

Premium Grounding

Advertising Standards Authority (New Zealand) – Decision 25/261

Independent Scientific Evidence Reconstruction

JURISDICTION

New Zealand

MEDIUM

Website

EVIDENCE CUT-OFF

22 August 2026

VERSION

1.1

■ EXECUTIVE FINDING

The public wording combines a real, measurable electrical phenomenon with much broader biochemical, therapeutic and product-specific claims. Human studies show that a configured conductive grounding path can alter measurable body voltage, potential or current. The available evidence does not establish the stronger advertised chain from Earth-origin electrons, through in-vivo free-radical neutralisation, to broad durable clinical benefits. Across sleep, pain, recovery, inflammation and other outcomes, the human literature contains genuine positive signals, direct null findings, surrogate-only results, small or uncontrolled studies, and important product/population transfer limits. The evidence therefore requires proposition-by-proposition resolution rather than a binary “works / does not work” conclusion.

A DOCUMENTED CORRECTION DURING THE AUDIT

AUDIT TRAIL PRESERVED

INITIAL ASSESSMENT

An initial search found no material direct evidence for the menopause-related proposition.

REVISED ASSESSMENT

A later terminology-robustness check identified a relevant 2025 human study indexed primarily under “barefoot walking”. The evidence state was revised to VERY LIMITED DIRECT EVIDENCE — GROUNDING COMPONENT NOT ISOLABLE, and the change was preserved in the audit trail.

The study combines barefoot ground contact with walking, forest/nature exposure, instructor contact and plausibly social engagement, so it cannot isolate a grounding-specific effect.

Why the correction matters

The audit is designed to change when the evidence changes. A negative search result is not treated as proof of non-existence, and later retrieval can strengthen, weaken or qualify a prior assessment without being discarded as inconvenient.

Official case reference · Advertising Standards Authority (New Zealand), 25/261 Premium Grounding, Website. Meeting 25 Nov 2025; outcome Upheld; released 18 Dec 2025. asa.co.nz/decision/25-261-premium-grounding-website/ – procedural record only.

■ WHAT THE EVIDENCE CAN – AND CANNOT – CARRY

DOMAIN	WHAT IS SUPPORTED	BOUNDARY
Electrical grounding effect	Directly demonstrated at the level of measurable human voltage/current/potential under configured conductive contact.	Does not by itself establish molecular provenance, dose, tissue distribution or health benefit.
Earth-origin electrons / free radicals	Theoretical and indirect/nonhuman support exists.	No direct in-vivo human tracing of Earth-origin electrons or direct human radical-neutralisation assay was located.
Sleep	Several human studies report positive signals, including a small randomised pilot; other controlled comparisons are null or reporting-sensitive.	No exact-product, adequately powered, prospectively registered replication establishes broad sleep or insomnia benefit.
Pain	Positive controlled evidence exists in narrow settings, including induced muscle soreness and one-night postoperative pain.	These settings do not directly establish broad relief across aches, arthritis, back pain, neck pain and headaches.
Exercise recovery	Independent positive and null human studies exist.	Effects are protocol-, endpoint- and product-sensitive; no exact-product robust replication.
Inflammation / immunity	Multiple biomarker lines exist (CRP, cytokines, CK, IFN-gamma and related surrogates).	Biomarker change is not equivalent to treating inflammatory disease or improving functional immune competence.
Menopause symptoms	One condition-relevant human study was located.	Grounding is inseparable from walking, forest/nature, instructor-led delivery and plausibly social engagement; no product match.

Core distinction

A measurable lower-level effect can be real while a higher-level advertising claim still exceeds what was demonstrated. The audit therefore separates physical measurement, biological mechanism, biomarkers, clinical outcomes, durability and product generalisation.

Examples of evidential over-extension

- Measured electrical equalisation → assumed Earth-origin molecular electron flow.
- Biomarker movement → assumed clinical anti-inflammatory or immune benefit.
- Positive results in narrow experimental settings → broad claims across unrelated conditions.
- Generic grounding interventions → assumed equivalence to an unidentified Premium Grounding product/configuration.

