023, indicating that the death count would be much higher if not for hospitalization. It is important to remain aware of this pandemic and its potentially devastating effects despite the so-called “COVID fatigue”.

What are the top COVID-19 variants as of February 23, 2023?

Lineage Number	Percent Total
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XBB.1.5	80.2%
BQ.1.1	12.1%
BQ.1	3.7%
XBB	1.5%
CH.1.1	1.2%
BN.1	0.5%
Other	0.8%

As of February 4th, 2023, the COVID-19 Omicron subvariant XBB.1.5, also known as 'Kraken', constitutes a majority of cases. This strain is particularly concerning due to its potent mix of mutations, which make it easier to spread even among those who have been vaccinated or previously infected. Symptoms range from the typical cold-like symptoms such as cough and congestion, to more severe symptoms like shortness of breath and low oxygen levels, which require emergency medical attention.

The COVID-19 public health emergency is set to end on May 11th, 2023. For the past few years, Americans have had access to free vaccines, booster shots, tests, and treatments. However, come May 11th, 2023, these services will no longer be free. People without health insurance will have to pay for these services with cash, which could limit access to medical care for those without insurance. It is recommended that readers take advantage of the free services while they can and order extra test kits if possible.

Recommendations:

- ✓ **Stock extra COVID 19 test kits while it’s still free. Each household can order 4 free kits shipped to their home via covid.gov/tests or COVIDtests.gov.**
- ✓ **Check into hospital for severe signs**

FDA Medication/Food December Recall (updated on 2/8/2023)

Recall Date	Brand Name	Product Description	Recall Reason Description	Company Name
1/23/2023	Skinny Dipped	Dark Chocolate Cocoa Almond & Dark Chocolate Salted Caramel Cashew	Undeclared peanut allergen	SkinnyDipped
1/23/2023	Cocoa de Aroma, Smart Sips and more	Peanut butter hot chocolate products	Undeclared peanut allergen	Corim Industries
1/25/2023	Almondy	Chocolate Cake with Daim	Due to presence of foreign object	Almondy
1/30/2023	Banana Boat	Hair & Scalp Spray SPF 30	Due to presence of benzene	Edgewell Personal Care
1/31/2023	Brooklyn Bean	3 Flavors of Peanut Butter and/or Hot Cocoa Pods	Undeclared peanuts	Two Rivers Coffee
2/1/2023	IBSA	TIROSINT®-SOL (levothyroxine sodium)	Sub-potency	IBSA Pharma Inc.
2/1/2023	Diep Bao	Baby Skin Cream	May contain lead	Shop Me Ca
2/2/2023	EzriCare & Delsam Pharma	Artificial Tears Lubricant Eye Drops	Potential microbial contamination	Global Pharma Healthcare
2/3/2023	Multiple Brands	Ready to Eat Sandwiches, Salads, Yogurt, Wraps and related products	Potential Listeria Monocytogenes contamination	Fresh Ideation Food Group

Case Number 6: Fall Case

What's the probability of 5-year survival for this 54-year-old male with history of a fall?

Case examples are based on real-life care settings in hypothetical palliative and hospice care. Frailty scores are often utilized not only when making major placement decisions into palliative and hospice care but also to assess whether patients are able to withstand major surgical interventions. Unfortunately, patients with poor frailty scores are often unable to survive for five years following a major health crisis.

Paul Gillespie, a 54-year-old Caucasian man with a history of pulmonary sarcoidosis and long-term prednisone use, was recently admitted to the hospital with recurrent diarrhea and abdominal pain, nausea, vomiting, back pain, and numbness in both lower extremities. The hospital's problem list includes suspected acute abdominal pain due to *Clostridium difficile* megacolon, chronic pain syndrome with opiate dependency, hypertension, acute blood loss associated with chronic microcytic anemia, gastroesophageal reflux disease, and osteoporosis.

At our discussion in the February issue of the Safe Health Report, we addressed the modifiable risk factors that may have contributed to Mr. Gillespie's situation. These risk factors included muscle deconditioning, dehydration, low hemoglobin, low and fluctuating blood pressure, long-acting narcotic pain medication, and *Clostridium difficile*. We determined that the sequence of events for Mr. Gillespie began when he contracted *Clostridium difficile* while taking a seven-day course of levofloxacin for pneumonia, resulting in diarrhea.

