

SAFE HEALTH REPORT

Scientific Data ... Informed Choice ... Actionable

July 2023

Official Newsletter for MrGineaPig

Issue 12

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

Inside ...

Page 1-2

In Search of Best Probiotics Part 1:

Lactobacillus johnsonii

Page 4

Human metapneumovirus

Page 6

COVID-19 Update

Page 8

9Health Recipe #4

Page 9

Recent FDA Recalls

Page 10-12

Case 9: Could this be you? *L johnsonii*

Next Issue

August Issue Focus: In Search of Best Probiotic: Part 2

Akkermansia muciniphila

In Search of Best Probiotics

Your Ticket to Exuberant Health for the next 5 years

Probiotics are living microorganisms that can improve health when they are taken in enough amounts by mouth. Probiotics are naturally found in some foods that are fermented, which means that they are made by using bacteria or yeast to change the taste, texture, or nutrients of the food. Examples of fermented foods that have probiotics are kimchi, sauerkraut, and kefir. Probiotics can also be added to other foods, or taken as dietary supplements that are sold without a prescription. However, not all foods and supplements that have probiotics are actually probiotics. Also, some products that claim to be probiotics but have dead microorganisms

or their byproducts are not really probiotics,

according to the definition. Moreover, not all probiotics that are sold have proven health benefits. Probiotics are identified by their specific strain, which includes the genus, the species, the subspecies, and a combination of letters and numbers when needed. For example, a common probiotic,



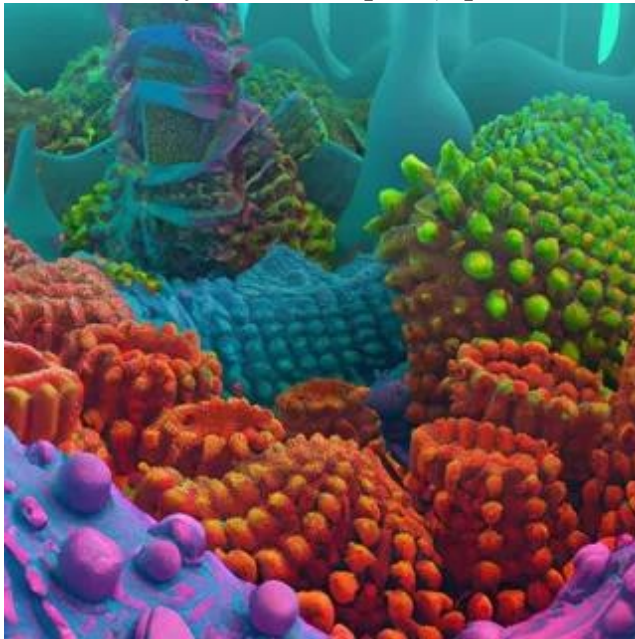
Ike Kim
Editor

Lactobacillus acidophilus, has the genus name *Lactobacillus* (the first letter is always capitalized) and the species name *acidophilus*. The seven main groups of microbial organisms that are often used in probiotic products are: *Bacillus*, *Lactobacillus*, *Bifidobacterium*, *Saccharomyces*, *Streptococcus*, *Enterococcus*, and *Escherichia*. When probiotics are taken by mouth, they need to live among the existing microbes in the gut. Without this colonization of the gut microbiota, which are the communities of microbes that inhabit the digestive tract, there is no benefit from probiotics. Also, because the effects of probiotics are temporary, they need to be taken every day to maintain their colonization.

Source of Probiotics

Probiotics can be found in some foods that are fermented, which means that they are made by using bacteria or yeast to change the taste, texture, or nutrients of the food.

Examples of fermented foods that have live cultures, which are living microorganisms, are cheeses, kimchi (a Korean fermented cabbage), kombucha (a fermented tea), sauerkraut (fermented cabbage), miso (a fermented soybean-based paste), pickles,



and raw unfiltered apple cider. However, these foods do not usually have probiotics that have been proven to have health benefits. Some foods that are fermented, such as sourdough bread and most pickles that are sold in stores, do not have any live cultures of probiotics. Also, some foods that are not fermented, such as milk, juices, smoothies, cereals, nutrition bars, and baby and toddler formulas, have added microorganisms that do not have any proven benefits. Another way to get probiotics is to take dietary supplements that come in different forms, such as

capsules, powders, liquids, and gummy bears. These supplements have different types and amounts of probiotics that are measured in colony-forming units (CFU). CFUs show how many living cells are in the supplement. The typical range is from 1×10^9 for 1 billion CFU to 1×10^{10} for 10 billion. However, many products that have probiotics have not been tested in clinical trials, which are studies that test the effects of a treatment in humans. Therefore, it is hard for people who do not know much about probiotics to know which products have scientific evidence to support their claims.

