

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

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# Can Multivitamins Reduce Risk of Death?

## Your Ticket to Exuberant Health for the Next 5 Year

### Multivitamin Use and Mortality Risk: What the Latest Research Reveals

#### Introduction

In a recent study published in JAMA Network Open, researchers investigated the impact of daily multivitamin use on mortality risk among a large cohort of US adults. The study, conducted by McCullough et al., provides valuable insights into whether these commonly used supplements offer any significant benefits in terms of

longevity.

#### Key Findings

No Significant Reduction in All-Cause Mortality:

Daily multivitamin use was not associated with a statistically significant reduction in overall mortality compared to non-use. Specifically, the hazard ratio (HR) for all-cause mortality was 1.00 (95% confidence interval [CI]: 0.98–1.02).



**Ike Kim**  
**Editor**

Consistent Results Across Subgroups:

Regardless of demographic factors (such as age, gender, or ethnicity), health behaviors (such as exercise and diet), or baseline health conditions, the lack of benefit persisted.

For example, among participants aged 50–65 years, the HR remained 1.00 (95% CI: 0.97–1.03).

## No Specific Benefit for Causes of Death:

The study examined specific causes of death:

Cancer: HR = 1.01 (95% CI: 0.97–1.05)

Cardiovascular disease: HR = 1.00 (95% CI: 0.96–1.04)

Cerebrovascular diseases: HR = 1.01 (95% CI: 0.94–1.08)

Multivitamin use showed no significant protective effect against any of these specific causes.

## Contextualizing the Findings



### Previous Research:

Previous studies on multivitamins and mortality have yielded mixed results. Some hinted at potential benefits, while others found no effect. However, this new study stands out due to its robust design, large sample size (nearly 400,000

participants), and extended follow-up period (over 20 years).

## Arguments For Applying the Study Results:

### Strength of Evidence:

The comprehensive design and long-term follow-up provide strong evidence against any mortality benefit from multivitamins in healthy US adults.

Policymakers and healthcare professionals can use this evidence to guide recommendations.

### Cost-effectiveness:

Discouraging unnecessary multivitamin use could free up resources for interventions with proven health benefits.

Redirecting funding toward evidence-based strategies may yield better outcomes.

### Potential Risks:

High doses of certain vitamins can have unintended consequences, including adverse health effects including:

#### Excessive Nutrient Intake:

Multivitamins often contain a mix of vitamins and minerals. While some nutrients are essential, excessive intake can be harmful.

For instance, high doses of fat-soluble vitamins (A, D, E, and K) can accumulate in the body and lead to toxicity. Vitamin A

toxicity, for example, may cause liver damage, bone pain, and skin changes.

#### Interactions with Medications:

Multivitamins can interact with prescription medications. For instance:

Calcium interferes with certain antibiotics (like tetracyclines) and thyroid medications.

Vitamin K can affect blood thinners (like warfarin).

Iron can reduce the absorption of some antibiotics and thyroid medications.

#### Iron Overload in males:

Some multivitamins contain iron, which is essential for preventing anemia. However, excessive iron intake can be dangerous.

Iron overdose can cause nausea, vomiting, abdominal pain, and even organ damage. Children are particularly vulnerable to accidental iron poisoning.

#### Mega-Dosing on Antioxidants:

Multivitamins often include antioxidants like vitamin C and E. While these are beneficial in moderate amounts, excessive doses may not provide additional benefits.

Some studies suggest that high-dose antioxidant supplements may increase mortality risk or interfere with the body's natural defense mechanisms.

#### Digestive Upset and Allergies:

Multivitamins may cause gastrointestinal discomfort, especially if taken on an empty stomach.

Some people may be allergic to specific ingredients in multivitamins, leading to skin rashes, itching, or swelling.

#### False Sense of Security:

Relying solely on multivitamins might lead individuals to neglect other aspects of their health, such as a balanced diet and regular exercise.

Multivitamins should complement—not replace—a healthy lifestyle.

This study adds to the growing body of evidence suggesting that multivitamins offer limited benefits.