■ REUSABLE REVIEW PATTERNS BEYOND THIS CASE

The value of this reconstruction is not specific to grounding. The same evidential problems recur across health and therapeutic advertising, product substantiation and public science communication:

PATTERN	WHAT THE REVIEW TESTS
Mechanism inflation	A real physical or physiological observation is extended through unmeasured causal links until it becomes a clinical claim.
Surrogate-to-clinical drift	A biomarker or proxy moves, but the advertisement describes disease treatment, functional benefit or durable health improvement.
Statistical contrast error	A result is significant in one group and non-significant in another, and the difference is then treated as a significant between-group effect.
Population / condition drift	Evidence from healthy volunteers, surgical patients or exercise models is applied to different patient groups or conditions.
Product-transfer drift	Evidence for one sheet, patch, mat, shoe or barefoot protocol is treated as evidence for a different commercial product without verified equivalence.
Publication-count inflation	Several papers arise from the same cohort or investigator network and are counted as if they were independent replications.

A statistical example from this case

In H34, a nominally significant within-group change in one arm and a non-significant within-group change in the other do not establish a significant difference between groups.

“Difference in significance” is not “significance of the difference”.

How the reconstruction was produced

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Exact claim freeze → atomic decomposition → source-traceable evidence record →
endpoint/population/timeframe/product fidelity checks → counterevidence → Steelman
review → adversarial challenge → consistency review → frozen evidence substrate.
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Scientific research was closed before adjudicative review; the ASA outcome was quarantined from scientific inference.

■ Important scope note: This document reconstructs the scientific evidence layer. It does not decide regulatory compliance, consumer interpretation, legal liability, or whether the ASA decision was correct.

■ 1. CASE FRAMING AND FROZEN PUBLIC WORDING

The reconstruction uses the wording quoted in ASA Decision 25/261. The advertiser provided no response in the ASA proceeding. No advertiser -supplied substantiation dossier or exact 2025 product specification was available in the frozen record.

CLAIM	FROZEN WORDING / CONTENT
F01	"Trusted by thousands for better sleep, less inflammation, and restored balance."
F02	Condition/symptom list: insomnia, aches and pains, arthritis, muscle stiffness, back pain, neck aches, headaches, varicose veins, lack of energy, brain fog, menopause.
F03-F05	"restores your body's natural balance — improving sleep, reducing pain, and boosting energy — making it the most powerful natural health upgrade you can buy."
F06-F07	"allowing electrons to flow from the Earth into our bodies, neutralising free radicals and reducing oxidative stress."
F08-F13	"Reduce inflammation, improve sleep quality, Lower stress levels and cortisol production, Enhance cardiovascular health, Boost immune function, Accelerate recovery from exercise".
F14	"40% OFF SALE — ENDS SOON!" (commercial/urgency claim; outside biomedical evidence reconstruction).

Regulatory / scientific firewall

The ASA proceeding establishes case identity, quoted wording, procedural history and regulatory outcome. It is not used as a scientific gold label. This reconstruction asks a different question: what does the scientific evidence support at the level of each proposition?

■ 2. MECHANISM CHAIN: WHERE DEMONSTRATION STOPS

	FROM	TO	EVIDENCE STATE	ANCHOR
1	Configured conductive Earth contact	Measurable human potential / voltage / current changes	DIRECTLY DEMONSTRATED IN HUMANS	H09, H18, H19
2	Electrical measurement	Earth-origin electron provenance, direction, biologically relevant quantity and tissue distribution	NOT ESTABLISHED	No tracer/dose/distribution study located
3	Earth-origin electrons	In-vivo neutralisation of free radicals in humans	SPECULATIVE	Theory + nonhuman/ex-vivo evidence
4	Proposed process	Reduction of human oxidative-stress measures	INDIRECTLY SUPPORTED	Selected markers; heterogeneous human/nonhuman lines
5	Electrical / biochemical changes	Reproducible anti-inflammatory or other physiology	INDIRECTLY SUPPORTED	Small heterogeneous surrogate studies
6	Physiology	Clinically meaningful durable health outcomes	NOT ESTABLISHED	Narrow mixed symptom/recovery evidence; no mediation
7	Generic interventions	Exact Premium Grounding product + all advertised conditions	NOT ESTABLISHED	Exact 2025 product/configuration not recovered

Key finding

The evidence supports a real electrical phenomenon at the first link. The advertised biochemical and therapeutic chain requires additional links that were not directly demonstrated. The review therefore does not collapse “electrical effect is real” into “advertised mechanism is established”.

