

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 Probiotic: Part 4 *Lactobacillus rhamnosus*

In Search of Best Probiotics

Your Ticket to Exuberant Health for the Next 5 Years

Lactobacillus plantarum

Probiotics, such as Lactobacilli, have been discovered to play a crucial role in maintaining intestinal balance and modulating physiological functions by regulating the gut microbiome. These probiotics are commonly found in fermented food products like kimchi, sour kraut, and kefir, and are frequently used in industrial food fermentation. They are generally recognized as safe and have been linked to a variety of clinical conditions

including diabetes, heart disease, liver disease, hypertension, and even clinical depression.

The effects of Lactobacilli are not only species-specific but also strain-specific. For instance, *Lactobacillus johnsonii* IDCC 9203 has been studied extensively. Recently, there has been a surge in



Ike Kim
Editor

research and development of a wide range of probiotic strains. One such strain is *Lactobacillus plantarum* (L. plantarum), which has shown promising results in health-promoting products due to its ability to regulate gastrointestinal function, lower serum cholesterol, and enhance immunity.

Recent studies have suggested that L. plantarum may play a role in immune regulation. Specifically, it has been found

to regulate both innate and adaptive cellular and humoral immunity by increasing anti-inflammatory blood levels of interleukin-4 and interleukin-10 while decreasing the level of pro-inflammatory markers such as tumor necrosis factor (TNF)- α , IL-6, IL-8, and IL-17.

A recent meta-analysis by Zhao W et al demonstrated that *L. plantarum* significantly increased the level of IL-10 while significantly reducing the levels of IL-4, IFN- γ , and TNF- α ($p < 0.05$) in 18 randomized controlled trials. The authors concluded that *L. plantarum* could affect host immune function by regulating pro-inflammatory and anti-inflammatory cytokines.

The potential mechanism of action of *L. plantarum* includes competing with or replacing pathogenic bacteria for limiting trophins, inhibiting the growth of pathogenic bacteria, regulating the intestinal microecology, forming a biological barrier, and increasing the levels of IgA, IgG, and IgM in serum and on the mucosal surface. Numerous other mechanisms of action (MOA) exist; however, readers might find the following MOA more intriguing.

In a study conducted by Zhang Q and colleagues, it was found that the administration of a probiotic strain, *Lactobacillus plantarum* L168, and its metabolite, indole-3-lactic acid, had a positive impact on intestinal

inflammation, tumor growth, and gut microbiome imbalance.

Specifically, the researchers discovered that indole-3-lactic acid accelerated the production of IL12a in dendritic cells. This was achieved by enhancing the binding of H3K27ac at the enhancer regions of IL12a, which in turn primed CD8+ T cell immunity against tumor growth.

Furthermore, they found that indole-3-lactic acid transcriptionally inhibited the expression of Saa3, which is related to the cholesterol metabolism of CD8+ T cells. This was accomplished by changing chromatin accessibility, which subsequently enhanced the function of tumor-infiltrating CD8+ T cells.

In essence, this research underscores the potential therapeutic advantages of *Lactobacillus plantarum* L168 and its metabolite, indole-3-lactic acid. These substances may play a significant role in alleviating intestinal inflammation and tumor growth, while also contributing to the balance of the gut microbiome. This highlights their potential as promising candidates for future therapeutic interventions.

In summary, *L. plantarum* induces these immunomodulatory effects via epigenetic changes by re-colonizing human intestines and has become a therapeutic candidate for many immune-related disease states. This aligns with the statement made by Metchnikoff, the father of probiotics, at

the turn of the century: “Dependence of the intestinal microbes on the food makes it possible to adopt measures to modify the flora in our bodies and to replace the harmful microbes by useful microbes.” This theme clearly stands in congruence with the re-colonization of human intestines for optimal health.

Actionable Recommendation:

- ✓ **Specific strains of *Lactobacillus plantarum* may allow possible immunomodulation.**
- ✓ **Re-colonization of the nose, nasal pharynx, respiratory tract, genitourinary tract, and intestines is possible for people with immune disorders.**
- ✓ **Patients at risk of colorectal cancer may benefit from *Lactobacillus plantarum*.**

Reference:

Zhao W, Peng C, Sakandar HA, Kwok LY, Zhang W. Meta-Analysis: Randomized Trials of *Lactobacillus plantarum* on Immune Regulation Over the Last Decades. *Front Immunol*. 2021 Mar 22;12:643420.