Epigenetic Modifications Induced by the Gut Microbiota

Epigenetics is the study of how chemicals can turn on or off certain genes, which are the units of hereditary information that determine our physical characteristics. Everyone has a different epigenetic profile, which means that we react differently to nutrients and drugs. Previous studies have shown that there is a close connection between what we eat, the microbes that live in our gut, and our epigenetics. Therefore, selectively modulating the components of the diet or even including probiotics in our daily regimen does not seem unreasonable. It may even constitute a novel health-promoting strategy to promote our well-being. Moreover, taking prebiotics, which are substances that feed the good bacteria in our gut, and probiotics can change the composition and growth of the gut microbes by colonizing them. This can cause both short-term and long-term changes in the gut microbial communities. For example, a diet high in unsaturated fat, which is a type of fat

that is good for the heart, increases the numbers of *Lactobacillus*, *Streptococcus*, *Bifidobacteria*, *Akkermansia muciniphila* in our intestines. These are types of bacteria that have beneficial effects on health.

Interest in *Lactobacillus*

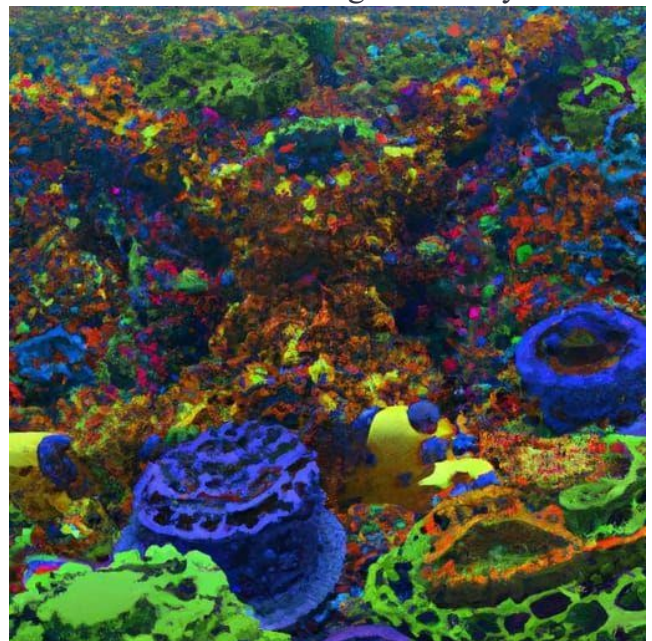
Lactobacillus is a group of bacteria that can reduce inflammation, which is the body's response to injury or infection. This makes them a potential therapy for some diseases that involve inflammation. However, the evidence from clinical trials, which are studies that test the effects of a treatment in humans, is not conclusive. For instance, in one study, 5 adults received *Lactobacillus rhamnosus* (GG), a type of *Lactobacillus*, and 6 adults received a placebo, which is a substance that has no effect. The researchers could detect the DNA of *Lactobacillus rhamnosus* (GG) in the stool samples of the treated adults, but the treatment did not affect the colonization of vancomycin-resistant enterococcus (VRE), which is a type of bacteria that is resistant to antibiotics and can cause infections. In another study, *Lactobacillus johnsonii* (NCC 533), another type of *Lactobacillus*, did not work against Crohn's disease, which is a chronic inflammatory disease of the digestive tract.

Perhaps, probiotics, which are beneficial bacteria or yeast that can improve health, are not useful for treating diseases, but for preventing them. Hsieh P et al reported in 2012 that *Lactobacillus johnsonii* MH-68 and *L. salivarius* subsp. *salicinius* AP-32 can effectively inhibit the growth of *H. pylori*, which is a type of bacteria that can cause stomach ulcers and cancer. They published

their study in *Helicobacter*, a scientific journal, in December 2012. *Lactobacillus johnsonii* is also one of the main defenses against harmful bacteria in the female urogenital tracts, which are the organs involved in reproduction and urination. It does this by lowering the pH and increasing the levels of hydrogen peroxide, which is a chemical that kills bacteria, and bacteriocins, which are natural antibiotics produced by some bacteria that can kill other bacteria of the same or related species.