■ 3. SLEEP AND INSOMNIA

Sleep is one of the better -studied outcome families in the grounding literature, but the record is not uniform.

STUDY	DESIGN	CONTEXT	SUPPORTIVE SIGNAL	LIMIT
H02	n=12, uncontrolled, 8 weeks	Sleep dysfunction / pain / stress	Night cortisol pattern and subjective sleep/pain/stress reportedly improved.	No control, objective sleep endpoint or durable causal inference.
H26	Randomised triple-masked pilot, 22 enrolled / 15 completed	Mild Alzheimer population, 12 weeks	Week -12 PSQI 0.3±0.7 vs 3.0±1.9, p=.006.	31.8% attrition; GEE group coefficient p=.053; disease-specific sample; retrospective registration.
H30	Double-blind mat trial, reporting-sensitive	Sleep, ~31 days	Selected actigraphy/later signal reported.	Day - 31 ISI/PSQI/ESS/BEPSI all null; baseline imbalance; denominator and day31/day38 conflict.
H33	Quasi-experimental barefoot forest-trail walking, 12 weeks	Menopausal symptoms + sleep	Sleep time×group F=7.53, p=.008.	Grounding not isolable from walking/nature/instructor-led delivery and plausibly social engagement.

Reconstruction

The sleep evidence contains genuine positive human signals, but also direct null comparisons, attrition, baseline imbalance, reporting contradictions and product-transfer uncertainty. General sleep improvement is not equivalent to a robust diagnosed -insomnia treatment claim.

■ 4. PAIN AND EXERCISE RECOVERY

STUDY	DESIGN	OUTCOME FAMILY	POSITIVE / SUPPORTIVE	LIMIT / COUNTEREVIDENCE
H31	Randomised n=84 after lumbar surgery; one-night active vs sham	Postoperative pain	VAS mean change 2.50 vs 1.5952; exact p=.010511.	No CI/formal MCID; one-night postoperative setting; reporting conflicts.
H16	Randomised double-blind n=32 after eccentric exercise	DOMS / biomarkers	Selected CK/neutrophil/platelet differences.	Pain occurred in both groups; multiple endpoints/timepoints; exploratory.
H23	Randomised triple-blind n=22	Exercise recovery	Smaller decline in selected performance measures and smaller CK rise.	Small study; biomarker subset n=4; short protocol.
H27	Randomised crossover n=10 elite male runners	Grounded footwear / acute performance	—	No differences in VO ₂ , HR, lactate, fatigue or running economy; product mismatch.

Why this matters

The record does not support a simple dismissal: positive controlled evidence exists. The question is how far it can travel. Evidence from induced soreness and one-night postoperative pain does not automatically substantiate broad claims spanning aches, arthritis, back pain, neck pain and headaches.

■ 5. INFLAMMATION AND IMMUNE FUNCTION

Several studies measure inflammatory or immune-related biomarkers. The advertising wording, however, describes broader physiological or health benefits.

STUDY	ENDPOINT	OBSERVATION	BOUNDARY
H10	Red-cell zeta potential	-5.28 to -14.3 mV; 2.70-fold magnitude ratio; $p=3.57 \times 10^{-4}$.	Cardiovascular surrogate; not a 270% health benefit or disease outcome.
H21/H22	Cytokines, hsCRP, oxidative markers, symptoms	Multiple changes in a small stepped-wedge cohort.	n=16; overlapping reports; many biomarkers; no continuous parallel control.
H31	CRP / CK after surgery	CRP line statistically strong but internally reporting-sensitive; CK $p=.534106$.	Surrogate endpoints; one-night surgery; conflicts preserved.
H34	Salivary CRP / IFN-gamma	CRP post-hoc subgroup signal; IFN-gamma no clear grounding-specific signal.	Paired within-group/subgroup analyses; no direct group×time contrast; healthy sample.

Endpoint fidelity

A change in CRP, IFN-gamma, cytokines, CK, thermography or blood viscosity may be biologically interesting. It does not, by itself, establish treatment of inflammatory disease, “boosted immune function”, infection resistance, vaccine response or durable clinical protection.

■ 6. MENOPAUSE: A RETRIEVAL CORRECTION, NOT A CLEAN EFFICACY RESULT

The menopause proposition is the clearest example of why evidence retrieval itself must be audited.