Zhang Q, Zhao Q, Li T, Lu L, Wang F, Zhang H, Liu Z, Ma H, Zhu Q, Wang J, Zhang X, Pei Y, Liu Q, Xu Y, Qie J, Luan X, Hu Z, Liu X. *Lactobacillus plantarum*-derived indole-3-lactic acid ameliorates colorectal tumorigenesis via epigenetic regulation of CD8⁺ T cell immunity. *Cell Metab*. 2023 Jun 6;35(6):943-960.e9.

Updated COVID Vaccine Approval and Recommendations

On September 11th, 2023, the US Food and Drug Administration (FDA) granted approval for the updated COVID-19 vaccines developed by Moderna and Pfizer-BioNTech for individuals aged 6 months and above. The FDA announced that this new version of the vaccine is more effective against the currently circulating variants of SARS-CoV-2, the virus responsible for COVID-19. The updated vaccine is expected to provide enhanced protection against severe outcomes of COVID-19, including hospitalization and death.

Following this announcement, the US Center for Disease Control (CDC) updated its guidance on COVID-19 vaccines on September 15, 2023. This swift update reflects the ongoing efforts by health authorities to ensure public health safety amidst the evolving pandemic.

The following are the updated recommendations for the use of the 2023–2024 formulations of Moderna COVID-19 Vaccine and Pfizer-BioNTech COVID-19 Vaccine:

1. **General Population:** Everyone aged 5 years and older is recommended to receive one dose of the updated (2023–2024 Formula) mRNA COVID-19 vaccine.
2. **Children (6 months–4 years):**
 - For initial vaccination, they should receive either two doses of the updated (2023–

2024 Formula) Moderna or three doses of the updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 vaccine.

- If they have received previous mRNA doses, they need one or two doses of the updated (2023–2024 Formula) Moderna or Pfizer-BioNTech COVID-19 vaccine, depending on the number of prior doses.

3. **People who are moderately or severely immunocompromised:**

- For initial vaccination, they should receive a three-dose series of the updated (2023–2024 Formula) Moderna or Pfizer-BioNTech COVID-19 vaccine.
- If they have received previous mRNA doses, they need one or two doses of the updated (2023–2024 Formula) Moderna or Pfizer-BioNTech COVID-19 vaccine, depending on the number of prior doses.
- They may also receive one or more additional updated (2023–2024 Formula) mRNA COVID-19 vaccine doses.

Please note that bivalent mRNA COVID-19 vaccines are no longer recommended in the United States. The guidance for COVID-19 vaccination has been updated in relation to myocarditis or pericarditis

and Multisystem Inflammatory Syndrome (MIS) in children (MIS-C) and in adults (MIS-A). The sections on contraindications and precautions, including allergic reactions to COVID-19 vaccines, have been reorganized and consolidated.

(Source: CDC 9/15/2023)

Free Covid Test Kits

Starting from September 25, every household in the U.S. has the opportunity to order four additional free COVID-19 rapid tests, which will be delivered directly to their homes via COVIDtests.gov. Before discarding any “expired” tests, it’s recommended to check if the expiration dates of your COVID-19 tests have been extended on the same website. These kits are expected to be usable until the end of 2023.



The U.S. government is reinitiating this free program just in time for the fall and

winter seasons, during which the virus typically spreads at higher rates. It's worth noting that COVID-19 hospitalizations have been on the rise for eight consecutive days, a trend primarily driven by newer strains of the virus.

9HEALTH RECIPE #8 SHE CAN DO IT, HE CAN DO IT, I CAN DO IT!

[Low Carb Stuffed Peppers]

Servings: [4 Servings]

Prep time: [15 min]

Total time: [55 min]



Ingredients

[4 large bell peppers]

[2/3 cup cooked rice]

[2/3 can of assorted beans]

[2/3 onion chopped/minced]

[1-2 cloves of garlic, minced]

[2/3 tablespoons olive oil]

[2/3 teaspoon dried oregano]

[2/3 cup tomato sauce]

[2/3 cup of shredded cheddar

cheese]

[salt and pepper to taste]

Directions

1. Preheat the oven to 375°F (190°C).
2. Cut the tops off the bell peppers and remove the seeds and membranes.
3. In a large bowl, mix together the cooked rice, assorted beans, onion, garlic, olive oil, oregano, salt, and pepper.
4. Stuff the bell peppers with the rice and bean mixture.
5. Place the stuffed peppers in a baking dish and pour the tomato sauce over the top.
6. Cover the dish with foil and bake for 45 minutes.
7. Remove the foil and sprinkle the shredded cheese over the top of each pepper.
8. Bake for an additional 10 minutes or until the cheese is melted and bubbly.