### **Arguments Against Applying the Study Results:**

#### Specific Deficiencies:

While overall mortality benefits are lacking, multivitamins might still be useful for individuals with specific vitamin deficiencies.

Tailoring recommendations based on individual needs remains important.

#### Dietary Habits:

Given suboptimal diets among many Americans, multivitamins could help fill nutritional gaps.

However, relying solely on supplements is not a substitute for a balanced diet.

## Conclusion

In summary, the McCullough et al. study underscores the need for a nuanced approach to multivitamin use. While they may not significantly impact overall mortality, considering individual health needs and dietary habits remains crucial. As always, consulting a healthcare professional is essential for personalized advice.

### References:

McCullough, M. L., Jacobs, D. R., Rosenberg, I. H., Patel, R. V., Thun, M. J., Calle, E. E., ... & Flanders, W. D. (2024). Multivitamin Use and Mortality Risk in 3 Prospective US Cohorts. *JAMA Network Open*, 7(6), e2418729.

### Actionable Plan:

- **While this major study has shown no benefit with daily multivitamin intake, specific vitamin deficiencies occur with advancing age.**
- **Discuss with your PCP about continuing multivitamins which may be useful in vitamin deficiencies. In other words, keep taking them if you feel better with daily intake.**

## COVID 19 UPDATE

Navigating the Ever-Evolving Threat: COVID-19 Variants in the US

The COVID-19 pandemic has been a relentless force, constantly adapting and

throwing new challenges our way. Viral mutations are a natural occurrence, and the SARS-CoV-2 virus, responsible for COVID-19, is no exception. These mutations can lead to the emergence of variants, some of which raise concerns due to their increased transmissibility, potential for immune evasion, or ability to cause severe illness.

This article explores the current landscape of COVID-19 variants circulating in the US, their characteristics, and how they are impacting public health. We will also delve into the pressing health concerns surrounding variants and offer evidence-based recommendations to navigate this ever-evolving threat.

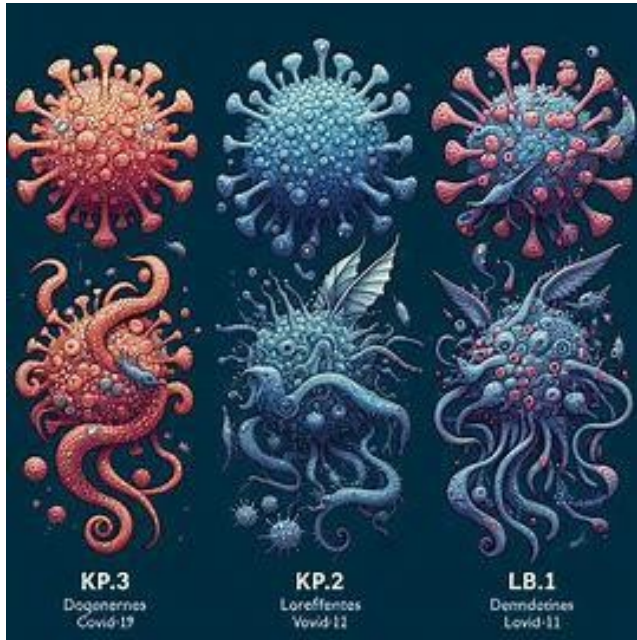
### Dominant Variants in the US

As of June 25, 2024, the Centers for Disease Control and Prevention (CDC) identified several variants circulating in the US, with a focus on those designated as Variants of Concern (VOC) due to their potential public health impact. Here's a breakdown of the dominant VOCs:

Omicron Variants: Descendants of the original Omicron variant, particularly **KP.3**, **KP.2**, and **LB.1**, are currently the most prevalent in the US, collectively

accounting for over 70% of new infections

## Characteristics of Concern



These Omicron sublineages share some concerning features:

**Increased Transmissibility:** Omicron variants generally demonstrate a higher transmissibility compared to earlier variants, contributing to a rise in cases.

**Potential Immune Escape:** Mutations in these variants might allow them to partially evade immunity from vaccination or prior infection, leading to breakthrough infections.