Benefits of *Lactobacillus johnsonii* (LJ)

Lactobacillus johnsonii (LJ) is a type of bacteria that lives in the gut and may have



beneficial effects on health. For example, some studies in animals have shown that a specific strain of LJ called BS15 can improve how the body uses fats, enhance the growth and function of the intestines, and balance the gut microflora, which are the communities of microbes that inhabit the digestive tract. Another study in mice, published by Fonseca W et al in *Mucosal Immunology* in

November 2017, found that LJ can also protect against respiratory viral infections, such as a respiratory syncytial virus (RSV), which causes inflammation and mucus production in the lungs. The researchers found that LJ reduced the number and activity of immune cells called dendritic cells (DC), reduced airway Th2 cytokines, and increased T-regulatory cells in the lungs during RSV infection. DC are important for triggering immune responses in the lung tissue, but they can also cause damage if they are overactive. LJ also decreased the levels of inflammatory molecules, such as IL-6, IL-1b, and tumor necrosis factor- α , but increased the levels of antiviral molecules, such as IFN β , in the lungs of infected mice. Furthermore, LJ increased the number of regulatory T cells, which are immune cells that suppress excessive inflammation and maintain immune balance. These findings suggest that LJ can modulate the immune system and prevent excessive inflammation and tissue damage in the lungs during viral infections. This is relevant for many lung diseases that involve chronic inflammation, such as asthma, chronic obstructive pulmonary disease (COPD), flu, and RSV infections. These diseases often have an imbalance between two types of immune responses: Th1 and Th2 with Th2 predominance. Th1 responses are more effective against viruses and bacteria, while Th2 responses are more involved in allergies and parasites. LJ may help restore the balance between Th1 and Th2 responses and reduce inflammation. More information about LJ and other probiotics, which are beneficial bacteria or yeast that can improve health, will be available in the upcoming 9Health Probiotic

Guide. We hope this brief introduction to LJ has sparked your interest in this topic.

In summary, microbial metabolic processes of the gut generate short-chain fatty acids (SCFAs) that provide a primary energy source for the cells of the gut, vitamins, and amino acids necessary for systemic health, but also play an important role in preventing local and systemic inflammation as well as keeps other pathogenic bacteria in check by producing antibiotic or anti-microbial substances.

Summary:

- ✓ **Lactobacillus bacteria in general have immunomodulatory effects.**
- ✓ ***Lactobacillus johnsonii* is a type of probiotic that may potentially help prevent but not treat some diseases that involve chronic inflammation, such as asthma, chronic obstructive pulmonary disease (COPD), flu, and respiratory syncytial virus (RSV) infections. These diseases often have an imbalance between two types of immune responses: Th1 and Th2 with Th2 predominance. It may help restore the balance between Th1 and Th2 responses. However, it may not be useful for treating these diseases once they have developed.**
- ✓ **See the first case study that follows.**

Human Metapneumovirus (HMPV)

Human metapneumovirus (HMPV) is a relatively new virus that causes respiratory infections. It was first identified in 2001 by using advanced molecular techniques.

HMPV belongs to the Pneumoviridae family,



which also includes respiratory syncytial virus (RSV), a common cause of bronchiolitis and pneumonia in children. HMPV can affect both the upper and lower respiratory tract, and it can cause symptoms such as fever, cough, wheezing, and shortness of breath. The use of molecular diagnostic testing has increased the detection and recognition of HMPV as an important respiratory pathogen.

Symptoms commonly associated with HMPV include cough, fever, nasal congestion, and shortness of breath. Clinical symptoms of HMPV infection may progress to bronchitis or pneumonia and are similar to other viruses that cause upper and lower respiratory infections. The estimated incubation period is 3 to 6 days, and the median duration of illness can vary depending upon severity but is similar to other respiratory infections caused by viruses.

HMPV can be transmitted from person to person through respiratory secretions, such as

those produced by coughing and sneezing. It can also be spread by close contact, such as touching or shaking hands, or by touching contaminated objects or surfaces and then touching the mouth, nose, or eyes. HMPV has a seasonal pattern of circulation in the U.S., starting in winter and lasting until or through spring. HMPV may co-circulate with other respiratory viruses, such as RSV and influenza, during the respiratory virus season.