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Recent FDA Medication/Food December Recall

Recall Date	Brand Name	Product Description	Recall Reason Description	Company Name
08/25//2024	Dr. Bernes	MSM 5% Solution Eye Drops, MSM 15% Solution Eye Drops, Castor Oil Eye Drops; MSM MIST Drops 5% Solution	Bacterial and Fungal Contamination	Dr. Berne's Whole Health Products
8/30/2023	Ice Cream House	Dairy and Non-Dairy ice cream (parve), sorbet, cakes, and novelty items	Potential to be contaminated with Listeria monocytogenes	Ice Cream House
8/30/2023 9/6/2023	Todorganic Natural Products, Nut Diet Max	Nuez De La India Seeds Nuez De La India Seeds & capsules	Possible Health Risk: Contains cardiac glycosides	Todorganic, Inc OBC Group Corp
9/6/2023	Life Raft Treats	Ice Cream Products	Potential Foodborne Illness	Life Raft Treats
9/8/2023	TheraBreath	TheraBreath Kids Strawberry Splash Oral Rinse	Device & Drug Safety/Microbial Contamination	Church & Dwight Co., Inc.
9/11/2023	Novartis Sandimmune	Sandimmunne Oral Solution (cyclosporine oral solution, USP) 100 mg/mL	Crystal formation which could potentially result in incorrect dosing	Novartis Pharmaceuticals Corporation
9/22/2023	VistaPharm	Sucralfate Oral Suspension 1g/10m	Potential Contamination with Bacillus cereus	VistaPharm LLC
9/22/2023	Life Raft Treats	Ice Cream Product	Potential Foodborne Illness	Life Raft Treats

Case Number 11: Osteoporosis

What's the probability of 5-year survival for this 59-year-old female with osteoporosis?

*The following real-life 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 a 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 an exception since everybody eventually succumbs to the law of gravity. Case examples may contain personalized **Translational Medicine** from pre-clinical trials data.*

Donna Clayton is a 59-year-old female suffering from bilateral lower extremity chronic bone pain without joint involvement or fractures. Self-reported pain score of 9 out of 10. The patient is referred for evaluation of pain and osteoporosis. Her past medical history includes prediabetes, hypertriglyceridemia, anxiety, a tubal ligation procedure in her mid-30s, and no history of falls.

Assessment and plans on the morning of 09/15/2023 include: The patient is a 59-year-old female with a newly diagnosed osteoporosis 2 years ago. He had been treated with prednisone for 3 months and now transitioned to weekly methotrexate. While prednisone is now completely tapered off by his immunologist, he now has iatrogenic diabetes secondary to intense prednisone therapy. He states his left ear has a complete recovery of feelings, but he still has a tingling sensation on his upper right ear lobe. His rheumatologist is considering the dose of methotrexate. He seeks counseling if there is additional things he can do for his primary disease and type 2 diabetes. Pt states that the disease is currently localized to both of his ears.

He has no feelings in either ear due to damage to the ear cartilage.

Lab Test: DEXA (dual x-ray absorptiometry) Scan Results

5/15/2023

Key Images:

INDICATIONS FOR EXAM:
Screening

Donna Clayton

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

Age:59
Sex:female
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

Donna's ADL Score 0

CLINICAL HISTORY: This is a 59-year-old postmenopausal female referred for bone mineral density tests.

TECHNIQUE: DEXA Spine and Proximal Bilateral Femurs using Hologic Discovery W Bone Densitometer.

COMPARISON STUDIES: 5/15/2021

FINDINGS:

Lumbar spine:

T-score: -2.2. Prior T-score: -2.5.

BMD(g/cm²): 0.803. Prior BMD: 0.772.

Percent change: 4.3

Left femoral neck:

T-score: -1.8. Prior T-score: -1.6

BMD(g/cm²): 0.651. Prior BMD: 0.669.

Left hip total:

T-score: -1.1. Prior T-score: -1.3

BMD(g/cm²): 0.813. Prior BMD: 0.785.