## Extent of Spread

The CDC's Nowcast projections indicate a rapid rise in the prevalence of Omicron sublineages, with KP.3 estimated to be responsible for over a third of new infections. This highlights the need for continued vigilance and adherence to public health measures.

## Overriding Health Concerns

The emergence and spread of variants raise several public health concerns:

**Increased Caseloads:** Highly transmissible variants can lead to surges in cases, overwhelming healthcare systems and straining resources.

**Breakthrough Infections:** Reduced vaccine effectiveness against some variants can lead to breakthrough infections, even in vaccinated individuals.

**Long-term Complications:** Although Omicron variants generally cause less severe illness, the potential for long-term complications like Long COVID persists, highlighting the importance of prevention.

**Recommendations to Stay Ahead of the Curve**

In light of these concerns, here are some key recommendations from the CDC and public health experts:

**Stay Up-to-Date with Vaccinations:** Vaccination remains the most effective tool in preventing severe illness, hospitalization, and death from COVID-19, including against variants. Getting all recommended doses and boosters is crucial

**Prioritize Masking:** Particularly in areas with high caseloads or for individuals at higher risk, wearing well-fitting masks in indoor public settings and crowded spaces can significantly reduce transmission risk.

**Testing and Isolation:** Getting tested if you experience symptoms and isolating if positive are essential steps to curb the spread of the virus and protect vulnerable individuals.

**Improved Ventilation:** Ensuring proper ventilation in indoor spaces can significantly reduce airborne transmission risk.

## **Conclusion**

The COVID-19 pandemic is a marathon, not a sprint. The emergence of variants is a reminder that the virus continues to evolve. By staying informed about dominant variants, adhering to public health recommendations, and taking advantage of available tools like vaccination and masking, we can effectively manage the spread of COVID-19 and protect ourselves and our communities.

## **References:**

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## **Actionable Plan:**

- **Plan to receive the latest flu and COVID-19 booster this fall, to be available as one shot. This will increase your chances of living in the next five years.**
- **If over 65 years of age or immunocompromised, please receive the currently available booster now and then a newer booster this coming fall.**

## Recent FDA Medication/Supplement Recall

Recall Date	Brand Name	Product Description	Recall Reason Description	Company Name
6/8/2024	Green Life Farms	Baby Arugula	Potential to be contaminated with Salmonella	Green Life Farms
6/11/2024	Classic Delight Nutrisystem, Wakefield	Individually wrapped sandwiches	Potential contamination with Listeria monocytogenes	Classic Delight LLC
6/12/2024	Nature's Wonderland	Nature's Wonderland Thyroid Formula	Potential to be contaminated with Salmonella	Penn Herb Company Ltd
6/20/2024	Snapchill	Coffee Products	Potential to be contaminated with Clostridium botulinum	Snapchill LLC
6/24/2024	Multiple Brands	Ice Cream Products	Listeria monocytogenes	Totally Cool, Inc
6/25/2024	Foppen	Smoked Norwegian Salmon Slices – Toast sized, 8.1 oz	Listeria monocytogenes contamination	Foppen Paling En Zalm B.V.
6/25/2024	Glenmark	I Potassium Chloride Extended Release 750mg Capsules, 100 count and 500 count	Failed dissolution	Glenmark Pharmaceuticals, Inc.
6/28/2024	Diamond Shroomz	Infused Cones, Chocolate Bars, and Gummies	Toxic levels of muscimol	Prophet Premium Blends

**What’s the probability of 5-year survival for this 64-year-old male with newly diagnosed frozen shoulder and uveitis? A further workup from Case 17.**

*The following real-life case examples are hypothetical stories in 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 no exception since everybody eventually succumbs to the law of gravity.*

**Brief Summary from previous visit:**

**Patient Profile:** James Watson

Age: 64 years

Gender: Male

Diagnosis Date: May 16th, 2024

Chief Complaint: Worsening eyesight

History: Right shoulder pain over last 6 months

Initial Visit: Costco (for testing new glasses)

Optometrist’s Alert:

Finding: Left eye ocular hypertension

Pressure: 33 mmHg

Final diagnosis from ophthalmologist on May 20<sup>th</sup>, 2024: ocular hypertension from uveitis with possible glaucoma.