There is no specific antiviral treatment or vaccine for HMPV infection. The management of HMPV infection is supportive and symptomatic. However, the transmission of HMPV and other respiratory viruses can be prevented by following these steps:

- Wash hands with soap and water for 20 seconds or more (see CDC's Clean Hands Save Lives!).
- Don't touch your eyes, nose, or mouth with dirty hands.
- Stay away from sick people.
- If you have cold symptoms, do these things:
 - Cover your mouth and nose when you cough or sneeze
 - Wash your hands well and often
 - Don't share cups or utensils with others
 - Don't kiss others
 - Stay home

- Also, clean surfaces that may have germs (like doorknobs or toys)..

In healthcare settings, healthcare providers should follow the CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

Since HMPV is a recently recognized respiratory virus, healthcare professionals may not routinely test for HMPV. However, healthcare professionals should consider HMPV testing during winter and spring, especially when HMPV is commonly circulating.

Actionable Recommendation:

- ✓ **Follow the same protocol as if you have flu.**
- ✓ **Check in with your primary care provider with any difficulty with breathing.**

COVID 19 Update (June 29, 2023):

According to the US Centers for Disease Control, there were 6,373 COVID-19-related hospital admissions in the US over the last 7 days, which is down -5.3% from the previous week. As of April 24th, 2023, the COVID-19 Omicron subvariant XBB.1.5, also known as 'Kraken', constitutes 27% of all cases down from 75% in April 2023); however, it is still the majority of all cases. Although the XBB.1.5 strain is more easily spread even in those who have been vaccinated or previously infected, the risk of death appears to be much less than in previous variants. Symptoms range from 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, particularly for the elderly and immunocompromised.

Although the US federal government has ended the COVID-19 national emergency, this does not mean that COVID-19 has been eliminated. It simply means that the government will no longer cover expenses related to COVID-19. You and your health insurance will have to cover them instead. Therefore, it is still essential to remain conscious of this pandemic and its potentially destructive consequences, despite the so-called “COVID fatigue”.

What are the top COVID-19 Omicron variants as of June 29, 2023? Of note, there is a new COVID-19 subvariant called E.U.1.1, a descendant of XBB.1.5. E.U.1.1 was first detected in Europe in 2022. While it accounts for 1.7% of all cases, it accounts for 8.7% of COVID-19 cases in Colorado, Utah, Montana, Dakotas, and Wyoming. Finally,

| <i>lineage Number</i> | <i>Percent Total</i> |
|-------------------------|----------------------------|
| <i>XBB.1.5</i> | <i>27% (73% in Apr)</i> |
| <i>XBB.1.16</i> | <i>19.9% (9.6% in Apr)</i> |
| <i>XBB.1.9.1</i> | <i>11.4% (7.9% in Apr)</i> |
| <i>XBB.1.9.2</i> | <i>13% (2.9% in Apr)</i> |
| <i>XBB.2.3</i> | <i>10.6%</i> |
| <i>XBB.1.16.1</i> | <i>9.5%</i> |
| <i>XBB.1.5.1</i> | <i>1.2% (2.2% in Apr)</i> |
| <i>EU.1.1</i> | <i>1.7%</i> |
| <i>FE.1.1</i> | <i>1.6%</i> |

FDA has advised vaccine makers to include protection for XBB variants for the upcoming COVID-19 vaccines.

Recommendations:

✓ **With so many different viral infections in addition to COVID-19 variants, it still makes sense to wear N-95 masks to protect yourself from others if you are older and immunocompromised.**

9HEALTH RECIPE #4 SHE CAN DO IT, HE CAN DO IT, I CAN DO IT!

[Fregola con Verdure Barbagia]

Servings: [2 Servings]

Prep time: [20 min]

Total time: [35 min]



Ingredients

[1/2 cup of fregola]
[1/4 cup extra virgin olive oil]
[1 cup of diced zucchini]
[1 cup of diced eggplant]
[1 cup of diced peppers]
[1/2 of diced onions]
[2 cloves of garlic, minced]
[1/2 teaspoon of red pepper flakes]
[1/4 cup of freshly grated Parmesan cheese]

[1/4 cup of freshly grated pecorino cheese]

[salt and pepper to taste]

Directions

1. Bring a pot of salted water to a boil.
2. Add the fregola to the boiling water and let cook for 15 minutes.
3. While the fregola cooks, heat the olive oil in a large skillet over medium heat.
4. Add the zucchini, eggplant, bell peppers, onions, garlic, red pepper flakes, salt, and pepper. Cook for 5 minutes, stirring occasionally.
5. When the fregola is done, drain and add it to the skillet with the vegetables.
6. Cook for another 5 minutes, stirring occasionally.
7. Remove from heat and stir in the Parmesan cheese and pecorino cheese.
8. Serve warm.

