

Could Smartphone-Use Become the New Social Isolation and Virtue Inactivity, Sitting the New Smoking, and Culinary Medicine the New Humira, Keytruda, and Revlimid? A Pilot Single Case Study Examining Inexpensive at-Home Redox Balance/Imbalance Testing and Its Potential Utility as a Biofeedback Mechanisms to Help Self-Redirect Elevated COVID-19 Risk and Other Life-Limiting Lifestyle Proclivities and to Try the Practicality of a More in-Depth Study

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c This article, along with six companion COVID-19 pilots, will be submitted to 15 universities in Alabama, USA; the Caribbean; Israel; Florida, USA; Jordan; Mississippi, USA; Tennessee, USA; Saudi Arabia; South Dakota, USA; West Virginia, USA; and Wyoming, USA, to gain one or more academic appointments, replicate this pilot investigation on a larger scale, and to continue to design and launch additional pilots and wide-ranging studies to fortify further the new discipline of $pE^- = pH^+$ International Culinary Medicine and Dynamic Longevity Lifestyles

ABSTRACT (Submitted to Medical Hypotheses for publication as a full length article)

COVID-19 social isolating and virtue suffocating-lockdowns contributed to 137,965 (4%) of all deaths in the US from suicide plus drug overdose in 2020, 345,323 (10%) from COVID-19, 598,932 (18%) from cancer, 690,882 (21%) from heart disease, and more than 2,616,077 (79%) from social isolation and virtue doldrums, physical stagnation, and mixed substance misuse. All three leading causes of sustained misery spark a

gradual momentum-gaining cascade prompting systemic oxidative stress to unfold monstrous ailments.

In this way, complacent clinicians prescribe Humira to band-aid redox imbalance-based rheumatoid arthritis, psoriasis, and immunoreactive and cytokine-surgingly inflammatory gut ailments. Instead of seizing the redox imbalance Maillard-provocateurs.

Similarly, lazy physicians order Keytruda to help reverse immunosuppressed cancer proliferation while permitting Maillard-pirates to expand their forces. Revlimid, is also liberally dispensed for redox imbalance-based and advanced glycation end-product triggered multiple myeloma, usually without a lifestyle-makeover.

Objectives: The object of this pilot single case study is two-fold. First, to determine the necessity or lack of need for more extensive analysis. Second, to determine whether urine test measures of systemic oxidative stress (SOS), prime systemic energy (PSE), and systemic reductive stress (SRS) can serve as life-extending biofeedback mechanisms designed to measure specific meal and drink influence on redox balance and imbalance.

Methods: The subject measured his urine pH every half-hour after each highly processed food and drink challenge using urine pH test strips. Food and drink trials included ten fried chicken wings, a double bacon cheeseburger, light coffee with baked sweets; 2 slices of pizza; peanut butter; cola; and beer. The participant monitored relative 0 to 10 changes in arthritic, mucosal, neurological, and other markers of inflammation and immune response throughout each challenge.

Results: Perceived heightened focus, vigilance, reasoning, and cognitive, ambitious, and physical energy harmonized with urine pH's within the PSE range of 5.6 to 6.6, referred to herein as *nirvana*. Blunted focus, drive, ambition, and cognitive and physical slowing correlated with

urine pH's within the SRS range of 6.7 to 7.7, cited here as *slothful*. Perceived high levels of restlessness and irritability with decreased concentration, patience, and tolerance paralleled urine pH's within the SOS range of 4.5 to 5.5, declared as *hyperkinetic*. Food challenges produced correlations between highly processed fare and redox imbalance.

Conclusions: If duplicated, the resulting paradigm serves as a convenient at-home biofeedback method to engage people in redirecting themselves towards a lower risk for symptomatic COVID-19 and other common causes of death.