RETRIEVAL CORRECTION	AUDIT TRAIL PRESERVED
INITIAL STATE Focused grounding/earthing searches did not locate a qualifying menopause study, and the initial preparation state was NO MATERIAL DIRECT EVIDENCE LOCATED.	
WHAT CHANGED A later terminology - robustness pass expanded the intervention vocabulary beyond “grounding/earthing”. It located Kim M-H & Lee E-Y (2025), a 12 - week barefoot walking programme conducted on the Ungok Solbaram Forest Trail in women with menopausal symptoms. The study existed before the evidence cut - off and therefore had to be admitted.	
REVISED STATE VERY LIMITED DIRECT EVIDENCE — GROUNDING COMPONENT NOT ISOLABLE. The programme combined barefoot ground contact with walking/exercise, forest/nature exposure, instructor - led delivery and plausibly social engagement; allocation was nonrandom, attrition differed by group, and there was no equal - exercise shod/sham comparator.	

Reported outcomes

Menopausal symptoms $z=-5.59$, $p<.001$ · stress $z=-3.58$, $p<.001$ · quality of life $z=-3.47$, $p=.001$ · sleep time $\times$ group $F=7.53$, $p=.008$.

■

Methodological lesson: for interventions without standardised nomenclature, title/abstract searches can miss relevant studies. A bounded search can justify “no material direct evidence located”; it cannot justify “no evidence exists”.

■ 7. PRODUCT TRANSFER AND GENERALISATION

The scientific literature uses multiple intervention classes: sleep sheets/pads/mats, adhesive patches, mixed grounding surfaces, barefoot soil contact and conductive footwear. The exact Premium Grounding product/model used in the 2025 website advertisement was not established in the evidence record.

INTERVENTION CLASS	EXAMPLES	TRANSFER LIMIT
Sleep sheets / mats	H01, H02, H23, H26, H30	Close class analogue only; conductor/resistance/installation verification unknown.
Patches / ankle bands	H03, H10, H16, H18, H19, H31	Partial analogue; contact area, current path and setting differ.
Barefoot Earth / soil contact	H12, H32, H33, H34	General grounding concept; not commercial product evidence.
Conductive footwear	H27	Product mismatch; useful concept-level null evidence only.

Product identity

Brand/site family was identifiable, but the exact 2025 product/model, conductor percentage, cable/resistance configuration, dimensions, ground-continuity verification and exposure protocol were not recovered. Current product specifications were not backdated.

This matters because a study can be internally valid and still be a poor substantiation match for a different product, population, condition or exposure protocol.

■ 8. INDEPENDENCE, NULL EVIDENCE AND REPORTING INTEGRITY

Independent evidence lines, not paper counts

Several publications reuse the same or overlapping cohorts. H03/H04, H13/H14/H15 and H21/H22 were therefore collapsed as shared evidence lines rather than counted as independent replications. Recurring authorship was treated as an independence consideration, not as evidence of motive or misconduct.

Null / non-supportive evidence retained

- **H27:** no acute benefit for running economy, cardiopulmonary measures, lactate or fatigue in the grounded-footwear crossover study.
- **H30:** no day-31 between-group difference in ISI, PSQI, ESS or perceived stress; actigraphy timepoint internally inconsistent.
- **H26:** several non-supportive outcomes and 31.8% attrition; GEE group coefficient for PSQI $p=.053$.
- **H31:** CK between-group $p=.534106$ (not significant); CRP remains surrogate and reporting-sensitive.
- **H34:** IFN-gamma does not provide a clear grounding-specific signal; within-group significance patterns do not establish a between-group effect.

■
Reporting issues preserved rather than repaired. H30 participant-flow, group-denominator and actigraphy-timepoint contradictions were frozen as unresolved. H31 preserved exact p-values and conflicts across means/medians/units. The reconstruction does not choose the most convenient version when the primary report is internally inconsistent.