Recent FDA Medication/Food December Recall

| Recall Date | Brand Name | Product Description | Recall Reason Description | Company Name |
|--------------------|-----------------------------|---|--|---|
| 5/30/2023 | Cricket Creek Farm | Sophelise Cheese and Tobasi Cheese | Potential Contamination with Listeria monocytogenes | Cricket Creek Farm, LLC |
| 6/9/2023 | Wawona Frozen Foods | Organic Daybreak Blend 4lb bags of frozen fruit | Potential to be contaminated with Hepatitis A | Wawona Frozen Foods, Inc. |
| 6/12/2023 | Cricket Creek Farm | Sophelise, Tobasi, and Berkshire Bloom Cheeses | Potential Contamination with Listeria monocytogenes | Cricket Creek Farm, LLC |
| 6/13/2023 | Great Value and Radar Farms | Frozen strawberries and frozen fruit blends containing frozen strawberries | Potential for Hepatitis A contamination | Willamette Valley Fruit Co |
| 6/14/2023 | Major Pharmaceuticals | Dronabinol Capsules 2.5mg and Ziprasidone Hydrochloride Capsules 20mg | Packaging may contain incorrect product due to labeling mix-up | The Harvard Drug Group, LLC d/b/a Major Pharmaceutical and Rugby Laboratories |
| 6/21/2023 | Multiple brand names | Frozen Fruit | Potential for Listeria monocytogenes | SunOpta Inc |
| 6/23/2023 | Candia, Trader Joe's | Organic Frozen Pineapple and Frozen Fruit Blend Containing Organic Frozen Pineapple | Potential for Listeria monocytogenes contamination | Scenic Fruit Company |

Case Number 9: Non-resolving chronic cough/phlegm production

What's the probability of 5-year survival for this 90-year-old male with chronic cough?

The following real life-like case examples are hypothetical stories in the palliative or hospice care settings, imagined by the author with the help of artificial intelligence. Frailty scores are commonly used not only to decide if a patient should be placed in palliative or hospice care, but also to assess whether the patient is suitable candidate for major surgery in the case of surgical intervention. Unfortunately, patients with low frailty scores often do not survive five years after a major health crisis. No one is no exception since everybody eventually succumbs to the law of gravity.

Michael More, a 90-year-old white man, suffers from respiratory problems caused by chronic cough and excessive mucus secretion. He agreed to participate as the first experimental subject in a study that investigates the effects of *Lactobacillus johnsonii* supplementation on his condition.

Assessment and plans on the morning of 04/30/2023 includes: the patient is a 90-year-old man who has a long history of atrial fibrillation, a type of irregular heartbeat, and has had a transient ischemic attack, a brief stroke-like episode, in 2019. He also has a history of bacterial pneumonia, an infection of the lungs, in 2017 and 2009, and has been coughing chronically since 2006. He smoked for 26 years from age 21 to 47. He has visited his primary care physician four times this year for his chronic cough. His chest X-ray and CT scan, imaging tests that show the structures of the chest and lungs, are normal. He has been referred to a pulmonologist, a lung specialist, for his chronic cough and mucus production. His pulmonologist diagnosed him with mild asthma, a condition that causes inflammation and narrowing of the airways, and prescribed

him three medications: budesonide/formoterol inhaler, a combination of steroids and bronchodilators that reduce inflammation and open up the airways; azelastine nasal inhaler, an antihistamine that blocks allergic reactions in the nose; and loratadine, an oral antihistamine that also prevents allergic symptoms. He was advised to try each medication for two weeks to see which one works best for him.

Michael Moore

*All patient data is fictional and imagined by the author with AI assistance. Safe Health Report complies fully with US HIPPA regulations.