Percent change: 3.6%

Right femoral neck:

T-score: -1.6. Prior T-score: -1.5

BMD(g/cm²): 0.676. Prior BMD: 0.685.

Right hip total:

T-score: 0.0. Prior T-score: -1.0

BMD(g/cm²): 0.940. Prior BMD: 0.825.

Percent change: 14.0%

Impression/Recommendation

The World Health Organization criterion for low bone mineral density is a T-score between -1.1 and -2.4. A T-score of -2.5 or below in a postmenopausal woman or a man over age 50 is considered osteoporosis. The T-score for this patient was -2.5 two years ago and therefore met the criteria for osteoporosis and supported

the use of a prescription anti-osteoporosis drug using the present National Osteoporosis Foundation recommendations for treatment (T-score of -2.5 or lower). However, the two-year follow-up shows a T-score of -2.2 for the lumbar spine, which indicates osteopenia.

Current Medications:

Alendronate 70 mg once a week.

Vitamin D 1000 units daily

Atorvastatin 10 mg daily

Fenofibrate 145 mg daily

Bupropion XL 150 mg daily

Calcium

Possible Interventions:

Pantothenate 400 mg daily

Hyaluronic acid 50 mg daily

Biocell Collagen 1000 mg daily

Synopsis:

Treatment with an anti-osteoporosis drug is typically recommended when the FRAX score indicates a 20% risk of any major fracture or a 3% risk of hip fracture over the next decade. However, this patient's FRAX scores are 7.8% and 0.5% respectively, which do not meet these criteria.

It's crucial to consider that this patient, a post-menopausal woman who

experienced early menopause in her late 30s due to a tubal ligation procedure, was diagnosed with osteoporosis based on her 2021 DEXA results. Furthermore, she suffers from chronic pain related to osteoporosis.

Eye of the Tiger Test for Donna Clayton
*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](#)

Donna's Frailty Score 1

Given her medical history, it's essential to carefully evaluate her treatment options. In conclusion, we recommend the continuation of vitamin D and alendronate, a type of bisphosphonate, as part of her ongoing treatment plan. Donna's 10-year survival looks really good at this point.

9/15/2023 Follow up:

The patient reports that her chronic pain level is zero out of 10. Although nutritional supplements are generally not considered effective in treating any type of pain, in this case, they appear to have contributed to the alleviation of her chronic pain. This

improvement occurred when the supplements were added to her existing regimen of alendronate, vitamin D, and calcium. This suggests that a comprehensive approach to treatment, which includes both medication and nutritional supplements, may be beneficial in managing chronic pain associated with osteoporosis.

Chronic pain in Osteoporosis

Osteoporosis is a medical condition that manifests clinically as pain, fractures, and physical disability, ultimately resulting in the loss of independence and necessitating the need for long-term care. Therefore, early interventions to slow or stop the progression of osteoporosis are vitally important. Osteoporosis is a condition that should not be mistaken for osteoarthritis, which is characterized by the gradual breakdown of cartilage between bones, often resulting in joint pain, stiffness, and swelling.

Unlike osteoarthritis, osteoporosis is often referred to as a silent disease because it typically doesn't cause pain or exhibit symptoms until a fracture occurs. Pharmacological treatments can stabilize or even increase bone density in most patients, reducing the risk of fractures by approximately 50%. By identifying high-risk patients for bone density testing, it's possible to diagnose osteoporosis before the first fracture occurs and initiate appropriate treatment to mitigate the risk of future fractures.

However, if a patient with osteoporosis experiences pain, it's worth investigating whether a fracture has occurred. But can there be pain even in the absence of fractures? A study conducted by Okcuca M et al., published in the March 2023 edition of Somatosensory & Motor Research, posed this question: "Does osteoporosis cause pain even without a fracture?"

The study involved 139 patients, 56 of whom had osteoporosis. The patients with osteoporosis reported a numerical pain score of 4.25, compared to 3.23 in 83 patients without the condition ($p=0.028$). The results indicated a negative correlation between lumbar bone mineral density and T score values and the numerical rating scale levels of lumbar spine and general body pain. When divided into two groups - those with and without osteoporosis - it was found that patients with osteoporosis had significantly higher levels of cervical, lumbar, thoracic spine, and general body pain compared to those without the condition. This observational study seems to suggest one can have osteoporotic pain even without pain as in our current case.