**On Further Follow-up on June 20<sup>th</sup>, 2024:**

The patient met the following key signs and symptoms of frozen shoulder, also known as

adhesive capsulitis and tested positive (+) for COVID-19:

Gradual Shoulder Pain:

Discomfort Near the Deltoid Area with Pain around the Deltoid Muscle Insertion.

**James Watson**

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

Age: .....64

Sex: .....male

Weight: .....140 pounds

Height: .....5 feet 8 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

**James’ ADL Score ..... 0**

Sleep Difficulties Troubles Due to Left Shoulder Discomfort.

Limited Passive and Active Shoulder Movement (45-135 degrees).

Normal X-rays



## Diagnosing Frozen Shoulder:

Key indication for frozen shoulder diagnosis: painful shoulder movement restrictions in active and passive shoulder movement.

## Frozen Shoulder: Understanding the Causes, Diagnosis, and Treatment Options



Adhesive capsulitis, also known as frozen shoulder, is a debilitating condition characterized by progressive shoulder pain and stiffness. It significantly restricts a person's ability to move their arm, impacting daily activities and overall quality of life. While the exact cause remains elusive, recent research suggests several contributing factors, including the potential impact of COVID-19.

### Causes of Frozen Shoulder:

The specific cause of adhesive capsulitis is not fully understood, but several factors are considered risk contributors. One key element is inflammation and subsequent thickening of the shoulder joint capsule, the connective tissue surrounding the ball (humerus) and socket

(glenoid) of the shoulder joint [1]. This thickening restricts the smooth gliding motion of the arm.

Several underlying conditions have been linked to an increased risk of developing frozen shoulder, including:

**Diabetes:** Studies show a significantly higher prevalence of adhesive capsulitis in individuals with diabetes compared to the general population [2].

**Rotator Cuff Injury:** Previous injury or damage to the rotator cuff muscles or tendons can predispose someone to frozen shoulder [3].

**Immobilization:** Periods of prolonged arm immobilization, after surgery or injury, can increase the risk of capsular stiffness.

**Emerging Evidence: COVID-19 as a Potential Risk Factor**

Recent research suggests a possible association between COVID-19 infection and the development of frozen shoulder. A study by Castro et al. (2023) reported an increased prevalence of findings suggestive of adhesive capsulitis on magnetic resonance imaging (MRI) in patients who had previously contracted COVID-19 [4]. The proposed mechanisms behind this association remain under investigation but could involve:

**Reduced physical activity:** Limiting movement due to COVID-19 illness could lead to capsular stiffness.

**Inflammation:** COVID-19 infection can trigger inflammatory responses that might affect the shoulder joint.

**Prevalence and Risk Factors:**

Frozen shoulder affects approximately 2-5% of the general population, with a higher prevalence observed in women aged 40-60 [5]. Certain pre-existing conditions, such as diabetes and thyroid disorders, can further increase the risk.

### Diagnosis of Frozen Shoulder:

There's no single definitive test for frozen shoulder. Diagnosis typically relies on a physician's physical examination, evaluating the range of motion and identifying pain points in the shoulder. Imaging tests like X-rays and MRIs might be used to rule out other conditions that mimic frozen shoulder symptoms, but they don't always confirm the diagnosis.

### Stages and Symptoms:

Frozen shoulder generally progresses through three stages:

**Freezing Stage:** This initial stage, lasting several months, features progressive pain, often worse at night, with a gradual decline in shoulder movement.

**Frozen Stage:** Characterized by maximal stiffness and pain that may plateau for several months to a year.

**Thawing Stage:** Gradual improvement in range of motion and a decrease in pain occur over months to years.

### Treatment Options:

There is no cure for frozen shoulder, but treatment focuses on managing pain, improving range of motion, and facilitating the natural healing process:

**Pain Management:** Medications like nonsteroidal anti-inflammatory drugs (NSAIDs) and corticosteroids can help manage pain during the initial stages [6].