Age:90
Sex:male
Weight:115 pounds
Height:5 feet 5 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

Michael's ADL Score 0

Current Medications:

Aspirin 81 mg daily

budesonide/formoterol (160/4.5) inhaler 2 puffs twice a day

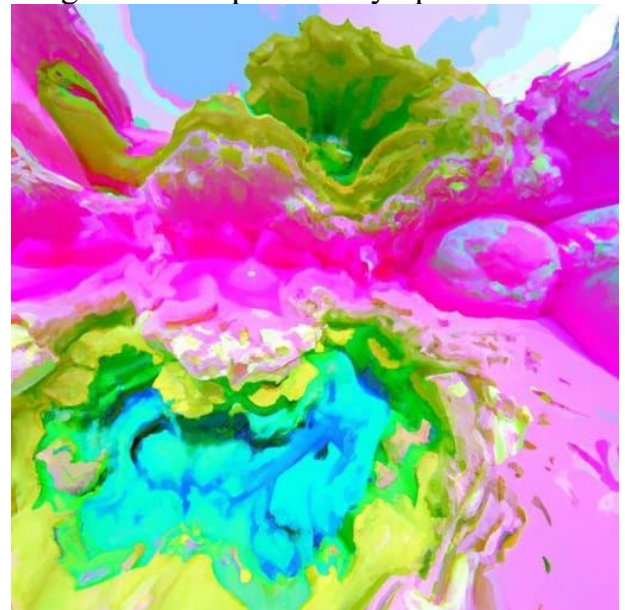
Azelastine nasal spray 1 puff into each nares twice a day

Loratadine 10 mg daily

Guaifenesin SR (long-acting) 600 mg daily

After trialing the treatment protocol for 30 days without any improvement, the patient consents to the trial of *Lactobacillus johnsonii* in

On the fifth day of treatment, the patient experienced a significant improvement in cough and sputum symptoms. After



Eye of the Tiger Test for Michael Moore

*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 a cane for walking occasionally for example
- 5 – Mild Frailty: Symptomatic disease limits daily activities. Needs walkers. Needs help with walking and shopping.
- 6 – Moderate Frailty: Needs help with walking, shopping, climbing stairs, and 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](#)

Michael's Frailty Score 3

addition to the above 3 interventions.

Lactobacillus johnsonii with the following directions:

¼ teaspoon (240 billion CFU) mixed with water in medicine cup once daily by mouth

Q-tip swab soaked with the above admixture into nares once daily. He was tapered off of budesonide

conducting two-week trials of aforementioned three prescription medications, it was determined that the combination of azelastine nasal spray and loratadine contributed to a further reduction in both the intensity and frequency of coughing. The patient's final medication regimen for chronic coughing and phlegm, as agreed with a pulmonologist, includes loratadine, guaifenesin, and *Lactobacillus johnsonii*. While the use of antihistamine drugs (azelastine and loratadine) alone did not result in noticeable improvement prior to the introduction of *Lactobacillus johnsonii*, possibly due to the severe nature of the disease, each medication did contribute to additional improvement when used in conjunction with the probiotic regimen. Meanwhile, a sputum culture taken during the pulmonologist visit revealed "few Gram-negative rods". More in-depth discussion of the lung-gut connection will be discussed in the future 9Health Probiotic Guide.

Conclusion:

The patient has demonstrated a significant improvement in both the frequency and intensity of his cough. While he reports no coughing, objective observation reveals occasional coughing at intervals of approximately 15 minutes, compared to every 30 seconds prior to the intervention. The patient also reports a reduction in sputum production and an improvement in respiratory function. Previously, he was unable to remain outdoors for more than 30 seconds, but now he reports no restrictions on outdoor activities due to breathing difficulties or coughing. The patient is satisfied with the outcome of the treatment.

While a cause-and-effect relationship can be seen in this case, the actual mechanism of action can only be hypothesized. It is possible the patient was harboring a low level of pathogenic bacteria, and colonization with new probiotics and the decrease in immune cascade markers, MHC class II, CD80, CD86, and co-stimulatory molecule expression may have played a role in disease attenuation. This is a conjecture at this stage since no human studies have been done in the past. However, it is important to note that this is not a generalizable recommendation, as it is part of an ongoing trial for a specific population that meets certain criteria. It is recommended that individuals consult their primary care physician before attempting this protocol. The patient's prognosis for the next five years is excellent.

Take Home Lesson:

- ✓ **It is important to note that newer pre-clinical discoveries in the field of medical science may not be adopted into standard medical practice for a long time. However, these discoveries may still offer therapeutic potential for**

patients where currently available therapy is exhausted in certain special situations. As such, it may be reasonable to explore the use of new therapies that are supported by strong scientific evidence, even if they have not yet undergone clinical trials.