Pain levels were measured using a numerical rating scale (NRS), a commonly used tool for evaluating patient pain levels. Patients rate their pain on a scale from 0 to 10, with 10 representing the most severe pain.

In osteoporosis, chronic pain appears to include nociceptive and neuropathic pain pathways as well as sensory characteristics. Pain management for osteoporosis can involve a variety of options, including anti-resorptive drugs such as calcitonin and

bisphosphonates (alendronate, ibandronate, risedronate, zoledronic acid, pamidronate), teriparatide, denosumab, raloxifene, acetaminophen, and NSAIDs. However, it's important to note that both acetaminophen and NSAIDs can increase the risk of fracture, and opioids carry a risk of narcotic dependence.

Non-pharmacologic therapies can also be beneficial and include physical exercise, physical therapy, heat and cold treatment, brace or cast application, acupuncture, massage, guided imagery, biofeedback, and surgical interventions such as kyphoplasty, vertebroplasty, in-situ pinning, and hip replacement in case of fractures.

One often overlooked non-pharmacological intervention is the use of nutritional supplements in addition to vitamin D and calcium. According to the pain theory proposed by Sota Omoigui in 2007, nutritional supplements such as hyaluronic acid might be beneficial in managing osteoporotic pain without fracture. Omoigui's theory posits that all pain originates from inflammation and the inflammatory response.

The use of hyaluronic acid was discussed in the August issue of Safe Health Report. However, due to this patient's reluctance to use medications to alleviate her bilateral lower extremity bone pain without joint involvement, the initiation of the aforementioned supplements was recommended. Despite the development

of guidelines on the diagnosis and treatment of osteoporotic pain, the management of chronic pain remains challenging and complicated.

Reference:

Okçu M, Erden Y, Tuncay F, Koçak FA, Kaya SS, Doğru YG. Does osteoporosis cause pain even without a fracture? An observational study. *Somatosens Mot Res.* 2023Sep;40(3):110-115. Epub 2023 Mar 20. PMID: 36939649.

Omoigui S. The biochemical origin of pain: the origin of all pain is inflammation and the inflammatory response. Part 2 of 3 - inflammatory profile of pain syndromes. *Med Hypotheses.* 2007;69(6):1169-78. doi: 10.1016/j.mehy.2007.06.033. Epub 2007 Aug 28. PMID: 17728071; PMCID: PMC2771434.

MrGineaPig's Core Long-Term Trial

LONG-TERM TRIAL	SUPPLEMENT	START DATE	
Muscle Weakness	Hyaluronic Acid	07/01/2019	50 mg-1 capsule daily
Back Pain	Pantothenic acid	09/1/202	500 mg 1 capsule daily
	Pantethine	09/01/2022	450 mg 1 capsule daily
Mealtimes	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
<ol style="list-style-type: none"> 1. Covid 19 - EG.5 2. Covid 19- FL.1.5.1 3. Fentanyl-laced pills 4. Gun violence 5. Drug shortage 6. RSV 7. HMPV 	<ol style="list-style-type: none"> 1. Poor diet 2. Smoking 3. High blood pressure 4. Obesity 5. Sedentary Lifestyle 6. Suicide 	<ol style="list-style-type: none"> 1. War 2. Earthquake 3. FDA recalls 4. Meat preservatives 5. Trans fatty acid 6. Pesticides 7. Heavy metals 	<ol style="list-style-type: none"> 1. Shortness of breath 2. Back pain 3. Hemorrhoids 4. Incontinence 5. Joint swelling 6. Fibromyalgia 7. Health Insurance
Topics Chosen: Covid-19 update, Clostridium difficile, Search of Best Diet Series			

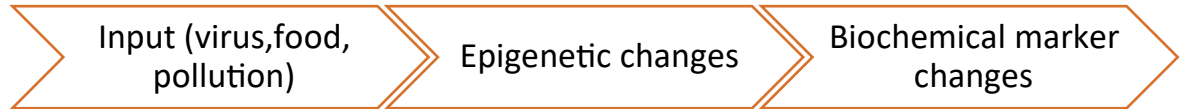
Format of Safe Health Report

Section 1: Conditions or internal environment that increases the risk of premature death or

pose an immediate danger to your health (both mental and physical) as in an avalanche.

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

Section 3: Case examples of premature death. If you are in a 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**.

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