**Physical Therapy:** Exercises and stretches prescribed by a physical therapist are crucial for maintaining and regaining movement in the shoulder joint.

**Injections:** Corticosteroid injections directly into the shoulder joint can relieve pain and improve mobility [7].

**Manipulation:** In some severe cases, a healthcare professional might perform a manipulation procedure under anesthesia to break down scar tissue and improve the range of motion.

**Eye of the Tiger Test for James Watson**  
\*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](#)

James' Frailty Score ..... 3

### Conclusion:

Adhesive capsulitis is a chronic fibrosing condition that affects the shoulder capsule. It occurs without any known intrinsic disorder of the shoulder. Frozen shoulder can be a frustrating and debilitating condition. Recognizing the risk factors, including the potential link with COVID-19

infection, can help individuals seek early diagnosis and management. While there is no cure, a combination of pain management, physical therapy, and other interventions can significantly improve symptoms and restore shoulder function. The condition typically resolves within 1 to 3 years, although some cases may take longer.

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Ozaki, J., Mizuta, T., Itoi, E., Akita, S., & Tomita, K. (2003). Efficacy of intra-articular corticosteroid injection for frozen shoulder: a meta-analysis of randomized

controlled trials. *The Journal of Bone and Joint Surgery. British Volume*, 85-B(1), 7-11.

#### Actionable Plan:

- Work with the primary physician to rule out uveitis from COVID-19 infection and plan to receive the latest flu and COVID-19 booster this fall.



- Keep moving and stay fit to avoid frozen shoulders into your sixties and beyond.

# 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	09/1/2022	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
BPH Prevention	Lycopene	01/31/2024	20 mg daily
BPH LUTS	Lycopene	04/27/2024	20 mg three times a day (<\$6 per 60 gelcaps)
	Magnesium Citrate Solution	04/27/2024	1 tablespoonful mixed in water twice a day (<\$2 /per bottle)
	Zinc 50 mg	04/27/2024	1 tablet every other day (\$4.99 per 200 tablets)

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## Risk Factors for Premature or Unexpected Death

Immediate Risks	Internal Threat	External Threat	Other Topics
<ol style="list-style-type: none"> <li>1. COVID-19</li> <li>2. RSV</li> <li>3. Flu</li> <li>4. Fentanyl death</li> <li>5. Drug shortages</li> <li>6. Gun violence</li> </ol>	<ol style="list-style-type: none"> <li>1. Poor diet</li> <li>2. Smoking</li> <li>3. High blood pressure</li> <li>4. Obesity</li> <li>5. Sedentary Lifestyle</li> <li>6. Suicide</li> </ol>	<ol style="list-style-type: none"> <li>1. War</li> <li>2. Microplastics</li> <li>3. FDA recalls</li> <li>4. Meat preservatives</li> <li>5. Trans fatty acid</li> <li>6. Pesticides</li> <li>7. Heavy metals</li> </ol>	<ol style="list-style-type: none"> <li>1. Shortness of breath</li> <li>2. Back pain</li> <li>3. Hemorrhoids</li> <li>4. Incontinence</li> <li>5. Joint swelling</li> <li>6. Fibromyalgia</li> <li>7. Health Insurance</li> </ol>

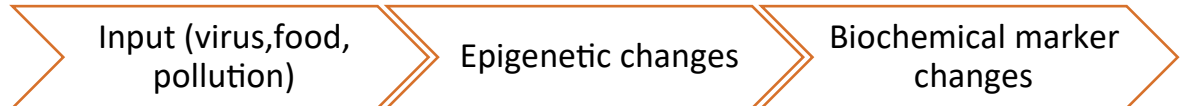
**Topics Chosen: Covid-19 update, Clostridium difficile, Search of Best Diet Series**

## 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 GuineaPig. This newsletter is designed to empower GuineaPigs in the area of human health and possibly decrease the risk of **premature death**.

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