- ✓ **According to the medical evidence pyramid, this type of evidence has the lowest level of clinical validity and reliability if any.**
- ✓ **Please consult your primary care physician (PCP) before trying any of this.**

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 | 09/1/2022 | 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 |
| Mealtimes | Breakfast 09:00 -Lunner (13:00) | 01/07/2023 | +Salad with Balsamic Vinegar Lunner = Lunch + Dinner |
| Disclaimer | | | |
| <p>Disclaimer: Safe Health Report is strictly an informational publication and does not provide individual, customized medical advice. All information, content, and material of this report is for informational purposes only and are not intended to serve as a substitute for the consultation, diagnosis, and/or medical treatment of a qualified physician or healthcare provider. All patient data is fictional. Safe Health Report complies fully with US HIPPA regulations.</p> | | | |
| MEDICAL EMERGENCY | | | |
| If you have a medical emergency, call your doctor or 911 immediately. | | | |
| To the Fullest extent permitted by law, Safe Health Report DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES, EXPRESSED OR IMPLIED , regarding any information or other material displayed on this report, whether authored by Safe Health Report or others; including any warranty of merchantability and/or fitness for a particular purpose. | | | |
| Safe Health Report makes no representation or warranty as to the reliability, accuracy, timeliness, usefulness, adequacy or suitability of the information contained in this report and does not represent and/or warrant against human or machine error, omissions, delays, interruptions or losses, including the loss of any data. | | | |
| GENERAL INFORMATION | | | |
| The information contained in this report is NOT intended to recommend the self-management of health problems or wellness. It is NOT intended to endorse or recommend any particular type of medical treatment. Should any viewer have any health care related questions, promptly call or consult your physician or healthcare provider. No information contained in this report should be used by any reader or viewer to disregard medical and/or health related advice or provide a basis to delay consultation with a physician or a qualified healthcare provider. You should not use any information contained in this report to initiate use of dietary supplements, vitamins, herbal and nutritional products or homeopathic medicine, and other described products prior to consulting first with a <u>physician or</u> healthcare provider. Safe Health Report disclaims any liability based on information provided in this report. | | | |

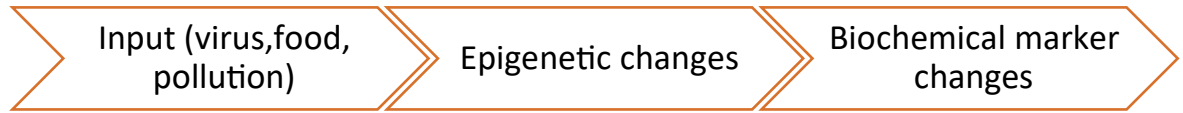
March Risk Factors for Premature or Unexpected Death

| Immediate Risks | Internal Threat | External Threat | Other Topics |
|--|------------------------|-----------------------|------------------------|
| 1. Covid 19 - XBB.1.5 | 1. Poor diet | 1. War | 1. Shortness of breath |
| 2. Covid 19- XBB 1.16 | 2. Smoking | 2. Earthquake | 2. Back pain |
| 3. Fentanyl-laced pills | 3. High blood pressure | 3. FDA recalls | 3. Hemorrhoids |
| 4. Gun violence | 4. Obesity | 4. Meat preservatives | 4. Incontinence |
| 5. Drug shortage | 5. Sedentary Lifestyle | 5. Trans fatty acid | 5. Joint swelling |
| 6. RSV | 6. Suicide | 6. Pesticides | 6. Fibromyalgia |
| 7. HMPV | | 7. Heavy metals | 7. Health Insurance |
| 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 a tissue level? Remember epigenome is what activates a specific set of genes.



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**.

For New FREE Subscriptions: Please click <https://9health.com/user/login> or scan the QR code below for e-mail notification of new monthly **FREE** issues.



Copyright © 2023 Safe Health Report is a newsletter and trademark of Millisecond Medical Reference LLC. Sales: Text 720-334-8188. Subscription rate: free for online edition and \$199 for expanded print version in 12 monthly issues. Single Issue Price: \$19.99. Editor: Ike Kim. Product Manager: Anita Berk. Contributors: Matthew Casciano, Victor Lewis, and Annika Barrows-Stec.