■ 9. SEARCH, CLOSURE AND TERMINOLOGY ROBUSTNESS

STAGE	WHAT WAS DONE	PURPOSE
Evidence discovery	ASA record; PubMed; PMC/Europe PMC; DOI/publisher; Crossref; trial registries; OpenAlex; systematic-review discovery; citation chaining; bounded scholarly/web search.	Create a source-traceable evidence substrate, not a verdict.
Targeted closure	Repair mechanism split; verify key numbers; focused searches for six condition families; recover product-family context.	Close material gaps without reopening broad research.
Terminology robustness	Expanded terms such as barefoot walking, soil contact, direct Earth contact and grounded walking for five surviving negative propositions.	Test whether obvious terminology caused retrieval misses.
Final freeze	Evidence cut-off 22 Aug 2026; no new broad research; all residual uncertainty labelled.	Create immutable substrate for adjudicative review.

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Bounded search saturation. The final position is not “the literature is complete”. It is “bounded search saturation within documented routes and terminology”. The terminology-robustness pass covered only five surviving negative propositions, not the entire case.

■ 10. PROPOSITION-LEVEL SYNOPSISIS

PROPOSITION	PUBLIC IDEA	SCIENTIFIC RECONSTRUCTION
M-01a	Conductive grounding can alter measurable human voltage/current/potential.	Direct human demonstration; exact product equivalence uncertain.
M-01b	Earth-origin electrons flow into the body in advertised direction/quantity/distribution.	Required molecular provenance/dose/distribution demonstration not established.
M-02 / M-03	Free-radical neutralisation / oxidative-stress chain.	Human radical neutralisation speculative; oxidative-stress reduction indirect.
S-01 to S-04	Sleep, insomnia, stress, cortisol.	Mixed to very limited human evidence; several nulls / reporting limits; no robust exact-product insomnia programme.
P-01	Broad aches and pain.	Some direct evidence in narrow pain models; broad condition transfer limited.
P-02 / P-05	Arthritis / headaches.	No material direct evidence located in bounded searches.
P-03 / P-04	Muscle stiffness / back & neck pain.	Very limited and indirect/grey/cointervention evidence.
V-01	Varicose veins.	No material direct evidence located; surrogate physiology does not establish venous disease benefit.
E-01	Energy / lack of energy.	Mixed; small self-report signal plus direct acute null in performance/fatigue context.
E-02	Brain fog.	No material direct grounding evidence located; cognition candidate was intervention-ineligible.
E-03	Menopause symptoms.	Very limited direct evidence; grounding component not isolable.
I-01 / I-02	Inflammation / immune function.	Inflammatory biomarkers limited; no material direct functional-immune evidence.
C-01	Cardiovascular health.	Very limited surrogate / weak blood-pressure evidence; no durable clinical outcome.
R-01	Exercise recovery.	Mixed positive and null human evidence; heterogeneous protocols/product mismatch.
W-01	"Natural balance".	Not operationalised as a scientific endpoint.
X-01	Generalisation across audience/conditions.	Bundle exceeds available product/population/condition replication.
X-02	"Most powerful natural health upgrade".	Comparator universe and metric undefined; no head-to-head superiority evidence.
Q-01 / Q-02	Thousands trust / sale ending soon.	Commercial substantiation questions, not biomedical evidence questions.

■ 11. RESIDUAL UNCERTAINTIES AND OPEN QUESTIONS

The following matters were preserved rather than filled by inference. None blocked scientific adjudicative review at the stated cut-off, but they limit the strength and transferability of conclusions.

- Exact 2025 Premium Grounding product/model/configuration and contemporaneous electrical specifications were not recovered.
- H30 contains unresolved participant-flow, denominator and actigraphy-timepoint contradictions.
- H31 version history is incompletely reconstructable, although material current-text values and conflicts were frozen.
- H33 cannot isolate grounding from exercise, forest/nature, instructor-led delivery and plausibly social engagement.
- H34 relies on surrogate biomarkers and within-group/subgroup analyses rather than a prespecified direct group interaction for the relevant inference.
- Some registered grounding studies remained unpublished, status-unknown or without located results at the cut-off.
- Expanded terminology hardening was performed for five surviving negative propositions, not for every proposition in the case.
- Commercial claims about customer trust and sale urgency require records outside the biomedical literature.

■ Interpretation boundary. Absence of qualifying evidence is not the same as evidence of absence. Weak evidence is not the same as null evidence. A plausible mechanism is not the same as an established mechanism. A statistically significant result is not automatically clinically meaningful.