Clostridium difficile (*C. diff.*) is a bacterium that is commonly found in the human intestine and in the environment. Generally,

people are colonized with the bacteria, but when antibiotics disturb the intestinal microbiome, the bacterial population of the human gut, the presence of *Clostridium difficile* increases drastically, leading to inflammation of the large intestine (colon) and diarrhea, which can be fatal in both children and adults if not treated. Diarrhea is a topic that is often discussed with euphemisms in our society, but it can be a serious medical issue.

Eye of the Tiger Test for Paul Gillespie

*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](#)

Paul Gillespie's 5
Frailty Score

According to the Infectious Disease Society of America (IDSA) guidelines, fidaxomicin should be administered for 10 days at a standard dosing regimen as the first line of treatment for a *Clostridium difficile* infection (CDI). This is a conditional recommendation supported by moderate

evidence. An alternative is 10 days of oral vancomycin at a standard dosing.

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

Age:54
 Sex:Male
 Weight:182 pounds
 Height:5 feet 11 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

Paul Gillespie's ADL Score 2

Could Mr. Gillespie's Clostridium difficile (C. diff) infection have been avoided?

This is an important question not only for Mr. Gillespie but anyone taking antibiotics. Mr. Gillespie is at risk for developing Clostridioides difficile (C. diff) infection due to being on antibiotics. Risk factors for C. diff infection are listed in the table below. Mr. Gillespie's only risk factor is the usage of antibiotics.

Table 1. Risk factors for 1st incidence of Clostridium difficile infection.

Antibiotic use	Hospitalization
Age >65	Nursing home
Hospitalization	Abdominal surgery
Nasogastric tube	Diabetes
End stage renal disease	Inflammatory bowel disease

So, was there something that he could have done to avoid the infection?

What is the medical evidence for using probiotics for C.difficile-associated diarrhea (CDAD)?

Let's first look at Cochrane meta-analysis where individual studies are combined to produce an overall statistic. A Cochrane meta-analysis conducted by JZ Goldenberg and his colleagues evaluated 31 randomized controlled studies that included 8672 patients to assess the efficacy and safety of probiotics for preventing C.difficile-associated diarrhea (CDAD) in adults and children. The authors concluded that, with "moderate certainty," probiotics are effective for preventing CDAD with a number needed to treat (NNTB) of 42 patients (95% CI 32 to 58). Post hoc subgroup analysis further revealed that probiotics are effective in trials with a CDAD baseline risk greater than 5%, but not in trials with a baseline risk of 5% or less. Furthermore, their post hoc subgroup analysis found that probiotics are effective in trials with a CDAD baseline risk greater than 5%, but not in trials with a baseline risk of 5% or less. The authors concluded in their 154 page report in 2017 that, overall, short-term use of probiotics appears to be safe and effective when used along with antibiotics

in patients who are not immunocompromised or severely debilitated. NNTB refers to the number of patients needed to treat for one single beneficial outcome.

Furthermore, a study conducted by C. Teng et al, published in the May 7th, 2019 edition of the Internal Journal of Medical Sciences, evaluated the risk of Clostridium difficile infection (CDI) through analysis of 2,042,801 cases reported to the FDA Adverse Event Reporting System from January 1, 2015 to December 31, 2017. The authors found that clindamycin had the greatest proportion of CDI, with a reported Odd Ratio of 46.95 (39.49-55.82). Monobactams had an Odd Ratio of 29.97 (14.60-61.54), penicillin combinations had an Odd Ratio of 20.05 (17.39-23.12), carbapenems had an Odd Ratio of 19.16 (15.52-23.67), cephalosporins/ monobactams/carbapenems had an Odd Ratio of 17.28 (14.95-19.97), cephalosporins had an Odd Ratio of 15.33 (12.60-18.65), tetracyclines had an Odd Ratio of 7.54 (5.42-10.50), macrolides had an Odd Ratio of 5.80 (4.48-7.51), fluoroquinolones had an Odd Ratio of 4.94 (4.20-5.81), and trimethoprim-sulfonamides had an Odd Ratio of 3.32 (2.03-5.43). Levofloxacin, which had the lowest CDI of all antibiotics listed, had an Odd Ratio of 1.93 (1.37-2.70) with 34 CDI cases out of 6986 all adverse event events reported for the drug.