■ 12. SELECTED EVIDENCE RECORD

The full frozen inventory contains 34 human evidence lines, narrative reviews, nonhuman mechanism sources and trial registrations. Selected pivotal/illustrative records are listed below.

ID	SOURCE	ROLE / LIMIT
H02	Ghaly M, Teplitz D. J Altern Complement Med. 2004. DOI 10.1089/acm.2004.10.767	Uncontrolled sleep/cortisol/pain/stress pilot, n=12.
H06	Brown D, Chevalier G, Hill M. J Altern Complement Med. 2010. DOI 10.1089/acm.2009.0399	Randomised double-blind DOMS pilot, n=8; extreme multiplicity.
H09	Sokal K, Sokal P. J Altern Complement Med. 2012. DOI 10.1089/acm.2010.0683	Human electrical potentials; physical/electrical level.
H10	Chevalier G et al. J Altern Complement Med. 2013. DOI 10.1089/acm.2011.0820	Zeta-potential surrogate, n=10.
H16	Brown D, Chevalier G, Hill M. Open Access J Sports Med. 2015. DOI 10.2147/OAJSM.S87970	Randomised DOMS study, n=32; multiple biomarkers/timepoints.
H19	Passi R et al. Neonatology. 2017. DOI 10.1159/000475744	Preterm - infant voltage/HF - HRV acute physiology.
H23	Müller E et al. Front Physiol. 2019. DOI 10.3389/fphys.2019.00035	Randomised triple-blind exercise-recovery study, n=22.
H26	Lin C et al. Healthcare. 2022. DOI 10.3390/healthcare10030581	Randomised triple-masked mild-Alzheimer sleep pilot; 22 enrolled/15 completed.
H27	Muniz-Pardos B et al. IJERPH. 2022. DOI 10.3390/ijerph19031317	Randomised crossover, n=10; direct acute null on performance/fatigue outcomes.
H30	Park et al. Advances in Integrative Medicine. 2025. DOI 10.1016/j.aimed.2025.01.005	Double-blind mat/sleep trial; material reporting contradictions.
H31	Sokal et al. J Clin Med. 2025. DOI 10.3390/jcm14113844	Randomised post-spinal-surgery study, n=84; VAS signal and reporting-sensitive biomarkers.
H33	Kim M-H, Lee E-Y. Healthcare. 2025. DOI 10.3390/healthcare13222836	Menopause/barefoot forest-trail walking; combined exposure, nonrandom.
H34	Kim JS et al. Healthcare. 2024. DOI 10.3390/healthcare12232372	Urban-forest earthing road; CRP/IFN-gamma/serotonin biomarkers.

■ 13. METHOD NOTE AND CLOSING SYNTHESIS

This reconstruction was prepared as an independent research exercise using a pre-specified claim-forensics workflow. The exact public wording was frozen before evidence evaluation. Evidence discovery and targeted closure were completed before the final evidence freeze. The frozen evidence record was then subjected to structured adversarial review, including positive-evidence Steelman, counterevidence retention and cross-proposition consistency checks. Model outputs and software tooling were not treated as scientific evidence of record; source-level study data and the frozen evidence inventory controlled the analysis.

Closing synthesis

The literature does not reduce to “grounding has no evidence”. There is direct human evidence for the lower-level electrical effect, and there are genuine positive clinical or symptom signals in some narrow contexts. Equally, the record contains direct null results, weak designs, surrogate-only findings, overlapping cohorts, reporting inconsistencies, condition mismatch and unresolved product transfer. The central forensic issue is therefore evidential reach: which precise public propositions can the available evidence carry, and where does the wording travel beyond what was actually demonstrated?

Research conclusion

The case is a useful demonstration of why scientific substantiation benefits from proposition-level analysis. A single advertisement can contain claims that are directly demonstrated at one level, speculative at another, supported only by surrogates in a third, unsupported within bounded searches in a fourth, or outside biomedical scope altogether.

VERSION NOTE	VERSION 1.1
Version 1.1 contains source-fidelity refinements to the description of the H33 intervention. The terminology was aligned more closely with the primary study’s documented forest-trail walking setting, and social engagement was distinguished from directly documented intervention components. No scientific conclusion or evidence classification changed. Evidence cut-off remains 22 August 2026. No literature was admitted after the evidence freeze.	

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