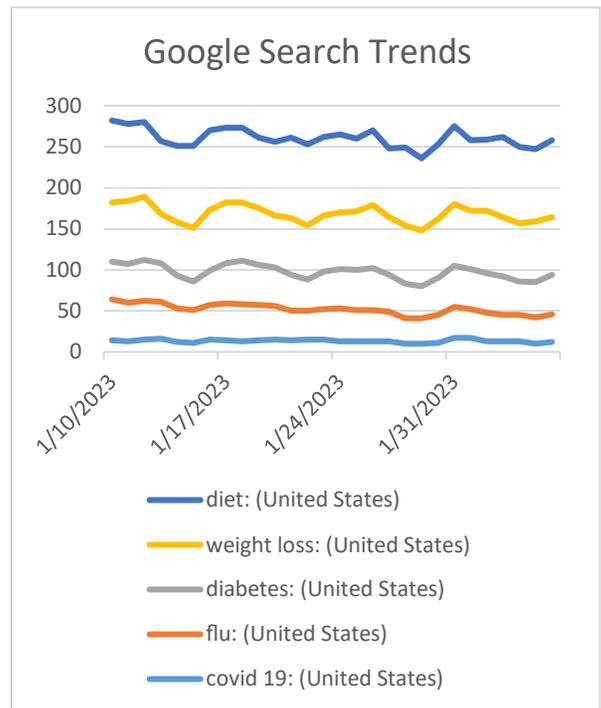
Above studies suggest that the use of probiotics may be beneficial for Mr. Gillespie, who is still not immunocompromised due to lower daily prednisone exposure. If more than 30 days have passed since the end of a course of high-dose prednisone (>20 mg prednisone for >2 weeks), patients are considered immunocompetent. Levofloxacin has the lowest rate of Clostridium difficile infection (CDI) with an odd ratio of 1.90. However, it is still unclear

whether pulmonary sarcoidosis is an autoimmune disease. Due to this uncertainty, medical science cannot recommend probiotics for Mr. Gillespie as there is a risk of systemic blood infection from gastrointestinal translocation. If Mr. Gillespie still wishes to pursue taking probiotics, more information can be found in the November edition of the Safe Health Report.

Recommendations:

- ✓ **Discuss with primary care provider whether to take probiotic or not.**
- ✓ **Colonic Clostridium difficile infection was unavoidable.**

Top Google Search Trends



Diet, weight loss and diabetes were the top Google search terms. Safe Health Report will put together a FREE Special Report on those topics in the near future.

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 600 mg	12/20/2022	1 capsule three times a day
Meal Times	Breakfast 09:00 -Lunner (13:00)	01/07/2023	+Salad with Balsamic Vinegar Lunner = Lunch + Dinner

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March Risk Factors for Premature or Unexpected Death

Immediate Risks	Internal Threat	External Threat	Other Topics
1. Covid 19 - XBB.1.5	1. Poor diet	1. Earthquake	1. Shortness of breath
2. Covid 19- BQ.1.1	2. Smoking	2. War	2. Back pain
3. Pneumonia (Flu, RSV)	3. High blood pressure	3. FDA recalls	3. Hemorrhoids
	4. Obesity	4. Meat preservatives	4. Incontinence
	5. Sedentary Lifestyle	5. Trans fatty acid	5. Joint swelling
		6. Pesticides	6. Fibromyalgia
		7. Heavy metals	7. Suicide

Topics Chosen: Covid-19 update, Clostridium difficile, Search of Best Diet Series

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 dates** when in the eye of the storm before disease strikes at the tissue level?



Purpose of Safe Health Report

If you feel you are being 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 and possibly decrease the risk of **premature death**.

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